

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☐ Address
change
☐ Name
change
☐ Initial
return
☐ Final
return
☐ Amended
return
☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**UNITED STATES SQUASH RACQUETS ASSOC INC**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1216

Room/suite

City or town, state or country, and ZIP + 4

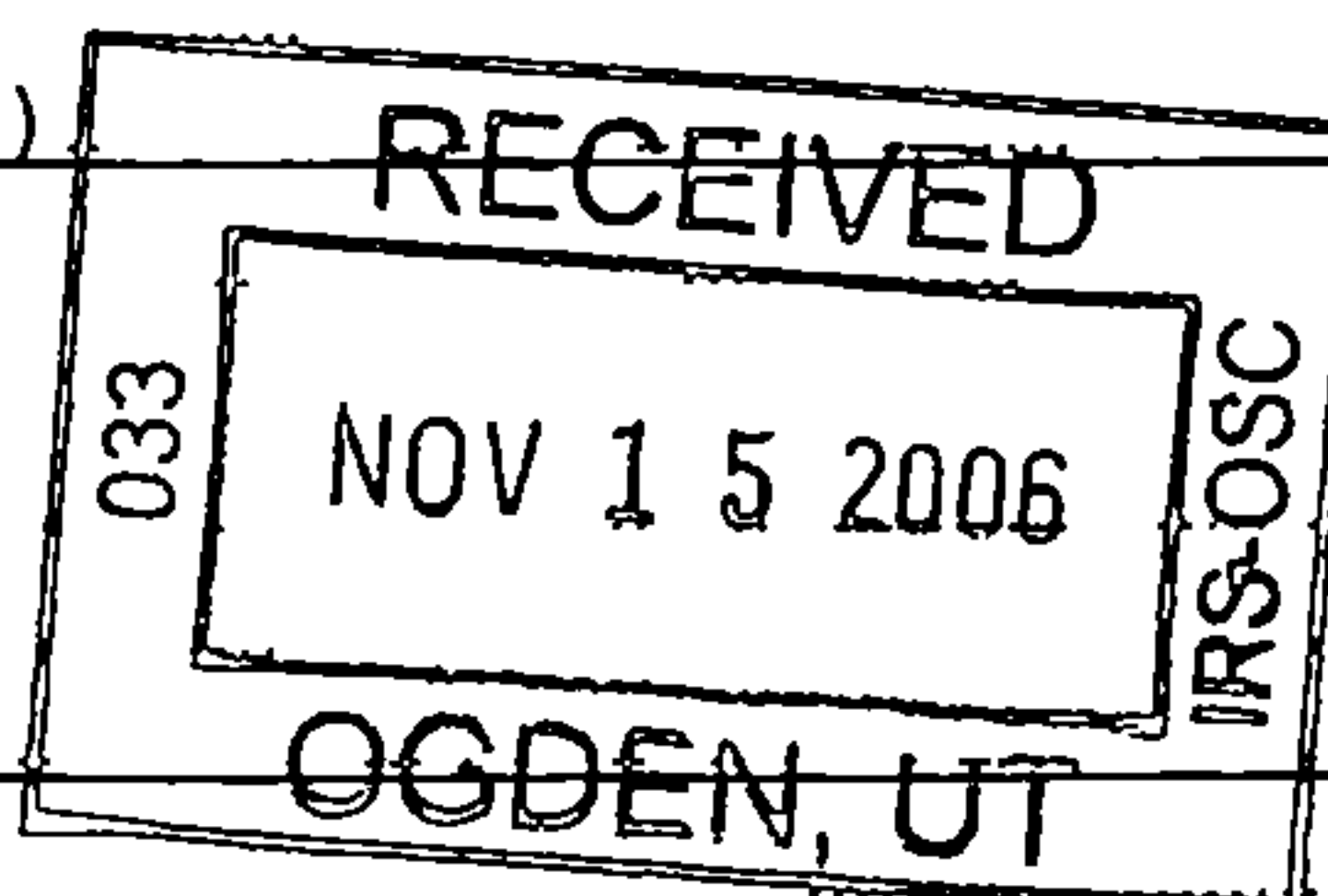
BALA CYNWYD, PA 19004-1216**D** Employer identification number**16-6050490****E** Telephone number**610-667-4006****F** Accounting method ☐ Cash ☒ Accrual
☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.US-SQUASH.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization chooses to file a return, be
sure to file a complete return. **Some states require a complete return****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**2,716,176.****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	628,232.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 628,232. noncash \$)	1d	628,232.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	561,208.		
3	Membership dues and assessments	3	268,171.		
4	Interest on savings and temporary cash investments	4	4,121.		
5	Dividends and interest from securities	5	53,846.		
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,134,966.	8a		
b	Less: cost or other basis and sales expenses	1,412,358.	8b		
c	Gain or (loss) (attach schedule)	<277,392.>	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	<277,392.>	
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a	4,015.		
b	Less: cost of goods sold	10b	6,798.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	STMT 2	10c	<2,783.>	
11	Other revenue (from Part VII, line 103)	11	61,617.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,297,020.		
13	Program services (from line 44, column (B))	13	965,761.		
14	Management and general (from line 44, column (C))	14	600,007.		
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,565,768.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<268,748.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,236,757.		
20	Other changes in net assets or fund balances (attach explanation)	20	324,678.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,292,687.		

