_	0	90	Boturn of Organization Exampt From Incon			OMB No. 1545-0047					
Form	93	90	Return of Organization Exempt From Incon	le lax		2019					
(Rev.	Januar	ry 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)								
Department of the Treasury		the Treasury	Do not enter social security numbers on this form as it may be may								
		nue Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspection					
<u>A</u> F	or the	e 2019 calendar	year, or tax year beginning 09-01, 2019, and en	ding	08-31	, <b>20</b> 20					
B c	heck if a	applicable:	C Name of organization RALEIGH SWIMMING ASSOCIATION			entification number					
L A	ddress o	change	Doing business as		56-	1312540					
	ame cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room	suite	E Telephone nu						
	nitial retu		1013 JONES FRANKLIN RD			19)859-4881					
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receip						
	mended		RALEIGH, NC 27606		\$	1,399,415					
L A	pplicatio	on pending	F Name and address of principal officer: J MICHAEL MALONE		group return for subor						
			SAME         AS         C         ABOVE           v1(c)(3)         501(c) (         )         ◀ (insert no.)         4947(a)(1) or         527	- ``	subordinates inclu						
	/ebsite:		11(c)(3)501(c) ( ) ◀ (insert no.)4947(a)(1) or527		attach a list. (see						
			by LINKSA. OKG proporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1:		exemption numbers State of legal domi						
Par		Summary		N 609	State of legal doffi						
i ui	1		the organization's mission or most significant activities: AQUATIC PROGRAMM								
	· ·		IPETITIVE SWIMMING AND LESSONS. PROVIDE OTHER AQUATIC								
Ce			FITNESS AND LEARN TO SWIM PROGRAMS FOR PARTICIPANTS A								
Activities & Governance		INCLUDING		010 5 110							
vel	2	Check this box	▶ □ if the organization discontinued its operations or disposed of more than 25% c	f its net asse	ets.						
õ	3		ng members of the governing body (Part VI, line 1a)		1 1	9					
ې کې	4		ependent voting members of the governing body (Part VI, line 1b)			9					
vitie	5	Total number o	f individuals employed in calendar year 2019 (Part V, line 2a)		. 5	32					
çţ	6		f volunteers (estimate if necessary)		. 6						
∢	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		. 7a	0					
	b	Net unrelated b	business taxable income from Form 990-T, line 39		. 7b	0					
				Prior Year		Current Year					
	8	Contributions a	nd grants (Part VIII, line 1h)	57	7,767	38,581					
anı	9	Program servic	e revenue (Part VIII, line 2g)	1,070	),164	1,177,353					
Revenue	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)		412	691					
Å	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54	4,161	182,255					
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,182	2,504	1,398,880					
	13		ilar amounts paid (Part IX, column (A), lines 1-3)			0					
	14		o or for members (Part IX, column (A), line 4)			0					
S	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	465	5,971	539,552					
SUS(			ndraising fees (Part IX, column (A), line 11e)			0					
Expenses			ag expenses (Part IX, column (D), line 25) ► 86			<u> </u>					
ш	17	•	s (Part IX, column (A), lines 11a-11d, 11f-24e)		L,971	694,368					
	19		expenses. Subtract line 18 from line 12	1,107		1,233,920					
٦. S	13	11010110010030		ginning of Curr	4,562 ent Year	164,960 End of Year					
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)	2,742		2,962,296					
Asse Bal	21		(Part X, line 26)	2,381		2,436,291					
Fund	22		und balances. Subtract line 21 from line 20		L,042	526,005					
Par	_	Signature									
Unde	r penalti	ies of perjury, I declar	e that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge and be	lief, it is						
true,	correct,	and complete. Declar	ation of preparer (other than officer) is based on all information of which preparer has any knowledge.								
		J MICH	IAEL MALONE								
Sig	า	Signature o	fofficer		Date						
Here	e	J MICH	AEL MALONE, PRESIDENT								
		Type or prin	t name and title								
		Print/Type prepar	rer's name Preparer's signature Revi a. Cureuri Date	Check	if PTIN						
Paic		Lori A A	veni () pu (1. Carem 07-15-2021	self-err	ployed P	01721281					
	parei		Lori Aveni CPA PLLC	Firm's EIN							
Use	Only	<b>y</b> Firm's address	115 Salem Towne Ct	Phone no.							

May the IRS discuss this ret	um with the preparer shown above? (see instructions	)	

Apex NC 27502

No

919-308-2470

	990 (2019) RALEIGH SWIMMING ASSOCIATION	56-1312540	Page <b>2</b>
Pa	rt 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:		
	AQUATIC PROGRAMMING, INCLUDING AGE GROUP AND SENIOR COMPETITIVE SWIMMING AND		
	OTHER AQUATIC PROGRAMMING TO THE COMMUNITY, INCLUDING FITNESS AND LEARN TO SW	IM PROGRAM	S FOR
	PARTICIPANTS AGES 9 MONTHS TO 99 YEARS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.	📋 Tes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?		
	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	bv	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$906,221 including grants of \$) (Revenue	\$	)
	AGE GROUP COMPETITIVE SWIMMING AND SWIMMING INSTRUCTION		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		·	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		•	/
4d	Other program services (Describe on Schedule O.)	``	
4-	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses     906,221		

	n 990 (2019) RALEIGH SWIMMING ASSOCIATION 56-1312	540	F	2 age
Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
~		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		77
10	debt negotiation services? If "Yes," complete Schedule D, Part IV         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114	~	
N	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			Λ
Ĭ	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	1.0		Λ
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
	Schedule D, Parts XI and XII	12a		x
b				
	"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		х
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
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	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

