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.

**B**
- **Name of organization**: UNITED STATES SQUASH RACQUETS ASSOCIATION
- **Address**: 555 EIGHTH AVENUE
- **City or town, state or country, and ZIP + 4**: NEW YORK, NY 10018-4311
- **Employer identification number**: 16-6050490
- **Telephone number**: 212.268.4090
- **Accounting method**: Cash

**G**
- **Website**: WWW.US-SQUASH.ORG

**J**
- **Organization type**: (check only one) □ 501(c)(3) ( ) □ 4947(a)(1) ( ) □ Not applicable (If "No," attach a list.)
- **Group Exemption Number**: N/A

**K**
- **Check if applicable**: New York, NY 10018-4311
- **EIN**: 16-6050490
- **Fiscal year**: 2007

**L**
- **Gross receipts**: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

1. **Contributions, gifts, grants, and similar amounts received:**
   - Contributions to donor advised funds ▶
   - Direct public support (not included on line 1a) ▶
   - Indirect public support (not included on line 1a) ▶
   - Government contributions (grants) (not included on line 1a) ▶
   - Total (add lines 1a through 1d) (cash $1,264,168, noncash $) ▶

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

3. **Membership dues and assessments**

4. **Interest on savings and temporary cash investments**

5. **Dividends and interest from securities**

6. **Gross rents**
   - Less: rental expenses ▶
   - Net rental income or (loss), Subtract line 6b from line 6a ▶

7. **Other investment income (describe)**
   - (A) Securities ▶
   - (B) Other ▶

8. **Gross amount from sales of assets other than inventory**
   - Less: cost or other basis and sales expenses ▶
   - Gain or (loss) (attach schedule) ▶
   - Net gain or (loss), Combine line 8c, columns (A) and (B) ▶

9. **Special events and activities (attach schedule). If any amount is from gaming, check here ▶
   - Gross revenue (not including $ of contributions reported on line 1b) ▶
   - Less: direct expenses other than fundraising expenses ▶
   - Net income or (loss) from special events, Subtract line 9b from line 9a ▶

10. **Gross sales of inventory, less returns and allowances**
    - Less: cost of goods sold ▶
    - Gross profit or (loss) from sales of inventory (attach schedule), Subtract line 10b from line 10a ▶

11. **Other revenue (from Part VII, line 103)**

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

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

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

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

16. **Payments to affiliates (attach schedule)**

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

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

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

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

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

**M**
- **Check if applicable**: No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a</td>
<td>Grants paid from donor advised funds (attach schedule)</td>
</tr>
<tr>
<td>22b</td>
<td>Other grants and allocations (attach schedule)</td>
</tr>
<tr>
<td>23</td>
<td>Specific assistance to individuals (attach schedule)</td>
</tr>
<tr>
<td>24</td>
<td>Benefits paid to or for members (attach schedule)</td>
</tr>
<tr>
<td>25a</td>
<td>Compensation of current officers, directors, key employees, etc. listed in Part V-A</td>
</tr>
<tr>
<td>25b</td>
<td>Compensation of former officers, directors, key employees, etc. listed in Part V-B</td>
</tr>
<tr>
<td>25c</td>
<td>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)</td>
</tr>
<tr>
<td>26</td>
<td>Salaries and wages of employees not included on lines 25a, b, and c</td>
</tr>
<tr>
<td>27</td>
<td>Pension plan contributions not included on lines 25a, b, and c</td>
</tr>
<tr>
<td>28</td>
<td>Employee benefits not included on lines 25a, b, and c</td>
</tr>
<tr>
<td>29</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>30</td>
<td>Professional fundraising fees</td>
</tr>
<tr>
<td>31</td>
<td>Accounting fees</td>
</tr>
<tr>
<td>32</td>
<td>Legal fees</td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
</tr>
<tr>
<td>34</td>
<td>Telephone</td>
</tr>
<tr>
<td>35</td>
<td>Postage and shipping</td>
</tr>
<tr>
<td>36</td>
<td>Occupancy</td>
</tr>
<tr>
<td>37</td>
<td>Equipment rental and maintenance</td>
</tr>
<tr>
<td>38</td>
<td>Printing and publications</td>
</tr>
<tr>
<td>39</td>
<td>Travel</td>
</tr>
<tr>
<td>40</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>41</td>
<td>Interest</td>
</tr>
<tr>
<td>42</td>
<td>Depreciation, depletion, etc. (attach schedule)</td>
</tr>
<tr>
<td>43</td>
<td>Other expenses not covered above (itemize):</td>
</tr>
<tr>
<td></td>
<td>a</td>
</tr>
<tr>
<td></td>
<td>b</td>
</tr>
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<td>e</td>
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<tr>
<td></td>
<td>f</td>
</tr>
<tr>
<td></td>
<td>g SEE STATEMENT 5</td>
</tr>
<tr>
<td>44</td>
<td>Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
</tr>
</tbody>
</table>