523001
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)



SEE STATEMENT 3

14615

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc. * *	25	100,000.	38,950.	61,050.	0.
26 Other salaries and wages	26	151,167.	58,868.	92,299.	
27 Pension plan contributions	27				
28 Other employee benefits	28	66,770.	26,007.	40,763.	
29 Payroll taxes	29	17,710.	6,898.	10,812.	
30 Professional fundraising fees	30				
31 Accounting fees	31	29,340.		29,340.	
32 Legal fees	32				
33 Supplies	33	34,949.	3,194.	31,755.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	25,730.	25,730.		
37 Equipment rental and maintenance	37	20,264.		20,264.	
38 Printing and publications	38	161,567.	89,045.	72,522.	
39 Travel	39	148,258.	127,737.	20,521.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	14,198.		14,198.	
43 Other expenses not covered above (itemize).					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	795,815.	589,332.	206,483.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,565,768.	965,761.	600,007.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

* * SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
PROMOTE THE GAME OF SQUASH RACQUETS	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TOURNAMENTS - SANCTION AND OVERSEE TOURNAMENTS FOR AMATEUR & PROFESSIONAL FROM JUNIOR TO SENIOR LEVELS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	827,657.
b PROVIDE MEMBERS WITH MONTHLY MAGAZINE	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	136,076.
c RUN COACHING & REFEREE CLINICS FOR MEMBERS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,028.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	965,761.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	144,518.	45 244,965.
	46 Savings and temporary cash investments	701,749.	46 170,045.
	47 a Accounts receivable	47a 111,385.	
	b Less: allowance for doubtful accounts	47b	47c 111,385.
	48 a Pledges receivable	48a 139,500.	
	b Less: allowance for doubtful accounts	48b	48c 139,500.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	13,589.	53 84,200.
	54 Investments - securities STMT 6 STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,198,543.	54 1,686,742.
	55 a Investments - land, buildings, and equipment: basis STMT 9	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 458,118.		
b Less: accumulated depreciation	57b 234,169.	57c 223,949.	
58 Other assets (describe SEE STATEMENT 8)	236,753.	58 215,419.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,529,820.	59 2,876,205.	
Liabilities	60 Accounts payable and accrued expenses	179,416.	60 234,905.
	61 Grants payable		61
	62 Deferred revenue	113,647.	62 348,613.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe)		65
66 Total liabilities. Add lines 60 through 65)	293,063.	66 583,518.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	15,425.	67 <371,589.>
	68 Temporarily restricted		68 530,852.
	69 Permanently restricted	2,221,332.	69 2,133,424.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,236,757.	73 2,292,687.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,529,820.	74 2,876,205.