Form	990 (2019) RALEIGH SWIMMING ASSOCIATION 56-13125	40	P	age 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		<b> </b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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?			
	If "Yes," complete Schedule L, Part L	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 or any of these persons? If "Yes," complete Schedule L, Part II	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	07		
~~	persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
~~	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II.	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	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	254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
<b>07</b>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
~~	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	20		
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1-	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not enableship		res	No
1а ь	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
		16	_ <b>^</b>	<u> </u>

Form	990 (2019) RALEIGH SWIMMING ASSOCIATION 56-1312	540	F	Page 5
Par	t 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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) RALEIGH SWIMMING ASSOCIATION 56-	13125	40	P	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins	tructions	5.		
	Check if Schedule O contains a response or note to any line in this Part VI				. x
Sec	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	· • • •	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4		• • •	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•••	5		х
6 7-	Did the organization have members or stockholders?	••••	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7-		
L	one or more members of the governing body?	• • •	7a	х	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		76		
0	stockholders, or persons other than the governing body?	••••	7b	x	
8	the year by the following:				
а			8a	v	
b	Each committee with authority to act on behalf of the governing body?	, <b></b>	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•••	00	л	1
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· • • • [	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	· <b>· · ·</b>	12c		
13	Did the organization have a written whistleblower policy?		13		х
14	Did the organization have a written document retention and destruction policy?		14		х
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	• • • •	15a		х
b	Other officers or key employees of the organization	• • • •	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	••••	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	•••	16b		
-	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed  North Carolina				
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.				
40	X Own website Another's website X 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,				
20	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	THE ORGANIZATION (919)859-4881, 1013 JONES FRANKLIN RD, RALEIGH, NC 27606				

Form 990 (20	19) RALEIGH SWIMMING ASSOCIATION	56-1312540	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with o tax year.	r within the	

• 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.

	g			(0		. <b>)</b>				
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average hours per week	box, office	er and a	pers	on is	an one both an rustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) BOB_DAVENPORT	5.00									
TREASURER		х		x				0	0	0
(2) MONICA NICHOLS	5.00									
SECRETARY		х		x				0	0	0
(3) MARY_HOLLOWAY	5.00									
BOARD MEMBER		х						0	0	0
(4) JENN MACKINNON	5.00									
BOARD MEMBER		х						0	0	0
(5) J MICHAEL MALONE	5.00									
PRESIDENT		х		x				0	0	0
(6) KRISTI LINK	5.00									
BOARD MEMBER		х						0	0	0
(7) ANDREW HADSELL	5.00									
BOARD MEMBER		х						0	0	0
(8) TJ RYDZEWSKI	5.00									
VICE PRESIDENT		х		x				0	0	0
(9) MARCELA PIERCE	5.00									
BOARD MEMBER		х						0	0	0
(10)										
(11)				1						
(12)				1						
(13)										
<u>[14]</u>				T						
	1									<b>5 666</b> (00.40)

	90 (2019) RALEIGH SWIMMING										6-1312	540	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, an		_	st Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box	unles	s pers	tion re tha	an one both ar trustee)		(D) Reportable compensation from the organization	(E) Reporta compensa from rela organiza	able ation ated	cor	(F) ated amo of other npensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-I		orgai	nization and a longaniz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
<u>(24)</u>														
(25)														
1b c	Subtotal		· · ·	•••	•••	• •	• •	• •						
d	Total (add lines 1b and 1c)							-	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		listed a	bove	) wh	o re	ceiveo	d ma	ore than \$100,000	of			Yes	0 No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>			• •			-		•			3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	othe	er com	pen	sation from the					
-	individual											4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ax year.			
	(A) Name and business addres								(B) Description of service			<b>(C)</b> Compens	ation	
. <u> </u>											<u> </u>			
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-		those		ed a	bove)	wh	0					

uit	VIII	Statement of Rev	enue						
		Check if Schedule O co	ntains a response	e or no	ote to any line in thi	A Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
) (0	b	Membership dues		1b					
unts	c	Fundraising events		1c					
5 e s	d	Related organizations .		1d					
are	е	Government grants (contri	ibutions)	1e					
and Other Similar Amounts	f	All other contributions, gift	ts, grants,						
erS		and similar amounts not ir	ncluded above	1f	38,581				
đ	g	Noncash contributions inc	luded in						
pu		lines 1a-1f		1g	\$				
	h	Total. Add lines 1a-1f				38,581			
					Business Code				
)	2a	REGISTRATION FEES			900099	76,599	76 <b>,</b> 599		
Revenue	b	SWIM LESSONS			900099	62,595	62,595		
nu	С	SWIM MEETS			900099	44,754	44,754		
e Ke	d	OTHER SWIM PROGRA	MS		900099	142,704	142,704		
)œ	е	MEMBERSHIP DUES			900099	850,701	850,701		
	f	All other program service r	evenue	• • •					
	g	Total. Add lines 2a-2f .			•••••	1,177,353			
		Investment income (includir other similar amounts) . Income from investment of		•••		691	691		
	5	Royalties			<b>•</b> [				
			(i) Real		(ii) Personal				
	6a	Gross rents	6a	500					
	b	Less: rental expenses	6b						
		Rental income or (loss)	6c	500					
	d	Net rental income or (loss)				500	500		
	7a	Gross amount from sales of assets	(i) Securitie		(ii) Other				
	h	other than inventory Less: cost or other basis	7a						
ne		and sales expenses	7b						
Uther Keven	с	Gain or (loss)	7c						
е К	d	Net gain or (loss)		. <u></u>					
ner	8a	Gross income from fundrai	sing						
5		events (not including \$							
		of contributions reported or	n line						
		1c). See Part IV, line 18		8a	2,290				
	b	Less: direct expenses .		8b	535				
	c	Net income or (loss) from f	undraising events	ς.		1,755			1,7
	9a	Gross income from gaming	)						
		activities, See Part IV, line	19	9a					
	b	Less: direct expenses .		9b					
	c	Net income or (loss) from g	gaming activities	<u>.</u> .	►				
		Gross sales of inventory, le							
		returns and allowances .		10a					
	b	Less: cost of goods sold		10b					
_		Net income or (loss) from s		· <u>.</u> .					
					Business Code				
-	11a	EASEMENT			531390	180,000			180,0
an	b					•			-
Kevenue	С								
P	_	All other revenue							
		Total. Add lines 11a-11d			•••••	180,000			