**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?

If "Yes," enter (i) the aggregate amount of these joint costs $ \( \text{N/A} \); (ii) the amount allocated to Program services $ \( \text{N/A} \); (iii) the amount allocated to Management and general $ \( \text{N/A} \); and (iv) the amount allocated to Fundraising $ \( \text{N/A} \).
**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?  
**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 ▶ | 1,614,674. |

| b | PROVIDE MEMBERS WITH MONTHLY MAGAZINE |
|   | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ | 133,333. |

| c | RUN COACHING & REFEREE CLINICS FOR MEMBERS |
|   | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ | 16,222. |

| e | Other program services (attach schedule) |
|   | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ |

| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 1,764,229. |

Form 990 (2007)
### Balance Sheets

#### Part IV

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>90,283</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>588,622</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>95,785</td>
</tr>
<tr>
<td>47b</td>
<td>Less: allowance for doubtful accounts</td>
<td>95,555</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>524,201</td>
</tr>
<tr>
<td>48b</td>
<td>Less: allowance for doubtful accounts</td>
<td>383,800</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>49</td>
</tr>
<tr>
<td>50a</td>
<td>Receivables from current and former officers, directors, trustees, and key employees</td>
<td>50a</td>
</tr>
<tr>
<td>50b</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>50b</td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable</td>
<td>51a</td>
</tr>
<tr>
<td>51b</td>
<td>Less: allowance for doubtful accounts</td>
<td>51b</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>18,760</td>
</tr>
<tr>
<td>54a</td>
<td>Investments - publicly-traded securities</td>
<td>1,306,704</td>
</tr>
<tr>
<td>54b</td>
<td>Investments - other securities</td>
<td>160,000</td>
</tr>
<tr>
<td>55a</td>
<td>Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
</tr>
<tr>
<td>55b</td>
<td>Less: accumulated depreciation</td>
<td>55c</td>
</tr>
<tr>
<td>56</td>
<td>Investments - other</td>
<td>0</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td>57a</td>
</tr>
<tr>
<td>57b</td>
<td>Less: accumulated depreciation</td>
<td>57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments</td>
<td>SEE STATEMENT 6</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74). Add lines 45 through 58</td>
<td>3,101,281</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>179,165</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>353,852</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities</td>
<td>64a</td>
</tr>
<tr>
<td>64b</td>
<td>Mortgages and other notes payable</td>
<td>64b</td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe LINE OF CREDIT)</td>
<td>80,489</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>613,506</td>
</tr>
<tr>
<td>67</td>
<td>Organizations that follow SFAS 117, check here and complete lines</td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>743,520</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>2,226,006</td>
</tr>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>Total net assets or fund balances. Add lines 67 through 70 and lines 73 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</td>
<td>2,487,755</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>3,101,281</td>
</tr>
</tbody>
</table>

---

**Form 990 (2007)**
**Part IV-A  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

- **a** Total revenue, gains, and other support per audited financial statements: $2,596,901.
- **b** Amounts included on line a but not on Part I, line 12:
  - 1. Net unrealized gains on investments: $33,516.
  - 2. Donated services and use of facilities: $48,337.
  - 4. Other (specify): **COST OF GOODS SOLD**: $14,821.
    - Add lines b1 through b4: $48,337.
- **c** Subtract line b from line a: $2,548,564.
- **d** Amounts included on Part I, line 12, but not on line a:
  - 1. Investment expenses not included on Part I, line 6b: $<11,929.>
  - 2. Other (specify): **LOSS ON SALE OF BUILDING**: $<11,929.>
    - Add lines d1 and d2: $<11,929.>
- **e** Total revenue (Part I, line 12). Add lines c and d: $2,536,635.