a	Total revenue, gains, and other support per audited financial statements	a	1,602,542.
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	298,724.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) COST OF GOODS SOLD	b4	6,798.
	Add lines b1 through b4	b	305,522.
c	Subtract line b from line a	c	1,297,020.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	1,297,020.

a	Total expenses and losses per audited financial statements	..	a	1,572,566.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>COST OF GOODS SOLD</u>	b4	6,798.	
	Add lines b1 through b4		b	6,798.
c	Subtract line b from line a		c	1,565,768.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	1,565,768.

[illegible]

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85a	N/A		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ PA, NY		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	4
91 a	The books are in care of ▶ KEVIN KLIPSTEIN Telephone no. ▶ 610-667-4006 Located at ▶ 23 CYNWYD RD, BALA CYNWYD, PA ZIP + 4 ▶ 19004		
b	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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TOURNAMENT ENTRY FEES					417,626.
b TOURNAMENT SANCTIONING					
c FEES					80,172.
d TOURNAMENT TEAM REVENUES					63,410.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					268,171.
95 Interest on savings and temporary cash investments			14	4,121.	
96 Dividends and interest from securities			14	53,846.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<277,392.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			02	<2,783.>	
103 Other revenue:					
a ROYALTY INCOME			15	52,310.	
b COACH/REFEREE					
c DEVELOPMENT					9,307.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<169,898.>	838,686.
105 Total (add line 104, columns (B), (D), and (E))					668,788.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 10

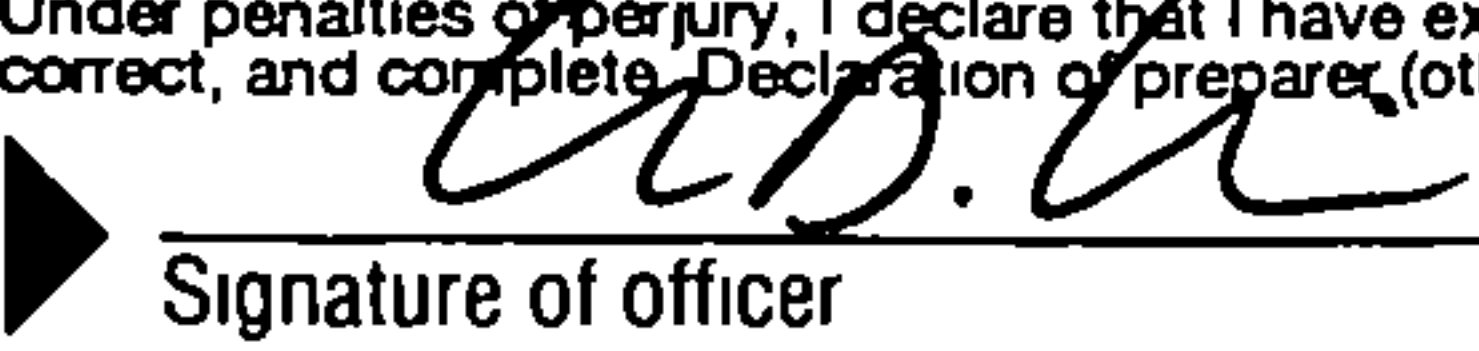

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 4/10/06	VERONICA M. PLOUSIS, CPA Type or print name and title.
Paid Preparer's Use Only	Preparer's signature 		Date 11/09/06	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ELKO & ASSOCIATES LTD 2 WEST BALTIMORE AVE. SUITE 210 MEDIA, PA 19063		Preparer's SSN or PTIN EIN Phone no. 610-565-3930	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC INC

Employer identification number

16 6050490

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BARNETT CONSULTING P.O. BOX 56, GILLETTE, NJ 07933	CONSULTING & SOFTWARE SUPPORT	92,782.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input checked="" type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
-----------	---