## RALEIGH SWIMMING ASSOCIATION

Part IX Statement of Functional Expenses

56-1312540

	Check if Schedule O contains a response or note to	any line in this Part IX	<u></u>	<u></u>	<u></u> .
	clude amounts reported on lines 6b, 7b, d 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	nts and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21				
	nts and other assistance to domestic				
	iduals. See Part IV, line 22				
	nts and other assistance to foreign				
	inizations, foreign governments, and				
-	gn individuals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees				
	pensation not included above, to disgualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
	er salaries and wages	461,045	368,451	92,594	
	sion plan accruals and contributions (include	401,045	500,451	52,551	
	ion 401(k) and 403(b) employer contributions)				
	er employee benefits	41,362	35,362	6,000	
		37,145	28,340	8,805	
,	s for services (nonemployees):	57,145	20,340	8,805	
	agement				
•	Dunting	2,246		2,246	
	bying	2,240		2,240	
	essional fundraising services. See Part IV, line 17				
	stment management fees				
•	er. (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule O.)	1 000		1 000	
	ertising and promotion	1,823	0.673	1,823	
		17,911	8,673	9,238	
		2,400		2,400	
	alties				
		255,047	254,626	421	
	'el	4,407	4,362	45	
	ments of travel or entertainment expenses				
	ny federal, state, or local public officials				
	erences, conventions, and meetings	1,072	895	177	
	est	117,516		117,516	
,	ments to affiliates				
	reciation, depletion, and amortization	79,504	11,487	68,017	
	rance	38,071	21,327	16,744	
	er expenses. Itemize expenses not covered				
	ve (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column				
(A) a	amount, list line 24e expenses on Schedule O.)				
	K & MERCHANT FEES	2,129	1,519	610	
	INING AND CERTIFICATIONS	10,420	10,420		
	M TEAM EXPENSES	160,056	160,056		
	M LESSON EXPENSES	563	563		
	ther expenses	1,203	140	977	8
	al functional expenses. Add lines 1 through 24e	1,233,920	906,221	327,613	8
	t costs. Complete this line only if the				
	nization reported in column (B) joint costs a combined educational campaign and				
	raising solicitation. Check here $\blacktriangleright$ if				
	wing SOP 98-2 (ASC 958-720)				

	990 (20		50	5-131254	.0 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	182,363	1	383,158
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,072	4	68,938
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D 10a 2,869,156			
	b	Less: accumulated depreciation	2,558,849	10c	2,510,200
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,742,284	16	2,962,296
	17	Accounts payable and accrued expenses	1,012	17	(1,171)
	18			18	
	19		66,190	19	65,915
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Ë	23	controlled entity or family member of any of these persons	2 250 096	22	2 074 240
	23 24	Unsecured notes and loans payable to unrelated third parties	2,259,086	23	2,074,349
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	54,954	25	297,198
	26	Total liabilities. Add lines 17 through 25	2,381,242	26	2,436,291
		Organizations that follow FASB ASC 958, check here	2/001/212		2,100,202
<i>(</i> 0		and complete lines 27, 28, 32, and 33.			
Ces	27	Net assets without donor restrictions	361,042	27	526,005
alar	28	Net assets with donor restrictions	,	28	,
9 B		Organizations that do not follow FASB ASC 958, check here			
Ľ.		and complete lines 29 through 33.			
orF	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	361,042	32	526,005
	33	Total liabilities and net assets/fund balances	2,742,284	33	2,962,296

EEA

Form 990 (2019)

Form	990 (2019) RALEIGH SWIMMING ASSOCIATION	56-13125	40	Pa	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	398,	,880
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	233,	,920
3	Revenue less expenses. Subtract line 2 from line 1	. 3		164,	,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		361,	,042
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			3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		526,	,005
Par	rt XII Financial Statements and Reporting				
	Check 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?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
			. 3b		
EEA			Form	<b>990</b> (	2019)