**Part IV-B  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

- **a** Total expenses and losses per audited financial statements: $2,057,844.
- **b** Amounts included on line a but not on Part I, line 17:
  - 1. Donated services and use of facilities: $14,821.
  - 2. Prior year adjustments reported on Part I, line 20: $14,821.
  - 4. Other (specify): **COST OF GOODS SOLD**: $14,821.
    - Add lines b1 through b4: $14,821.
- **c** Subtract line b from line a: $2,043,023.
- **d** Amounts included on Part I, line 17, but not on line a:
  - 1. Investment expenses not included on Part I, line 6b: $<11,929.>
  - 2. Other (specify): **LOSS ON SALE OF BUILDING**: $<11,929.>
    - Add lines d1 and d2: $<11,929.>
- **e** Total expenses (Part I, line 17). Add lines c and d: $2,031,094.

**Part V-A  Current Officers, Directors, Trustees, and Key Employees**

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 8</td>
<td></td>
<td>161,000.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

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Form 990 (2007)
**Form 990 (2007) Page 6**

**UNITED STATES SQUASH RACQUETS ASSOCIATION 16-6050490**

### Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings: __________ 11

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ____________________________________________

75b X

Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ____________________________________________

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? ____________________________

75d X

### Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (if not paid, enter &quot;-0-&quot;)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change ____________________________

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? ____________________________________________

77 X

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? ____________________________

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year? ____________________________

78b X

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ____________________________

79 X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? ____________________________

80a X

b If "Yes," enter the name of the organization ____________________________ and check whether it is ______ exempt or ______ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) ____________________________ 0.

81a

81b Did the organization file Form 1120-POL for this year? ____________________________

81b X

Form 990 (2007)
82a 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? 
   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.) 

83a a. Did the organization comply with the public inspection requirements for returns and exemption applications? 
   b. Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 

84a a. Did the organization solicit any contributions or gifts that were not tax deductible? 
   b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 

85a a. 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 
   b. Did the organization make only in-house lobbying expenditures of $2,000 or less? 

86 a. 501(c)(7) organizations. Enter: 
   a. Initiation fees and capital contributions included on line 12 
   b. Gross receipts, included on line 12, for public use of club facilities 

87 a. 501(c)(12) organizations. Enter: 
   a. Gross income from members or shareholders 
   b. Gross income from other sources. (Do not net amounts due to or paid to other sources against amounts due or received from them.) 

88a 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? 
   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)? 

89a a. 501(c)(3) organizations. Enter: 
   a. Amount of tax imposed on the organization during the year under: section 4911 
   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? 
   c. Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 
   d. Enter: Amount of tax on line 89c, above, reimbursed by the organization 
   e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 
   f. All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 
   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? 

90a a. List the states with which a copy of this return is filed 

91a a. The books are in care of 
   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 