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	550,906.	127,381.	109,024.	116,001.	903,312.
16 Membership fees received	300,305.	256,630.	187,961.	210,790.	955,686.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	767,376.				767,376.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,665.	33,261.	38,675.	50,349.	148,950.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,645,252.	417,272.	335,660.	377,140.	2,775,324.
24 Line 23 minus line 17	877,876.	417,272.	335,660.	377,140.	2,007,948.
25 Enter 1% of line 23	16,453.	4,173.	3,357.	3,771.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) 100,250. (2003) 0. (2002) 0. (2001) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 903,312. 16 955,686. 17 767,376. 20 _____ 21 _____					27c 2,626,374.
d Add: Line 27a total 100,250. and line 27b total 0.					27d 100,250.
e Public support (line 27c total minus line 27d total)					27e 2,526,124.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ► 27f 2,775,324.					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 91.0209%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.3669%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

N/A

N/A

Schedule A (Form 990 or 990-EZ) 2005

PBC USSRA
Schedule of Fixed Assets
FYE 12/31/05

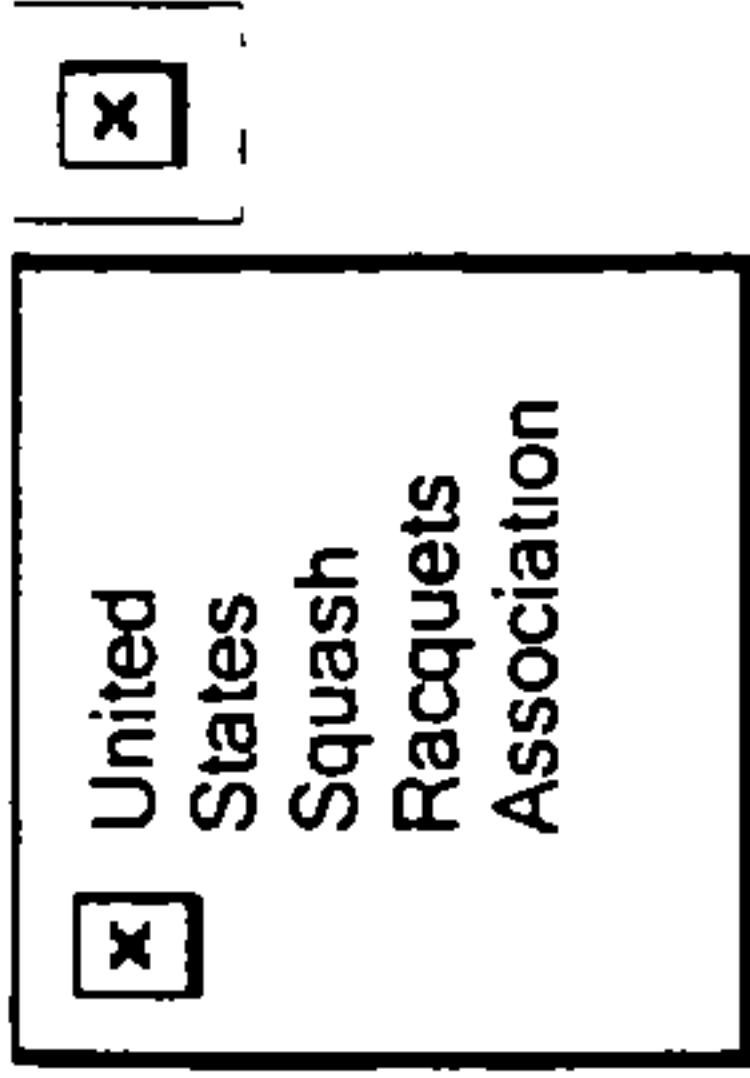
✓ Recalculated depreciation (haphazardly selected assets to test), no differences found
✓ Examined invoices noting amount, date and agreed to asset capitalized, all amounts pertain to software development