				Public Chari	ity Status and E	ublic (	Sunna	rt	OMB No. 1545-0047
(Form 990 or 990-EZ)				Public Charity Status and Public Support anization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus					2019
					ch to Form 990 or Form		u)(1)10		Open to Public
		of the Treasury venue Service	•		ov/Form990 for instruct		the latest	information.	Inspection
		e organization						Employer identification	on number
RAL	EIG	H SWIMMING	ASSOCIATION					56-1312540	)
Pa	rt I	Reason	for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions.	
The	orga	nization is not a	private foundation beca	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1		A church, conv	vention of churches, or	association of chu	irches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b)	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the	
	_		e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or u	iniversity owned or operation	ated by a g	governmen	tal unit described in	
	_	section 170(b	)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		•	•		of its support from a gov	vernmental	unit or fror	m the general public	
			ection 170(b)(1)(A)(vi						
8			rust described in secti						
9		•	•		ion 170(b)(1)(A)(ix) ope		•	• •	e
			r a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
10	х	university:	n that normally reasive	o: (1) more then 23	1/20/ of its support from	oontributi	ana mamb	orabin face and grace	
10	Δ	-	-		3 1/3% of its support from subject to certain exception				
		•		•	siness taxable income (le		,		
					section 509(a)(2). (Com		,	iom businesses	
11			•		test for public safety. Se		,		
12	П	•	•	•	the benefit of, to perform			carry out the purposes	
		•	•	•	bed in section 509(a)(1)			• • •	).
					e type of supporting orga				
	а	Type I. A	supporting organizatior	n operated, superv	ised, or controlled by its	supported	l organizati	ion(s), typically by givin	g
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	
		control or	management of the sup	porting organization	on vested in the same pe	rsons that o	control or n	nanage the supported	
		•	on(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III fu	inctionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fui	nctionally integrated wit	h,
					u must complete Part I				
	d				organization operated i				n(s)
					enerally must satisfy a d			nt and an attentiveness	
				-	e Part IV, Sections A a				
	е		-		determination from the IF		s a Type I,	Type II, Type III	
				-	ntegrated supporting orga				
	f		per of supported organi		· · · · · · · · · · · · · · · · · · ·		• • • • •	•••••	•••
	g		owing information about			<i>a</i>			( <b>D</b> A ) ( (
	(	<ol> <li>Name of supported</li> </ol>	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
						103			
(A)									
<b>(B)</b>									
(C)									
(D)									
(D)									

(E)

Sche	dule A (Form 990 or 990-EZ) 2019 RALEIGH S	WIMMING ASS	SOCIATION			56-131254	0 Page 2
Pa	art II Support Schedule for Organization	ations Desci	ibed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to quali	fy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	-
Se	ction A. Public Support	· ·			-	·	
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	1					
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						
12	Gross receipts from related activities, etc. (s	ee instructions	)			12	
13	First five years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c)	(3)
	organization, check this box and stop here						· · · · ► 🗌
Se	ction C. Computation of Public Suppo	rt Percentag	е				
	Public support percentage for 2019 (line 6, c			column (f))		14	%
	Public support percentage from 2018 Sched					15	%
16a	<b>33 1/3% support test - 2019.</b> If the organization	ation did not ch	eck the box or	n line 13, and li	ine 14 is 33 1/3	3% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	/ supported org	ganization			🕨 🗌
ł	<b>33 1/3% support test - 2018.</b> If the organization	ation did not ch	eck a box on l	ine 13 or 16a,	and line 15 is 3	33 1/3% or more	, check
	this box and stop here. The organization qu	alifies as a pul	blicly supporte	d organization			🕨 🗌
17a	10%-facts-and-circumstances test - 2019.	If the organization	ation did not ch	neck a box on l	line 13, 16a, or	16b, and line 14	l is
	10% or more, and if the organization meets	the "facts-and-	circumstances	" test, check th	his box and <b>sto</b>	<b>p here.</b> Explain	in
	Part VI how the organization meets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies as a	publicly support	ted
	organization						🕨 🗌
ł	0 10%-facts-and-circumstances test - 2018.	If the organization	ation did not ch	neck a box on l	line 13, 16a, 16	6b, or 17a, and li	ne
	15 is 10% or more, and if the organization m	eets the "facts	-and-circumsta	ances" test, ch	eck this box ar	nd stop here.	
	Explain in Part VI how the organization mee	ts the "facts-ar	nd-circumstanc	es" test. The c	organization qu	alifies as a publi	cly
	supported organization						► 🗌
18	Private foundation. If the organization did r	not check a box	x on line 13, 16	6a, 16b, 17a, o	or 17b, check th	nis box and see	
	instructions						<u></u> ► 🗌

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 RALEIGH S	WIMMING ASS	OCIATION			56-131254	0 Page 3
Pa	art III Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked t	he box on line	10 of Part I	or if the organ	nization failed	to qualify unc	ler Part II.
	If the organization fails to qualify						
Se	ction A. Public Support			,		/	
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees	(u) 2010	(8) 2010	(0) 2017	(4) 2010	(0) 2010	
•			0.21 0.0.2	1 100 437	1 107 150	1 210 280	4 000 475
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	658,694	831,803	1,102,437	1,18/,152	1,219,389	4,999,475
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
•	organization without charge						
	Total. Add lines 1 through 5	658,694	831,803	1,102,437	1,187,152	1,219,389	4,999,475
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
U	•• •						4 000 485
<u> </u>	line 6.)						4,999,475
	ction B. Total Support	()	(1) 00/0	() == (	(1)	()	(0 <b>-</b> ) )
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
	Amounts from line 6	658,694	831,803	1,102,437	1,187,152	1,219,389	4,999,475
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources			90	412	691	1,193
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			90	412	691	1,193
	Net income from unrelated business			30	714	091	1,195
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	658,694	831,803	1,102,527	1,187,564	1,220,080	5,000,668
14	First five years. If the Form 990 is for the or						
• •	organization, check this box and <b>stop here</b>	•			•	. ,	
So	ction C. Computation of Public Suppor			•••••			···· F 🗋
				achuma (f))		45	
	Public support percentage for 2019 (line 8, c					15	99.98 %
_	Public support percentage from 2018 Sched				•••••	16	99.99 %
Se	ction D. Computation of Investment Inc		-				
17	Investment income percentage for 2019 (line	e 10c, column (f	), divided by li	ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2018 Se	chedule A, Part	III, line 17			18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz	ation did not ch	neck the box o	n line 14, and l	ine 15 is more	than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-				
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did n						