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
Form 990 (2007)  
Part VI  
Other Information (continued)  
At any time during the calendar year, did the organization maintain an office outside of the United States?  
Yes ☐ No ☒  
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.  
<table>
<thead>
<tr>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<strong>A</strong>) Business code</td>
<td>(<strong>B</strong>) Amount</td>
<td>(<strong>C</strong>) Exclusion code</td>
</tr>
<tr>
<td>Program service revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a TOURNAMENT ENTRY FEES</td>
<td>499,262.</td>
<td></td>
</tr>
<tr>
<td>b TOURNAMENT SANCTIONING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c FEES</td>
<td>98,169.</td>
<td></td>
</tr>
<tr>
<td>d TOURNAMENT TEAM REVENUES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Medicare/Medicaid payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Fees and contracts from government agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest on savings and temporary cash investments</td>
<td>14</td>
<td>2,066.</td>
</tr>
<tr>
<td>Dividends and interest from securities</td>
<td>14</td>
<td>54,555.</td>
</tr>
<tr>
<td>Net rental income or (loss) from real estate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b not debt-financed property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) from sales of assets other than inventory</td>
<td>18</td>
<td>148,337.</td>
</tr>
<tr>
<td>Net income or (loss) from special events</td>
<td>02</td>
<td>6,475.</td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a ROYALTY INCOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b COACH/REFEREE</td>
<td>49,353.</td>
<td></td>
</tr>
<tr>
<td>c DEVELOPMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal (add columns (B), (D), and (E))</td>
<td>260,786.</td>
<td></td>
</tr>
<tr>
<td>Total (add line 104, columns (B), (D), and (E))</td>
<td>1,011,681.</td>
<td></td>
</tr>
</tbody>
</table>

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.  
SEE STATEMENT 9  
Part IX  
Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  
Name, address, and EIN of corporation, partnership, or disregarded entity | Percentage of ownership interest | Nature of activities | Total income | End-of-year assets |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### 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.

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

### 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.

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

### 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?

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.

Please Sign Here

[Signature of officer]

Date

[Type or print name and title]

Paid Preparer's Use Only

Preparer's signature

VERONICA M. PLOUSIS, CPA

11/10/08

Check if self-employed

[ ]

Preparer's SSN or PTIN (See Gen. Inst. X)

[610-565-3930]

Firm's name (or yours if self-employed), address, and ZIP + 4

ELKO & ASSOCIATES LTD

2 WEST BALTIMORE AVE. SUITE 210

MEDIA, PA 19063

Form 990 (2007)
<table>
<thead>
<tr>
<th>Part I</th>
<th>Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and address of each employee paid more than $50,000</td>
<td>(b) Title and average hours per week devoted to position</td>
</tr>
<tr>
<td>VIJAY CHITNIS</td>
<td>JUNIOR DEV DIR</td>
</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: 0

<table>
<thead>
<tr>
<th>Part II-A</th>
<th>Compensation of the Five Highest Paid Independent Contractors for Professional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and address of each independent contractor paid more than $50,000</td>
<td>(b) Type of service</td>
</tr>
<tr>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: 0

<table>
<thead>
<tr>
<th>Part II-B</th>
<th>Compensation of the Five Highest Paid Independent Contractors for Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and address of each independent contractor paid more than $50,000</td>
<td>(b) Type of service</td>
</tr>
<tr>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services: 0
### Part III Statements About Activities

(See page 2 of the instructions.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  Sale, exchange, or leasing of property?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b  Lending of money or other extension of credit?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c  Furnishing of goods, services, or facilities?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d  Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e  Transfer of any part of its income or assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3  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.)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b  Did the organization have a section 403(b) annuity plan for its employees?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d  Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4  Did the organization maintain any donor advised funds? If “Yes,” complete lines 4b through 4g. If “No,” complete lines 4f and 4g</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b  Did the organization make any taxable distributions under section 4966?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>c  Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>d  Enter the total number of donor advised funds owned at the end of the tax year</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>e  Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>g  Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Reason for Non-Private Foundation Status  (See pages 4 through 8 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 [x] 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 8 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?
   Yes  No
(e)  Amount of support

Total

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)
### 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)

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>804,516</td>
<td>531,865</td>
<td>550,906</td>
<td>127,381</td>
<td>2,014,668</td>
</tr>
<tr>
<td>16</td>
<td>309,443</td>
<td>268,171</td>
<td>300,305</td>
<td>256,630</td>
<td>1,134,549</td>
</tr>
<tr>
<td>17</td>
<td>373,859</td>
<td>561,208</td>
<td>767,376</td>
<td>1,702,443</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>111,825</td>
<td>54,324</td>
<td>26,665</td>
<td>33,261</td>
<td>226,075</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>1,599,643</td>
<td>1,415,568</td>
<td>1,645,252</td>
<td>417,272</td>
<td>5,077,735</td>
</tr>
<tr>
<td>24</td>
<td>1,225,784</td>
<td>854,360</td>
<td>877,876</td>
<td>417,272</td>
<td>3,375,292</td>
</tr>
<tr>
<td>25</td>
<td>15,996</td>
<td>14,156</td>
<td>16,453</td>
<td>4,173</td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations described on lines 10 or 11:

- **Part IV-A** Support Schedule
- **Public support percentage** (line 26e numerator) divided by line 26e denominator
- **Public support percentage** (line 26f numerator) divided by line 26f denominator
- **Other income**. Attach a schedule.