													Difference in	
													Accum Depr	
	DATE	METHOD	LIFE		COST	BUSINESS	SECTION	DISPOSAL	DEPREC	EXPENSE	DEPREC	VALUE		
				USE	BASIS	USE	179		12/31/2004	12/31/2005	12/31/2005	12/31/2005		
LAND AND BUILDINGS														
Land	7/10/1990	SL/N/A	31 5	100%	35,250.00 M									
Building 23 Bala Ave	7/10/1989	SL/N/A	40	100%	203,257 90 M				77,068 60	5,081 45	82,150 05	121,107 85	✓	0 45 IM
					238,507 90				77,068 60	5,081 45	82,150 05 M	121,107 85		
BUILDING IMPROVEMENTS														
Renovations	7/18/1989	SL/N/A	40	100%	50,412 71				19,114 85	1,260 32	20,375 17	30,037 54	✓	
Fire Escape	9/14/1989	SL/N/A	40	100%	3,400 00				1,289 15	85 00	1,374 15	2,025 85		
Chimney	9/20/1989	SL/N/A	40	100%	1,750 00				663 58	43 75	707 33	1,042 67		
Painting	8/16/1989	SL/N/A	7	100%	7,800 00				7,800 00		7,800 00	-		
REnovations	10/10/1989	SL/N/A	40	100%	2,749 09				1,042 40	68 73	1,111 13	1,637 96		
Sewer Replacement	2/22/1990	SL/N/A	40	100%	2,860 00				1,001 02	71 50	1,072 52	1,787 48		
Roof	12/10/2002	SL/N/A	40	100%	7,025 00				365 90	175 63	541 53	6,483 48		
Carpet	10/10/2003	SL/N/A	7	100%	5,706 00				1,018 93	815 14	1,834 07	3,871 93		
Painting	12/1/2003	SL/N/A	7	100%	5,360 00				829 52	765 71	1,595 23	3,764 77		
Exterior Painting	5/24/2004	SL/N/A	7	100%	5,665 00				472 09	809 29	1,281 38	4,383 62	✓	
					92,727 80 M				33,597 44	4,095 06	37,692 50 M	55,035 30		(0 45) IM
MACHINERY & EQUIPMENT														
Machinery & Equip	7/2/1990	SL/N/A	5	100%	91,988 64				91,988 64			-		
Computer	1/10/1996	SL/N/A	5	100%	2,516 00				2,516 00			-		
Laptop	12/10/1998	SL/N/A	5	100%	2,708 90				2,708 90			-		
Computer	5/20/1999	SL/N/A	5	100%	2,925 00				2,876 25	48 75	2,925 00	-		
Computer - Ann	7/10/2000	SL/N/A	5	100%	2,476 62				2,228 94	247 68	2,476 62	-		
Desktop Dell	10/10/2000	SL/N/A	5	100%	1,281 98				1,153 80	128 18	1,281 98	-		
Copier	5/29/2001	SL/N/A	5	100%	3,199 40				2,310 78	639 88	2,950 66	248 74		
Computer - Mike	4/25/2003	SL/N/A	5	100%	1,557 72				519 24	311 54	830 78	726 94		
Computer	7/16/2003	SL/N/A	5	100%	1,304 25				369 54	260 85	630 39	673 86		
Phone System	10/24/2003	SL/N/A	5	100%	5,544 00				1,293 60	1,108 80	2,402 40	3,141 60	✓	
Printer	2/2/2004	SL/N/A	5	100%	1,033 45				189 47	206 69	396 16	637 29		
Computer CE	5/5/2004	SL/N/A	5	100%	4,646 31				619 51	929 26	1,548 77	3,097 54		
Servers	5/11/2004	SL/N/A	5	100%	4,306 02				574 13	861 20	1,435 33	2,870 69		
Dell Computer	2/2/2005	SL/N/A	5	100%	1,393 53 to CF					278 71	278 71	1,114 82		
					126,881.82 M				109 348 80	5,021 55	114,370 35 M	12,511 47		43 50 IM
SOFTWARE DEVELOPMENT COSTS														
Railstation Software	7/1/2004	SL/N/A	3	100%	21,377 50				3,562 92	7,125 83	10,688 75	10,688 75	✓	
Railstation License	5/8/2004	SL/N/A	5	100%	17,500 00				2,333 33	3,500 00	5,833 33	11,666 67		
Railstation Software	2005	SL/N/A	3	100%	35,649 92				-	11,883 31	11,883 31	23,766 61	✓✓	
					74,527.42 N				5,896 25	22,509 14	28,405 39 N	46,122 03		
TRADE MARKS														
Us Open Trademark	1/1/2002	SL/N/A	40	100%	45,000 00				5 812 50	1,125 00	6,937 50	38,062 50		
	1/1/2005	SL/N/A	40	100%	500 00				-	12 50	12 50	487 50		
					45,500.00 N				5,812 50	1,137 50	6,950 00 N	38,550 00		
									231,723 69	37,844 70	269,568 29	273,326 65		

