

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

2006

Open to Public Inspection

A For the 2006 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 Instructions

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)

555 EIGHTH AVENUE

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

NEW YORK, NY 10018-4311

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number

16-6050490

E Telephone number

212.268.4090

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ►

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ► **N/A**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **2,714,561.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

1,046,221.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ **1,046,221.** noncash \$)

1e

1,046,221.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

461,697.

3 Membership dues and assessments

3

309,443.

4 Interest on savings and temporary cash investments

4

1,966.

5 Dividends and interest from securities

5

50,936.

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

777,220.

8a

b Less: cost or other basis and sales expenses

731,288.

8b

c Gain or (loss) (attach schedule)

45,932.

8c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

STMT 1

8d

45,932.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including) of contributions reported on line 1b)

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

1,495.

b Less: cost of goods sold

10b

1,587.

c Gross profit (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

STMT 2

10c

<92.>

11 Other revenue (from Part VII, line 103)

11

65,583.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

1,981,686.

Expenses

13 Program services (from line 44, column (B))

13

1,052,237.

14 Management and general (from line 44, column (C))

14

758,435.

15 Fundraising (from line 44, column (D))

15

72,373.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17

1,883,045.

Net Assets

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18

98,641.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

2,292,687.

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 3

20

96,427.

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

2,487,755.

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	140,000.	54,530.	85,470.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	114,765.	52,681.	62,084.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	59,803.	32,683.	27,120.	
29 Payroll taxes	17,860.		17,860.	
30 Professional fundraising fees				
31 Accounting fees	58,716.		58,716.	
32 Legal fees	4,915.		4,915.	
33 Supplies	55,212.	3,466.	49,462.	2,284.
34 Telephone				
35 Postage and shipping				
36 Occupancy	57,533.	57,533.		
37 Equipment rental and maintenance	26,428.		21,933.	4,495.
38 Printing and publications	188,464.	97,949.	78,887.	11,628.
39 Travel	110,669.	84,784.	25,289.	596.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	13,382.		13,382.	
43 Other expenses not covered above (itemize). a _____ b _____ c _____ d _____ e _____ f _____ g SEE STATEMENT 4				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,883,045.	1,052,237.	758,435.	72,373.

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

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"/>	944,613.
b PROVIDE MEMBERS WITH MONTHLY MAGAZINE	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	97,949.
c RUN COACHING & REFEREE CLINICS FOR MEMBERS	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	9,675.
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) ▶	1,052,237.

Form 990 (2006)

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	244,965.	45	90,283.
	46 Savings and temporary cash investments	170,045.	46	588,622.
	47 a Accounts receivable	95,555.		
	b Less: allowance for doubtful accounts		47c	95,555.
	48 a Pledges receivable	383,800.		
	b Less: allowance for doubtful accounts		48c	383,800.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	84,200.	53	18,760.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,226,742.	54a	1,306,704.
	b Investments - other securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	460,000.	54b	160,000.
55 a Investments - land, buildings, and equipment basis				
b Less: accumulated depreciation		55c		
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	458,118.			
b Less: accumulated depreciation	247,552.	57c	210,566.	
58 Other assets, including program-related investments (describe SEE STATEMENT 6)	215,419.	58	246,971.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,876,205.	59	3,101,261.	
Liabilities	60 Accounts payable and accrued expenses	234,905.	60	179,165.
	61 Grants payable		61	
	62 Deferred revenue	348,613.	62	353,852.
	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 LINE OF CREDIT)		65	80,489.
66 Total liabilities. Add lines 60 through 65	583,518.	66	613,506.	
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	<371,589.>	67	<481,771.>
	68 Temporarily restricted	530,852.	68	743,520.
	69 Permanently restricted	2,133,424.	69	2,226,006.
	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 and column (B) must equal line 21)	2,292,687.	73	2,487,755.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,876,205.	74	3,101,261.	

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?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
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 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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		
89c	0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
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, 2006	90b	4
91 a	The books are in care of KEVIN KLIPSTEIN Telephone no. 212.268.4090		
	Located at 555 EIGHTH AVENUE, NEW YORK, NY ZIP + 4 10018-4311		
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		X
91b			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**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

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					307,869.
b TOURNAMENT SANCTIONING					
c FEES					119,088.
d TOURNAMENT TEAM REVENUES					34,740.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					309,443.
95 Interest on savings and temporary cash investments			14	1,966.	
96 Dividends and interest from securities			14	50,936.	
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	45,932.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			02	<92.>	
103 Other revenue					
a ROYALTY INCOME			15	59,361.	
b COACH/REFEREE					
c DEVELOPMENT					6,222.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		158,103.	777,362.
105 Total (add line 104, columns (B), (D), and (E))					935,465.