#### Organizations described on line 12:

- **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 contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a.
- **For any amount included in line 17 that was 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.

#### Unusual Grants:
For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.
Schedule A (Form 990 or 990-EZ) 2007

UNITED STATES SQUASH RACQUETS ASSOCIATION

16-6050490

Part V Private School Questionnaire
(See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

Yes No
---
29
30
31

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?

Yes No
---
30
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?

Yes No
---
31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

---

Does the organization maintain the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Records indicating the racial composition of the student body, faculty, and administrative staff?

Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

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.)

---

Does the organization discriminate by race in any way with respect to:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students' rights or privileges?

Admissions policies?

Employment of faculty or administrative staff?

Scholarships or other financial assistance?

Educational policies?

Use of facilities?

Athletic programs?

Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

---

Does the organization receive any financial aid or assistance from a governmental agency?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

---

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.

Yes No
---
35

---

Schedule A (Form 990 or 990-EZ) 2007
### Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

#### Check \[ \text{a} \] if the organization belongs to an affiliated group.  
Check \[ \text{b} \] if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Item</th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2006</th>
<th>(c) 2005</th>
<th>(d) 2004</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45   Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>46   Lobbying ceiling amount (150% of line 45(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>47   Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>48   Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>49   Grassroots ceiling amount (150% of line 49(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>50   Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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:

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ 0. \]
Part VII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

(See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other transactions:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sharing of facilities, equipment, mailing lists, other assets, or paid employees

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N/A

(a) Name of organization
(b) Type of organization
(c) Description of relationship
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHWAB ENDOWMENT FUND</td>
<td>1,505,200.</td>
<td>1,344,934.</td>
<td>0.</td>
<td>160,266.</td>
</tr>
<tr>
<td>TO FORM 990, PART I, LINE 8</td>
<td>1,505,200.</td>
<td>1,344,934.</td>
<td>0.</td>
<td>160,266.</td>
</tr>
</tbody>
</table>
### UNITED STATES SQUASH RACQUETS ASSOCIATION

**GAIN (LOSS) FROM SALE OF OTHER ASSETS**

**STATEMENT 2**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE ACQUIRED</th>
<th>DATE SOLD</th>
<th>METHOD ACQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALE OF BUILDING - 23 CYNWYD RD</strong></td>
<td>VARIOUS</td>
<td>VARIOUS</td>
<td>PURCHASED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF BUYER</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>DEPRECIATION</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLANCOYD HOLDING II, LP</td>
<td>190,288.</td>
<td>331,236.</td>
<td>0.</td>
<td>129,019.</td>
<td>&lt;11,929.&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE ACQUIRED</th>
<th>DATE SOLD</th>
<th>METHOD ACQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHONE SYSTEM - DISPOSAL</strong></td>
<td>10/24/03</td>
<td>12/31/07</td>
<td>PURCHASED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF BUYER</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>DEPRECIATION</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.</td>
<td>5,544.</td>
<td>0.</td>
<td>5,544.</td>
<td>0.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TO FM 990, PART I, LN 8</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>DEPRECIATION</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>190,288.</td>
<td>336,780.</td>
<td>0.</td>
<td>134,563.</td>
<td>&lt;11,929.&gt;</td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS RECEIPTS</td>
<td>21,296</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETURNS AND ALLOWANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINE 1 LESS LINE 2</td>
<td>21,296</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COST OF GOODS SOLD (LINE 13)</td>
<td>14,821</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROSS PROFIT (LINE 3 LESS LINE 4)</td>
<td>6,475</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVENTORY AT BEGINNING OF YEAR</td>
<td></td>
</tr>
<tr>
<td>MERCHANDISE PURCHASED</td>
<td>44,718</td>
</tr>
<tr>
<td>COST OF LABOR</td>
<td></td>
</tr>
<tr>
<td>MATERIALS AND SUPPLIES</td>
<td></td>
</tr>
<tr>
<td>OTHER COSTS</td>
<td></td>
</tr>
<tr>
<td>ADD LINES 6 THROUGH 10</td>
<td>44,718</td>
</tr>
<tr>
<td>INVENTORY AT END OF YEAR</td>
<td>29,897</td>
</tr>
<tr>
<td>COST OF GOODS SOLD (LINE 11 LESS LINE 12)</td>
<td>14,821</td>
</tr>
</tbody>
</table>
## FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED GAIN ON INVESTMENTS</td>
<td>33,516.</td>
</tr>
<tr>
<td>REVERSAL OF PRIOR YEAR ACCRUAL</td>
<td>69,274.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990, PART I, LINE 20</strong></td>
<td>102,790.</td>
</tr>
</tbody>
</table>