Part	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	omplete		
ect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below.	3a		
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)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
la	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	-		
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
2~	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
7 <b>d</b>				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- <del>5</del> a		
b	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
02	Was the organization subject to the excess business holdings rules of section 4943 because of section	90		
Ja	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	TUA		
	determine whether the organization had excess business holdings.)	10b		
		100	or 990-E	—

Sched	Iule A (Form 990 or 990-EZ) 2019         RALEIGH SWIMMING ASSOCIATION	56-1312540		Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)				
			Y	′es	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and	(c)			
	below, the governing body of a supported organization?	-	1a		
	A family member of a person described in (a) above?		1b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	n Part VI. 1	1c		
Sec	tion B. Type I Supporting Organizations				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Y	′es	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times durin	a the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervise	•			
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su	pported			
	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 it				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
		_	<u> </u>	′es	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 co				
	or management of the supporting organization was vested in the same persons that controlled or man	aged			
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
			Y	′es	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 (2), did the organization's supported organizations have a	2	
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a D 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 government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

3

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 RALEIGH SWIMMING ASSOCIATION		56-131	2540 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explai	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized	zations	s must complete Section	ns A through E.
Castion A Adjusted Nat Income		(A) Drier Veer	(B) Current Yea
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
<ul> <li>4 Enter greater of line 2 or line 3.</li> <li>5 Income tax imposed in prior year</li> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</li> </ul>	4 5 6	ated Type III supporting	organization (s

Schedule A (Form 990 or 990-EZ) 2019

Sched	Ile A (Form 990 or 990-EZ) 2019 RALEIGH SWIMMING ASSOCIA		56-1312	2540 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respons	live	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014 From 2015			
	Frank 0040			
	Frank 0017			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2020</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
EEA			Schedu	Ile A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	m 990 or 990-EZ) 2019 Page 8
Part VI	<b>Supplemental Information.</b> 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)	

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

2019	
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•	-	Part IV. line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	12b.	2019
	•		Attach to Form 990.		Open to Public
	epartment of the Treasury		190 for instructions and the latest inf	ormation.	Inspection
	of the organization			Employer identification	
	EIGH SWIMMING	AGGOCTATION		56-131254	
Pa		tions Maintaining Donor Advised Fu	unds or Other Similar Funds or A		J
1 4		if the organization answered "Yes" on		counts.	
	Complete	in the organization answered Tes on		(b) Funda a	
4	Total number of or	ad of yoor	(a) Donor advised funds	(b) Funds a	nd other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in w	-		
•	-	nization's property, subject to the organization	-		. 🗌 Yes 📋 No
6	-	on inform all grantees, donors, and donor ad			
		purposes and not for the benefit of the dono			
De		ssible private benefit?		• • • • • • • • • • • • •	. 🔄 Yes 🔄 No
ra		vation Easements.			
		e if the organization answered "Yes" of			
1		servation easements held by the organizatio			
		f land for public use (e.g., recreation or edu		on of a historically import	
	Protection of n			on of a certified historic s	tructure
_	Preservation o				
2		nrough 2d if the organization held a qualified	conservation contribution in the form of		
		ast day of the tax year.			the End of the Tax Year
a					
b	-				
C		vation easements on a certified historic structure		2c	
d		vation easements included in (c) acquired at		24	
2		J		2d	
3		vation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the	
4	tax year ►	where property subject to conservation ease	mont is located		
- 5		tion have a written policy regarding the period			
5	-	procement of the conservation easements it h			. 🗌 Yes 🗌 No
6		hours devoted to monitoring, inspecting, ha			
U		nous devoted to monitoring, inspecting, na	nulling of violations, and emotering conse	ervation easements during	y the year
7	Amount of expense	 es incurred in monitoring, inspecting, handlir	on of violations, and enforcing conservat	tion easements during the	vear
•	► \$				, your
8		 vation easement reported on line 2(d) above	e satisfy the requirements of section 170	)(h)(4)(B)(i)	
-	and section 170(h)				. 🗌 Yes 🗌 No
9	. ,	be how the organization reports conservatio			
•		include, if applicable, the text of the footnot			
		ounting for conservation easements.	<b>.</b>		
Pa		zations Maintaining Collections	of Art, Historical Treasures.	or Other Similar As	sets.
		te if the organization answered "Yes" of			
1a		elected, as permitted under FASB ASC 958		and balance sheet works	
	-	asures, or other similar assets held for publi			
		Part XIII the text of the footnote to its finan			
b		elected, as permitted under FASB ASC 958			
~	-	ures, or other similar assets held for public $\epsilon$			
		ng amounts relating to these items:			
	•				
	.,	d in Form 990, Part X			
2		received or held works of art, historical treas			
-	-	required to be reported under FASB ASC 9		Jan, provido tilo	
а	-	on Form 990, Part VIII, line 1	-	▶ \$	

▶ \$

. . . . .