Total Depreciation 14,198 06 2 1 (Map 500 135)
Total Amortization 23,646 64 2 1 (Map 500 110)
37,844 70

43 50 IM

(0 45) IM



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Search

USSRA Board of Directors

The 2005-2006 USSRA Board of Directors is made up of the individuals listed below. Eleven serve on the Executive Committee.

All but two on the Executive Committee are selected by the USSRA Committee on Nominations, which is a group of no less than 5 individuals empowered by Article XIII of the USSRA by-laws to nominate candidates for election as Officers of the Association. They nominate the Chair, Vice Chair, Secretary, Treasurer, four independent directors including one selected as the liaison to the Men's, Women's, Junior and Doubles Committees. The recent past Chair sits on the Executive Committee and two Active Athletes, who are elected directly by the Active Athletes Committee provided for through association with the US Olympic Committee. The Chair may not serve more than 3 consecutive years.

The Executive Committee and the Board of Directors meet twice each year, once normally in the 4th Quarter of the year at an event of national significance or by conference call, and then again during the United States Championships weekend. The Executive Committee meets no less than one more time normally in the spring of each year. There is frequent electronic information passed and discussion held between both bodies year round.

Executive Committee			Regional Directors		
Chairman of the Board	Ken Stillman	Dallas TX kstill@sbcglobal.net	New England	Molly Downer	Cambridge MA MDowner@bostonprivateb
Vice Chair	David Barrett	Riverside CT dbarrett@higdonbarrett.com	New York	Alex Kam	New York NY alkam007@aol.com
Treasurer	Jeannie Blasberg	Boston MA jblasberg@msn.com	Pennsylvania	Vince McGuinness	Merion PA vmcguinness@cozen.com
	Peter		Southeast	Keith Clemens	GA kclem34558@aol.com
			Mid Atlantic	Sheldon	Bermuda sheldon.anderson@fairmon

Secretary	Lasusa, Jr.	New York NY	plausa@ml-resources.com	Central States	Anderson
Active Athlete	Preston Quick	Greenwich CT	prestonbquick@hotmail.com	Great Lakes	Vacant
Active Athlete Alternate	Demer Holleran	Radnor PA	demer@alumni.princeton.edu	Far West	Kim Tunney Lake Forest IL kstunney@yahoo.com
Independent	Jim Marver	San Francisco	ca_jm@vpvp.com		Tony Catalan Portland OR tonyjr@trashco.com
Independent	Libby Welch	New York NY	libbyw@nyc.rr.com		
Independent	Eric Fast	Rye NY	efast@craneco.com		
At Large-Committee Contact	Will Greer	Berwyn PA	WRGreerMD@AOL.COM		
Recent Past Chair	Kevin Jernigan	San Francisco CA	kevinj@xpiron.com		
		At Large			Special Interest
Steve Bieneman	San Francisco	CA	SBieneman@aol.com	Corporate/Sponsor PSA/WISPA	Stephen Hall Greenville SC Halls@focusgolf Robert Graham Santa Barbara CA Sbbolox@aol.com
Dudley Stephens	Atlanta	GA	dstephens@sandleroneill.com		Active Athletes
Paul Assaiaante	Hartford	CT	paul.assaiaante@trincoll.edu	Tim Wyant	New York NY tim_wyant@yahoo.com
Blair Sadler	La Jolla	CA		Marty Clark	New York NY amc9002@yahoo.com
Carey Anderson	Buffalo	NY	carey@militello.com	Richard Chin	Riverdale NY rchin@hcnv.com
				Louisa Hall	New York NY louisa_hall@hotmail.com
				Meredeth Quick	Brooklyn NY meredethquick@hotmail.com
Betsy Sechrest	New York	NY	elizabeth@sechrest.com		CEO
Greg Zaff	Cambridge	MA	g.zaff@squashbusters.org		
Bob Burton	Atlanta	GA	rmburton@irsquared.com		Kevin Klipstein Bala Cynwyd PA kevin.klipstein@us-squash.org