## FORM 990 OTHER EXPENSES STATEMENT 5

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>(A) TOTAL</th>
<th>(B) PROGRAM SERVICES</th>
<th>(C) MANAGEMENT AND GENERAL</th>
<th>(D) FUNDRAISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING</td>
<td>3,000.</td>
<td>2,898.</td>
<td>54.</td>
<td>48.</td>
</tr>
<tr>
<td>EVENT MANAGEMENT</td>
<td>918,294.</td>
<td>843,122.</td>
<td>26,837.</td>
<td>48,335.</td>
</tr>
<tr>
<td>WEBSITE</td>
<td>225,340.</td>
<td>201,495.</td>
<td>156.</td>
<td>23,689.</td>
</tr>
<tr>
<td>MOVING EXPENSES</td>
<td>7,602.</td>
<td>3,071.</td>
<td>4,235.</td>
<td>296.</td>
</tr>
<tr>
<td>PAYROLL SERVICE EXPENSE</td>
<td>1,053.</td>
<td>465.</td>
<td>550.</td>
<td>38.</td>
</tr>
<tr>
<td>TEMPORARY OFFICE HELP</td>
<td>1,242.</td>
<td>549.</td>
<td>649.</td>
<td>44.</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>7,091.</td>
<td>3,134.</td>
<td>3,704.</td>
<td>253.</td>
</tr>
<tr>
<td>CREDIT CARD FEES</td>
<td>33,122.</td>
<td>18,199.</td>
<td>13,169.</td>
<td>1,754.</td>
</tr>
<tr>
<td>BANK CHARGES</td>
<td>18,696.</td>
<td>8,262.</td>
<td>9,767.</td>
<td>667.</td>
</tr>
<tr>
<td>DUES AND SUBSCRIPTIONS</td>
<td>25,399.</td>
<td>11,224.</td>
<td>13,268.</td>
<td>907.</td>
</tr>
<tr>
<td><strong>TOTAL TO FM 990, LN 43</strong></td>
<td>1,240,839.</td>
<td>1,092,419.</td>
<td>72,389.</td>
<td>76,031.</td>
</tr>
</tbody>
</table>

## FORM 990 OTHER ASSETS STATEMENT 6

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUE FROM TOURNAMENT SPONSORS</td>
<td>10,594.</td>
<td>0.</td>
</tr>
<tr>
<td>INTEREST AND DIVIDENDS RECEIVABLE</td>
<td>4,260.</td>
<td>0.</td>
</tr>
<tr>
<td>CASH SURRENDER VALUE OF LIFE INSURANCE</td>
<td>117,857.</td>
<td>122,077.</td>
</tr>
<tr>
<td>US OPEN TRADEMARK (NET OF ACCUM AMORT)</td>
<td>37,412.</td>
<td>36,275.</td>
</tr>
<tr>
<td>SOFTWARE DEVELOPMENT COSTS (NET OF ACCUM AMORT)</td>
<td>76,848.</td>
<td>85,401.</td>
</tr>
<tr>
<td><strong>TOTAL TO FORM 990, PART IV, LINE 58</strong></td>
<td>246,971.</td>
<td>243,753.</td>
</tr>
</tbody>
</table>
## Form 990 - Non-Government Securities