Sched	ule D (Form 990) 2019 RALEIGH SWIMMI	NG ASSOCIATI	ON				56-13125	540	Page <b>2</b>
Pai	rt III Organizations Maintaining	Collections of	of Art, His	torical T	Freasures,	or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the follo	owing that ma	ke signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan d	or exchange p	orogram	S		
b	Scholarly research		е			-			
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	in how they f	urther the a	organization's	exempt	purpose in Part		
	XIII.				3				
5	During the year, did the organization solicit or	receive donations	of art, histori	cal treasur	es, or other si	milar			
•	assets to be sold to raise funds rather than to		-		-			Yes	No
Pa	rt IV Escrow and Custodial Arra			ganzation					
	Complete if the organization	•	" on Form	990 Pa	art IV line 9	9 or re	ported an amo	unt on Fo	orm
	990, Part X, line 21.					, 01 10			
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contr	ibutions or	other assets	not			
ia			-						
b	If "Yes," explain the arrangement in Part XIII					•••		. 🗌 103	
b			biowing table				Amo	unt	
•	Poginning bolonoo					10		un	
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					· · —			
2a	Did the organization include an amount on Fo					-			∐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanation h	as been pr	rovided on Pa	rt XIII		• • • • •	
Pai	<b>rt V</b> Endowment Funds.				ant IV / Base A	10			
	Complete if the organization							1	
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g, co	olumn (a)) I	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ►	%							
С	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c should	lld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are	e held and	administered	for the			
	organization by:							١	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	uired on Sche	edule R?.				3b	
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization		" on Form	990. Pa	art IV, line '	11a. S	ee Form 990. P	art X, line	e 10.
	Description of property	(a) Cost or			or other basis		Accumulated	(d) Book v	
		(inves			other)	• • •	epreciation	(4) 20010	aldo
1a	Land		214,916					21	4,916
b	Buildings		580,727				329,465		51,262
c	Leasehold improvements							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	_,
d	Equipment		73,513				29,491	4	4,022
e	Other		,515						
	I. Add lines 1a through 1e. (Column (d) must		Part X. colum	n (B), line	10c.)			2 51	0,200
EEA				(_),				chedule D (Fo	

Schedule D (Form 990) 2019

#### Page 3

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 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 valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
-			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).

#### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (	a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2)\$WIM MEET E	SCROW	42,972
(3)PAYROLL LIA	BILITIES	
(4) DUES REDUCT	ION CREDITS	10,126
(5) PPP LOAN		94,200
(6)EIDL LOAN		149,900
(7)		
(8)		
(9)		
Total. (Column (b) must	equal Form 990. Part X. col. (B) line 25.) .	297,198

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. . . . .

Sched	ule D (Form 990) 2019 RALEIGH SWIMMING ASSOCIATION	56-1312540	Page 4			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e				
3	Subtract line <b>2e</b> from line <b>1</b>	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
С	Add lines <b>4a</b> and <b>4b</b>					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I				
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:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С						
d						
е	Add lines 2a through 2d	2e				
3	Subtract line <b>2e</b> from line <b>1</b>	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
C	Add lines <b>4a</b> and <b>4b</b>					
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5				
Pa	rt 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.