Will Carlin Brooklyn NY willcarlin@aol.com
Reed Webster Chicago IL reed.webster@morganstanley.com
Jack Wyant, Jr Philadelphia PA jhwyant@pobox.upenn.edu

USSRA Board of Directors - Last Updated: 21-Jul-05 16:19

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FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
ENDOWMENT FUND - VANGUARD ST CORP	28,976.	29,689.	0.	<713.>
ENDOWMENT FUND - JANUS MERCURY FUND	160,857.	330,827.	0.	<169,970.>
ENDOWMENT FUND - T. ROWE PRICE SCIENCE & TECHNOLOGY	33,284.	111,570.	0.	<78,286.>
ENDOWMENT FUND - VANGUARD EQUITY INCOME FUND	314,426.	329,616.	0.	<15,190.>
ENDOWMENT FUND - VANGUARD INTL GROWTH FUND INVESTOR SHARE	171,719.	145,467.	0.	26,252.
ENDOWMENT FUND - 500 INDEX FUND INVESTOR SHARE	288,161.	326,743.	0.	<38,582.>
ENDOWMENT FUND - VANGUARD TOTAL STOCK MARKET	92,762.	93,387.	0.	<625.>
ENDOWMENT FUND - VANGUARD TOTAL STOCK MARKET	44,781.	45,059.	0.	<278.>
TO FORM 990, PART I, LINE 8	1,134,966.	1,412,358.	0.	<277,392.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME		
1. GROSS RECEIPTS	4,015	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		4,015
4. COST OF GOODS SOLD (LINE 13)	6,798	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<2,783>
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	6,798	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		6,798
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		6,798

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION

AMOUNT

PRIOR PERIOD ADJUSTMENT (BEGINNING OF YEAR ASSETS RESTATED)	25,954.
UNREALIZED GAIN ON INVESTMENTS	298,724.
TOTAL TO FORM 990, PART I, LINE 20	324,678.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMPUTER & SOFTWARE EXPENSES	92,782.	46,390.	46,392.	
AMORTIZATION	23,647.		23,647.	
TOURNAMENT GIFTS & PRIZES	173,498.	155,550.	17,948.	
EVENT MANAGEMENT	29,520.	29,520.		
FOOD AND BEVERAGE	203,648.	202,372.	1,276.	
TOURNAMENT EVENT EXPENSES	73,241.	47,549.	25,692.	
PROFESSIONAL FEES	40,537.	4,000.	36,537.	
TOURNAMENT TEAM EXPENSES	78,984.	70,058.	8,926.	
TROPHIES AND ENGRAVING	22,379.	21,499.	880.	
WEBSITE	19,998.	12,394.	7,604.	
INSURANCE	19,959.		19,959.	
TAXES, CHARGES AND FEES	7,572.		7,572.	
DUES AND SUBSCRIPTIONS	10,050.		10,050.	
TOTAL TO FM 990, LN 43	795,815.	589,332.	206,483.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEVIN KLIPSTEIN	100,000.			100,000.
A. PROGRAM SERVICES	38,950.			38,950.
B. MANAGEMENT AND GENERAL	61,050.			61,050.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				38,950.
------------------------	--	--	--	---------