<table>
<thead>
<tr>
<th>SECURITY DESCRIPTION</th>
<th>COST/FMV</th>
<th>CORPORATE STOCKS</th>
<th>CORPORATE BONDS</th>
<th>PUBLICLY TRADED SECURITIES</th>
<th>TOTAL NON-GOV'T SECURITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENDOWMENT FUND - BOND FUNDS</td>
<td>FMV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIGELOW FUND - CHARLES SCHWAB</td>
<td>FMV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUTUAL FUNDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIGELOW FUND - VANGUARD GLOBAL EQUITY FUND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To Form 990, Line 54A, Col B

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVRG HRS/WK</th>
<th>COMPENSATION</th>
<th>EMPLOYEE BEN PLAN CONTRIB</th>
<th>EXPENSE ACCOUNT</th>
</tr>
</thead>
</table>
JIM MARVER EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
0.50 0. 0. 0.

LIBBY WELCH EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
1.00 0. 0. 0.

THOMAS POOR EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
1.00 0. 0. 0.

STEVE BIENEMAN EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
0.25 0. 0. 0.

RICHARD CHIN EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
0.25 0. 0. 0.

MEREDETH QUICK EXECUTIVE COMMITTEE
555 EIGHTH AVENUE, SUITE 1102
NEW YORK, NY 10018-4311
0.25 0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A
161,000. 0. 0. 0.

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

GOVERN AND PROMOTE THE GAME OF SQUASH THROUGH ORGANIZED COMPETITIONS.

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.

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.
## Part I: Election To Expense Certain Property Under Section 179

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

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II: Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III: MACRS Depreciation (Do not include listed property.) (See instructions.)

#### Section A

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV: Summary (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.
### Part V

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

#### Section A - Depreciation and Other Information

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/ investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/ investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/ Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25

<table>
<thead>
<tr>
<th>Property used more than 50% in a qualified business use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

26

<table>
<thead>
<tr>
<th>Property used 50% or less in a qualified business use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

27

| Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | 28 |
| Add amounts in column (i), line 26. Enter here and on line 7, page 1 | 29 |

### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<table>
<thead>
<tr>
<th>(a) Vehicle</th>
<th>(b) Vehicle</th>
<th>(c) Vehicle</th>
<th>(d) Vehicle</th>
<th>(e) Vehicle</th>
<th>(f) Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total business/investment miles driven during the year (do not include commuting miles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total commuting miles driven during the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other personal (noncommuting) miles driven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total miles driven during the year. Add lines 30 through 32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the vehicle available for personal use during off-duty hours?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Was the vehicle used primarily by a more than 5% owner or related person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is another vehicle available for personal use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners

39 Do you treat all use of vehicles by employees as personal use?

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

41 Do you meet the requirements concerning qualified automobile demonstration use?

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

### Part VI Amortization

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAILSTATION SOFTWARE</td>
<td>010107</td>
<td>81,176</td>
<td></td>
<td></td>
<td>27,059.</td>
</tr>
</tbody>
</table>

43 Amortization of costs that began before your 2007 tax year...

44 Total. Add amounts in column (f). See the instructions for where to report...
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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization
United States Squash Racquets Association

Employer identification number
16-6050490

File by the extended due date for filing the return. See instructions.
555 Eighth Avenue, No. 1102

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
New York, NY 10018-4311

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

X Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870
Form 8886
Form 8890

Telephone No. 212.268.4090

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 and attach a list with the names and EINs of all members the extension is for.

Telephone No. 212.268.4090

FAX No.

I request an additional 3-month extension of time until November 15, 2008.

For calendar year 2007, or other tax year beginning , and ending .

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

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.

8b 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.

8c 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.

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

Title

Date

Form 8868 (Rev. 4-2008)