Note: Line 105 plus line 1e, 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

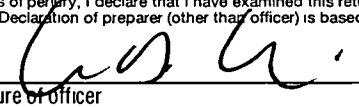
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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		4/9/07 Date	
Paid Preparer's Use Only	VERONICA M. PLOUSIS, CPA Type or print name and title			
	Preparer's signature VERONICA M. PLOUSIS, CPA	Date 11/07/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ELKO & ASSOCIATES LTD 2 WEST BALTIMORE AVE. SUITE 210 MEDIA, PA 19063		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

2006

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 2 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
VIJAY CHITNIS 555 EIGHTH AVENUE, SUITE 1102, NEW YO	JUNIOR DEV DIR 40.00	69,167.		

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	162,782.

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.)	1		X
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.				
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)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year ►	N/A		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A		
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.		
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ 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 ☐ 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 ☐ 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 ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	531,865.	550,906.	127,381.	109,024.	1,319,176.
16 Membership fees received	268,171.	300,305.	256,630.	187,961.	1,013,067.
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	561,208.	767,376.			1,328,584.
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	54,324.	26,665.	33,261.	38,675.	152,925.
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	1,415,568.	1,645,252.	417,272.	335,660.	3,813,752.
24 Line 23 minus line 17	854,360.	877,876.	417,272.	335,660.	2,485,168.
25 Enter 1% of line 23	14,156.	16,453.	4,173.	3,357.	
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 2002 through 2005 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: (2005) 123,835. (2004) 100,250. (2003) 0. (2002) 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: (2005) 36,688. (2004) 0. (2003) 0. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 1,319,176. 16 1,013,067. 17 1,328,584. 20 _____ 21 _____					27c 3,660,827.
d Add: Line 27a total 224,085. and line 27b total 36,688.					27d 260,773.
e Public support (line 27c total minus line 27d total)					27e 3,400,054.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,813,752.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 89.1525%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 4.0098%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
		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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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.

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)
PIMCO EMERGING MARKETS	41,752.	31,463.	0.	10,289.
PIMCO HIGH YIELD FUND	10,254.	10,200.	0.	54.
OPPENHEIMER REAL ASSET FUND	100,086.	93,888.	0.	6,198.
EMERGING MARKETS INDEX FUND	96,061.	86,467.	0.	9,594.
LEHMAN 1-3 YEAR TREASURY BOND FUND	43,286.	43,859.	0.	<573.>
MSCI EAFE INDEX FUND	42,425.	45,598.	0.	<3,173.>
STREETTRACKS GOLD TRUST	65,248.	46,544.	0.	18,704.
HONG KONG INDEX FUND	39,353.	36,092.	0.	3,261.
VANGUARD TOTAL STOCK MARKET	17,907.	16,329.	0.	1,578.
US TREASURY BILLS	320,848.	320,848.	0.	0.
TO FORM 990, PART I, LINE 8	777,220.	731,288.	0.	45,932.

FORM 990

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

STATEMENT 2

INCOME

1. GROSS RECEIPTS	1,495	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		1,495
4. COST OF GOODS SOLD (LINE 13)	1,587	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<92>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	1,587	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		1,587
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		1,587

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	96,427.
TOTAL TO FORM 990, PART I, LINE 20	96,427.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMPUTER AND SOFTWARE EXPENSE	140,600.	70,570.	63,027.	7,003.
TOURNAMENT GIFTS & PRIZES	243,254.	223,495.	19,759.	
EVENT MANAGEMENT	31,200.	31,200.		
FOOD AND BEVERAGE	210,803.	201,493.	1,348.	7,962.
TOURNAMENT EVENT EXPENSES	51,622.	30,053.	3,610.	17,959.
PROFESSIONAL FEES	116,018.	9,477.	87,189.	19,352.
TOURNAMENT TEAM EXPENSES	83,294.	69,738.	13,522.	34.
TROPHIES & ENGRAVING	25,628.	23,140.	1,428.	1,060.
WEBSITE	16,496.	9,445.	7,051.	
AMORTIZATION	50,264.		50,264.	
INSURANCE	38,838.		38,838.	
DUES AND SUBSCRIPTIONS	12,287.		12,287.	
TAXES, CHARGES AND FEES	12,918.		12,918.	
PAYROLL EXPENSE	2,076.		2,076.	
TOTAL TO FM 990, LN 43	1,035,298.	668,611.	313,317.	53,370.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT	5
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEVIN KLIPSTEIN	140,000.			140,000.
A. PROGRAM SERVICES	54,530.			54,530.
B. MANAGEMENT AND GENERAL	85,470.			85,470.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				54,530.
TOTAL MANAGEMENT AND GENERAL				85,470.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				140,000.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
DUE FROM TOURNAMENT SPONSORS	10,594.
INTEREST AND DIVIDENDS RECEIVABLE	4,260.
CASH SURRENDER VALUE OF LIFE INSURANCE	117,857.
US OPEN TRADEMARK (NET OF ACCUM AMORT)	37,412.
SOFTWARE DEVELOPMENT COSTS (NET OF ACCUM AMORT)	76,848.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	246,971.