TOTAL MANAGEMENT AND GENERAL				61,050.
------------------------------	--	--	--	---------

TOTAL FUNDRAISING				
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TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				100,000.
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FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
38 TEXACO	FMV			1,992.	1,992.
ENDOWMENT FUND -	FMV				
BOND FUNDS				98,529.	98,529.
ENDOWMENT FUND -	FMV				
EQUITY FUNDS				41,653.	41,653.
ENDOWMENT FUND -	FMV				
OTHER STOCKS AND					
BONDS				806,665.	806,665.
BIGELOW FUND - BOND	FMV				
FUNDS				110,074.	110,074.
BIGELOW FUND -	FMV				
EQUITY FUNDS				68,920.	68,920.
TO FORM 990, LINE 54, COL B				1,127,833.	1,127,833.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	7
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
ENDOWMENT FUND - US TREASURY BILL	FMV	98,909.		98,909.
TOTAL TO FORM 990, LINE 54, COL B		98,909.		98,909.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DUE FROM TOURNAMENT SPONSORS	13,189.
INTEREST AND DIVIDENDS RECEIVABLE	3,822.
CASH SURRENDER VALUE OF LIFE INSURANCE	113,736.
US OPEN TRADEMARK (NET OF ACCUM AMORT)	38,550.
SOFTWARE DEVELOPMENT COSTS (NET OF ACCUM AMORT)	46,122.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	215,419.

FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
	FMV	460,000.
TO FORM 990, LINE 54, COL B		460,000.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	10
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	GOVERN AND PROMOTE THE GAME OF SQUASH THROUGH ORGANIZED COMPETITIONS.
94	AID ITS MEMBERS AND MEMBER ASSOCIATIONS IN THE DEVELOPMENT, PROMOTION, AND ADMINISTRATION OF SQUASH, TO CONTINUALLY IMPROVE THE GAME, THE RULES, AND THE QUALITY OF PARTICIPATION BY ALL INVOLVED, AND TO MAINTAIN A GENUINE SPIRIT OF TRUE FAIR PLAY AND SPORTSMANSHIP AMONG ALL WHO PLAY. UNITED STATES SQUASH ALSO PROVIDES A MONTHLY MAGAZINE TO MEMBERS.

103 GOVERN AND PROMOTE PARTICIPATION IN THE GAME OF SQUASH BY PROVIDING
COACHING AND TRAINING CLINICS TO A FULL SPECTRUM OF PLAYERS AND
ABILITIES, FROM NOVICE TO PROFESSIONALS.

POSTMARK DATE AUG 7 U ZUUB

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II: Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization UNITED STATES SQUASH RACQUETS ASSOC INC	Employer identification number 16-6050490
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 1216	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BALA CYNWYD, PA 19004-1216	

Check type of return to be filed (File a separate application for each return).

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990 BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ KEVIN KLIPSTEIN**
Telephone No. **▶ 610-667-4006** FAX No **▶**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006.**
- 5 For calendar year **2005**, or other tax year beginning **▶** and ending **▶**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **▶**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **▶**
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CPA** Date **▶ 8/8/06**

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **▶**

Director

By

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name elko & Associates Ltd	Box number	RECEIVED AUG 16 2006 OGDEN, UT IRS-OSC
	City or to 2 WEST BALTIMORE AVENUE, SUITE 210	al or ZIP code)	
	MEDIA, PA 19063		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	UNITED STATES SQUASH RACQUETS ASSOC INC	16-6050490
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	P.O. BOX 1216	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BALA CYNWYD, PA 19004-1216	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **KEVIN KLIPSTEIN**

Telephone No. ► **610-667-4006**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2005** or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)