organization entered more than \$15,000 on Form 990-EZ, line 6a.         ZUIS           Department of the Treasury         Attach to Form 990 or Form 990-EZ.         Open to Public	SCHEDULE G	Supplemen	tal Informati	on Regard	ding Fund	Iraising or Gam	ning Act	ivities 📘	OMB No. 1545-0047
Operation of the Treasury Instrumed Revense Devices         A tack to Form 990 or Form 990 or Form 990 results.         Open to Public Inspection           RALE to dramation         Eveloper devices         56-1312540           Part I         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 files are not required to complete this part.         56-1312540           I Indicate whether the organization raised funds through any of the following activities. Check all that apply.         Image: Second Sec	(Form 990 or 990-EZ)	Complete							2019
	Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public					Open to Public	
Part I SUMMING ASSOCIATION  Set 1312540  Part V Undraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E7 lifes are not required to complete this part.  I indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations b I internet and errail solicitations c Phone solicitation c Phone solicitation c Phone solicitation	Internal Revenue Service	►G	o to www.irs.gov/	Form990 for in	nstructions a	nd the latest informat	ion.	Employerida	
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         a       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events       model         d       In-person solicitations       g       Special fundraising services?       Yes       No         b       Influence address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       fundraiser items in in (fundraiser have control of con	-								
Form 990-E27 filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         c       Phone solicitations       g         2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key emplyces listed in form 990, Part VII) or entity in conscion with professional fundarising services?       Yes       No         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to (or retained by) (or retained by) organization         (i) Name and address of individual or entities (fundraisers have cubdy or control or contributors?       (v) Amount paid to (or retained by) organization       (vi) Amount paid to (or retained by) organization         1       Image: Ima				ho organi	tion one	warad "Vaa" an	Form 00		
1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       g       Special fundraising events         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising services?       res       No         b       Internet and email solicitations       g       Special fundraisen solicitation of government grants       res       No         2       Dott the 10 highest piad individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (n) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser listed in (or retained by) organization       (n) Amount paid to (or retained by) organization       (n) Amount paid to (or retained by) organization         1       Yes       No       Internet service       (n) Amount paid to (or retained by) organization       (n) Amount paid to (or retained by) organization         2       Onthe organization       (n) Onthe service       (n) Onthe service       (n) Onthe service       (n) Onthe service         3       Onthe organization       Intenthiet       Intenthiet       Interne		-	•	-		wered res on	Form 95	o, Part IV,	, line 17.
a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events       No         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       No         f(I) Name and address of individual or entities (fundraiser have custody or control of co						tion Chook all that a	nnhi		
b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Ives       No         b       If "Yes," its the 10 highers plaid individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be control of or retained by) or entity (fundraiser)       (iii) Activity       (iii) Did fundraiser have custody or control of control of or retained by) fundraiser listed in (officers, directors)       (v) Amount paid to (or retained by) organization         1       Yes       No       Ves       No       Ves       No         1       Yes       No       Ves       No       Ves       Ves       Ves         3       Image: Solicitation       Ves       No       Image: Solicitation       Image: Solicitation       Image: Solicitation         4       Image: Solicitation       Image: Solicitation       Image: Solicitation       Image: Solicitation       Image: Solicitation         5       Image: Solicitation </td <td>_</td> <td>organization raise</td> <td>ea iunas inrougn</td> <td>· _</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>	_	organization raise	ea iunas inrougn	· _	0				
c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       g       Yes       No         b       trives," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Name and address or individual or entities (fundraiser have control of contributions?       (iv) Gross reseipts (iv) Amount paid to (or retained by) fundraiser listed in control of contributions?       (iv) Amount paid to (or retained by) fundraiser listed in control of		adiaitatiana							
d   In-person solicitations         2a Did the organization have a written or oral agreement with any individual (including offects, directors, trustees, or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services?   Yes   No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual (ii) Activity       (iii) Did fundraiser have control of contributions?       (iv) Gross receipts       (v) Amount paid to (or retained by) fundraiser listed in Contributions?         1       Yes       No         2       Image: I						• •			
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 930, Part VII) or entity in connection with professional fundraising services?       Image: mage:				g ∟ ;	Special fund	raising events			
Yes       No         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to (or relained by) fundraiser listed in contributions?         1       Yes       No         2       Image: Solid	· ·		aral agraamantu	uith on ciodici	dual (includin	a officere directore	tructo co		
Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Name and address of individual or entities (fundraisers)       (ii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser         1       Yes       No       Image: Solution of the solution	Ũ		0			•			
compensated at least \$5,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have costody or control of control of control of control.       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraised in the organization.         1       Yes       No       (v) Gross receipts       (v) Amount paid to (or retained by) fundraiser have cost.       (v) Gross receipts       (v) Amount paid to (or retained by) organization         1       Yes       No       Ves       No       (v) Gross receipts       (v) Amount paid to (or retained by) organization         2       Internet of the organization       Yes       No       Internet of the organization         3       Internet of the organization       Internet of the organization       Internet of the organization       (v) Gross receipts       (v) Amount paid to (or retained by) organization         4       Internet of the organization       Internet of the organization       Internet of the organization       Internet of the organization         5       Internet of the organization       Internet of the organization       Internet of the organization       Internet of the organization         6       Internet of the organization       Internet of the organization       Internet of the organization       Internet of the organization <thinternet of="" organization<="" th="" the=""></thinternet>	• • •		· ·		•	•			
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts (for retained by) fundraiser have become activity)       (vi) Amount paid to (or retained by) or ganization         1       Yes       No       Image: Control of control		•		undraisers) p	ursuant to ag	reements under whi	ch the fund	araiser is to d	e
(ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (iii) Contributions?       (iv) Gross receipts from activity       (iv) Annotin Padi to from activity         1       Yes       No       Image: State of the s	compensated at leas	a \$5,000 by the of	ganization.						
(ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (iii) Contributions?       (iv) Gross receipts from activity       (iv) Annotin Padi to from activity         1       Yes       No       Image: State of the s				(11) 5: 1 (			<b>(v)</b> Am	ount paid to	
Yes         No           1         Yes         No           2         Image: Sector of the sector of	.,		(ii) Activity				(or re	tained by)	
Yes       No         1       Image: Solution of the second of the s	or entity (fundra	ilser)	(ii) / totally			from activity			
1       1				Yes	No		0	01. (1)	
3 Image: I	1								
3 Image: I									
4   5   6   7   8   9   10   Total   3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	2								
4   5   6   7   8   9   10   Total   3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from									
5 Image: Constraint of the second of t	3								
5 Image: Constraint of the second of t									
6   7   8   9   10     Total	4								
6   7   8   9   10     Total									
7 Image: Second s	5								
7 Image: Second s									
8   9   10     Total	6								
8   9   10     Total									
9   10   Total	7								
9   10   Total									
10       Image: Constraint of the second of t	8								
10       Image: Constraint of the second of t									
Total	9								
Total	40								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	Tatal								
					<u></u> ▶				
		0	is registered or li	censed to sol	icit contributi	ions or has been not	ified it is ex	kempt from	
	registration or licensin	g.							

Pai	rt II	<b>Fundraising Events.</b> Comp than \$15,000 of fundraising gross receipts greater than \$	event contributions an			-
		-		d aross income on Form	000-E7 lines 1 and 6h	
		aross receipts areater than 9		g		. List events with
		gross receipts greater than t				
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anc						
Revenue	1	Gross receipts				
~	~	Lassa Cantributiana				
	2 3	Less: Contributions Gross income (line 1 minus				
	3	line 2)				
		1110 L)				
	4	Cash prizes				
	5	Noncash prizes				
	_					
Ises	6	Rent/facility costs				
xper	7	Food and beverages				
ш t	'					
Direct Expenses	8	Entertainment				
		-				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	•		-	
Pa	11	Net income summary. Subtract line Gaming. Complete if the or				more then
1 0		\$15,000 on Form 990-EZ, I			iv, line 13, or reported	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
_	1	Gross revenue				
	-					
enses	2	Cash prizes				
	3	Noncash prizes				
ШĂ	Ũ					
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	~	Maluata an lab an	☐ Yes%		└ Yes %	
	6	Volunteer labor	<b>∐</b> No	No	No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
		,				
	8	Net gaming income summary. Subtr	act line 7 from line 1, colu	ımn (d)		
9		ter the state(s) in which the organizati				
а		he organization licensed to conduct g	-		•••••	Yes 📙 No
	IT "I	No," explain:				
b	We	ere any of the organization's gaming li	censes revoked, suspend	led, or terminated during the	tax year?	Yes 🗌 No
b 10a				led, or terminated during the	-	Yes 🗌 No

Department of the Treasury Internal Revenue Service

Name of the organization

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
2019
Open to Public
Inspection
Employer identification number

#### RALEIGH SWIMMING ASSOCIATION

56-1312540

#### 01. Officer, directors, etc. family relationship (Part VI, line 2)

A BOARD OFFICER IS ALSO AN OWNER IN TWO BUSINESSES THAT LEASE SPACE FROM RALEIGH SWIMMING

ASSOCIATION. NO BENEFITS ARE PROVIDED BEYOND THOSE THAT WOULD BE PROVIDED TO ANY OTHER

MEMBER AND THE LEASE IS AT MARKET RATE. IN ADDITION, THE BOARD IS AWARE OF THE

RELATIONSHIPS AND APPROVED THE LEASES.