FORM 990	OTHER SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
JUNIOR ENDOWMENT FUND - CDS	FMV	160,000.
TO FORM 990, LINE 54B, COL B		160,000.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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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				70,715.	70,715.
ENDOWMENT FUND -	FMV				
OTHER STOCKS AND					
BONDS				1,019,171.	1,019,171.
BIGELOW FUND - BOND	FMV				
FUNDS				129,646.	129,646.
BIGELOW FUND -	FMV				
EQUITY FUNDS				85,180.	85,180.
TO FORM 990, LINE 54A, COL B				1,306,704.	1,306,704.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN KLIPSTEIN P.O. BOX 1216 BALA CYNWYD, PA 19004	CEO 40.00	140,000.	0.	0.
JEANNIE BLASBERG P.O. BOX 1216 BALA CYNWYD, PA 19004	BOARD CHAIR 5.00	0.	0.	0.
ERIC FAST P.O. BOX 1216 BALA CYNWYD, PA 19004	VICE CHAIR 1.00	0.	0.	0.
BLAIR SADLER P.O. BOX 1216 BALA CYNWYD, PA 19004	TREASURER 0.50	0.	0.	0.
PETER LASUSA, JR. P.O. BOX 1216 BALA CYNWYD, PA 19004	SECRETARY 1.00	0.	0.	0.
PRESTON QUICK P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 0.50	0.	0.	0.
DEMER HOLLERAN P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 0.50	0.	0.	0.
JIM MARVER P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 0.50	0.	0.	0.
DAVID BARRETT P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
LIBBY WELCH P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 1.00	0.	0.	0.
WILL GREER P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE, 1.00	0.	0.	0.

UNITED STATES SQUASH RACQUETS ASSOC INC

16-6050490

KEN STILLMAN P.O. BOX 1216 BALA CYNWYD, PA 19004	EXECUTIVE COMMITTEE 0.50	0.	0.	0.
MOLLY DOWNER P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
ALEX KAM P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
KEITH CLEMENS P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
SHELDON ANDERSON P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
KIM TUNNEY P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
TONY CATALAN P.O. BOX 1216 BALA CYNWYD, PA 19004	REGIONAL DIRECTOR 0.25	0.	0.	0.
STEVE BIENEMAN P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
DUDLEY STEPHENS P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
JACK WYANT, JR. P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
CAREY ANDERSON P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
BETSY SECHREST P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
KEVIN JERNIGAN P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.

GREG ZAFF P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
BOB BURTON P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
REED WEBSTER P.O. BOX 1216 BALA CYNWYD, PA 19004	AT LARGE MEMBER 0.25	0.	0.	0.
TIM WYANT P.O. BOX 1216 BALA CYNWYD, PA 19004	ACTIVE ATHLETES 0.25	0.	0.	0.
MARTY CLARK P.O. BOX 1216 BALA CYNWYD, PA 19004	ACTIVE ATHLETES 0.25	0.	0.	0.
RICHARD CHIN P.O. BOX 1216 BALA CYNWYD, PA 19004	ACTIVE ATHLETES 0.25	0.	0.	0.
LOUISA HALL P.O. BOX 1216 BALA CYNWYD, PA 19004	ACTIVE ATHLETES 0.25	0.	0.	0.
MEREDETH QUICK P.O. BOX 1216 BALA CYNWYD, PA 19004	ACTIVE ATHLETES 0.25	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		140,000.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

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.

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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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. 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2006** 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.	3a	\$
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.	3b	\$
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.	3c	\$ 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. 12-2006)

- 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)

Type or print File by the extended due date for filing the return. See instructions	Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy	
	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	For IRS use only
	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)

- ☒ 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, 2007**
- 5 For calendar year **2006**, 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	8a	\$
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	8b	\$
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	8c	\$ 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 **▶ Veronica Klipstein** Title **▶ CPA** Date **▶ 8/13/07****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
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	2 WEST BALTIMORE AVE. SUITE 210
	City or town, province or state, and country (including postal or ZIP code)
	MEDIA, PA 19063

623832
05-01-07