#### 02. Members or stockholder classes and rights (Part VI, line 6)

THE ASSOCIATION CONSISTS OF MEMBERS.

### 03. Member election for additional members (Part VI, line 7a)

THE MEMBERS OF THE ASSOCIATION ELECT THE BOARD OF DIRECTORS.

#### 04. Governing body decisions (Part VI, line 7b)

NO LOANS SHALL BE CONTRACTED FOR ON BEHALF OF THE ASSOCIATION AND NO EVIDENCE OF

INDEBTEDNESS SHALL BE ISSUED IN THE NAME OF THE ASSOCIATION UNLESS SPECIFICALLY AUTHORIZED

BY WRITTEN RESOLUTION OF THE BOARD. THE BOARD MAY CONFER SUCH AUTHORITY GENERALLY OR MAY

CONFINE IT TO SPECIFIC INSTANCES.

### 05. Form 990 governing body review (Part VI, line 11)

THE BOARD OF DIRECTORS REVIEWS THE TAX RETURN BEFORE IT IS FILED.

### 06. Governing documents, etc, available to public (Part VI, line 19)

INFORMATION IS AVAILABLE UPON REQUEST AT THE OFFICE OF THE ORGANIZATION. A COPY OF FORM

990 IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

Schedule O (Form 990 or 990-EZ) (2019)		Page <b>2</b>
Name of the organization	Employer identification number	
RALEIGH SWIMMING ASSOCIATION	56-1312540	
07. Explanation of other changes in net assets or fund balances (Part XI,	line 9)	
ROUNDING		
08. General explanation attachment		
	MEET ECODOM	
PRIOR PERIOD ADJUSTMENTS (PART XI, LINE 8). A CORRECTION IS NEEDED FOR THE	MEET ESCROW	
LIABILITY ACCOUNT.		

Form	4562
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# **Depreciation and Amortization** (Including Information on Listed Property)

Depart			(incluair	ng Information	on Listed P	roperty)			2019
Department of the Treasury			Attach to your tax return.						Attachment
Internal Revenue Service (99)		Go to www.irs.gov/Form4562 for instructions and the latest information.					_	Sequence No. 179	
Name(	s) shown on return			Busir	ess or activity to which	ch this form relates		Identif	fying number
RALEIGH SWIMMING ASSOCIATI								56-	-1312540
Par		•		operty Under S					
	Note: If y	ou have any	listed property,	complete Part V	pefore you co	mplete Part I.			1
1	Maximum amount (	see instructions)	)					1	
2	Total cost of section	n 179 property p	placed in service	(see instructions)		•••••		2	
3	Threshold cost of s		-					3	
4	Reduction in limitat	ion. Subtract line	e 3 from line 2. If a	zero or less, enter -	)			4	
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	1. If zero or less, e	ter -0 If marrie	ed filing			
	separately, see inst	tructions		<u>.</u>				5	
6		(a) Description of pr	roperty	(b)	cost (business use o	nly) (c) Ele	ected cost		
7	Listed property. En	ter the amount fi	rom line 29			7			
8	Total elected cost of	of section 179 p	roperty. Add amo	unts in column (c), l	nes 6 and 7.			8	
9	Tentative deduction							9	
10	Carryover of disallo	owed deduction	from line 13 of yo	ur 2018 Form 4562		•••••		10	
11	Business income lin	mitation. Enter th	he smaller of busi	iness income (not le	ss than zero) or	line 5. See inst	ructions	11	
12	Section 179 expension	se deduction. Ac	dd lines 9 and 10,	but don't enter mor	e than line 1.1.	• • • • • • • •		12	
13	Carryover of disallo	owed deduction	to 2020. Add lines	s 9 and 10, less line	112	13			
	Don't use Part II o								
Par	rt II Special	Depreciatio	n Allowance	and Other Dep	reciation (I	Don't include	listed proper	ty. Se	e instructions.)
14	Special depreciatio	n allowance for	qualified property	(other than listed p	operty) placed i	n service			
	during the tax year.	See instructions	s					14	
15	Property subject to	section 168(f)(1	1) election					15	
16	Other depreciation							16	68,927
Par	rt III MACRS	6 Depreciati	on (Don't inc	lude listed proper	ty. See instruc	ctions.)			
				Sectio	n A				
								-	1
17	MACRS deductions			ax years beginning l	efore 2019			17	5,285
	MACRS deductions If you are electing t	to group any ass	sets placed in ser	ax years beginning livice during the tax	efore 2019 ear into one or i	more general		17	5,285
	If you are electing t asset accounts, che	to group any ass eck here	sets placed in ser	ax years beginning l vice during the tax y	efore 2019 ear into one or	more general			
	If you are electing t asset accounts, che	to group any ass eck here	sets placed in ser	ax years beginning vice during the tax years beginning	efore 2019 ear into one or i  <b>Fax Year Usi</b> i	more general			
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