Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or th	e 200	8 cale	ndar year,	or tax yea	ar beginning	1	07/0	o <u>n</u> , 2008, a	and ending			06,	_{/30} ,20	09	
B c	heck if ap		Please	C Name of o	rganization	UNITED S	TATES	SQUASI	H RACQUE'	TS ASSOC.	,	D Emplo	yer identific	cation numl	oer	
	Addre chang		use IRS label or	Doing Busi	ness As							16-	6050490)		
	Name	change	print or	Number a	nd street (or	P.O. box if mail	is not delive	ered to street	address)	Room/su	ite	E Telepl	hone numbe	r		
	Initial	return	type. See		GHTH AVI	ENUE				1102		(21	2) 268-4	4090		
	Termi	nation	Specific Instruc-	City or tow	n, state or co	ountry, and ZIP	+ 4									
	Amen return		tions.	NEW YOR	RK, NY 1	10018-43	11					G Gross	receipts \$	2,	198,	005.
	Applic	cation	F Na	ame and add	Iress of prin	cipal officer:	KEVIN I	KLIPSTI	EIN				is a group retu		Yes	X No
	poa.	9								018-4311		affilia H(b) Are	ites? all affiliates inc	duded?	Yes	No
ı	Tax-ex	empt sta			(3) ◀		4947(a		527			If "N	o," attach a list	t. (see instruct	ions)	
J	Websi	te: 🕨	USSO	QUASH. CC)M	,		,,,,				H(c) Grou	p exemption n	umber	N/	/ A
			ization:			ust Asso	ciation	Other >		L Year of for	_					NY
	rt I		nmary	1 1				,				100	I			
						ississ or mad		at aativitiaa								
										SQUASH RA						
9		<u>0. 5.</u>	<u> </u>	NADI DI	TPPTOW		VOMOTE	-105-6	AME OF S	DQUASH KA	70 D	5ETS				
'n																
Governance	2	Chook	thic be	i xc	f the organi	ization discor	tinued its	operation	or disposed	of more than 2	50/-	of ite acc				
	3				0			•	•				1 1		1	
త	4	Numb	ei 0i vi	July membe	esting mam	bere of the a	(Fait Vi, ii	adv (Dart)	/I line (1b)							L O
Activities															-	8
냚	5	Totali	numbei	or employee	es (Part V, III	ne za)							5			L O
Ř	6	Totali	numbei	or volunteel	rs (estimate	if necessary)							6		20	
																NONE
	b	Net ur	related	business ta	axable incon	ne from Form	990-1, line	e 34			• •			0	4 3/-	NONE
	_	8 Contribution and grants (Part VIII, line 1h)										Prior \			ent Ye	
ne	8	Contri	bution	and grants (Part VIII, line	e 1h)							2,495.			024.
Revenue	9	Progra	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)										0,465.	1,		471.
Re)	10	Invest	ment ir	ncome (Part	VIII, column	n (A), lines 3,	4, and 7d)					2	8 , 869.			<u>591.</u>
						, lines 5, 6d, 8							5 , 341.			601.
						11 (must equa						1,51	7,170.	1,	976 ,	<u>687.</u>
	13	Grants	s and s	imilar amour	nts paid (Par	rt IX, column ((A), lines 1	-3)				2	6 , 799.		25,	555.
	14	Benef	its paid	to or for me	mbers (Part	t IX, column (A	4), line 4)						NONE			NONE
es	15					yee benefits (20	9,395.		514,	880.
Expenses	16a	Profes	ssional	fundraising f	ees (Part IX	(, column (A),	line 11e)						NONE			NONE
ă	b					column (D), lir										
ш	17	Other	expens	ses (Part IX,	column (A),	lines 11a-11	ქ, 11f-24f)					1,26	8,962.	1,	815 ,	894.
	18	Total 6	expens	es. Add lines	s 13-17 (mu	ust equal Part	IX, column	n (A), line 2	5)			1,50	5,156.	2,	356,	329.
		Reven	ue less	s expenses.	Subtract line	e 18 from line	12					1	2,014.	_	379,	642.
Net Assets or Fund Balances											В	eginning	of Year	End	of Ye	ar
set	20	Total a	assets (Part X, line 1	6)							3,48	4,027.	2,	872,	667.
g Ag	21	Total I	iabilitie	s (Part X, lin	e 26)							67	4,425.		754,	235.
		Net as	sets o	r fund balan	ces. Subtra	ct line 21 from	ı line 20					2,80	9,602.	2,	118,	432.
Pa	rt II	Sig	gnatur	e Block												
										nying schedules						
		and b	elief, it	is true, corre	ct, and com	plete. Declarat	ion of prep	arer (other	than officer) is	s based on all	infori	mation of	which prep	parer has a	ny kno	wledge.
S	ign															
Н	ere		Signatu	re of officer								Da	te			
			Type or	print name an	d title											
		Prepa	arer's						Date	Check	if			s identifying	numbe	r
Paid -			iture	7						self- employ	/ed	▶ □	(see instru	000245	14	
	oarer's	Firm's	name (or yours	 THUMSM	ITH+BROW	JN, P.C	7.	1		T	EIN	· .	2-2027		
Use	Only		employes, and z			NG STREE			ITCK. N.T	08901	\top	Phone no		32-828		4
May	the II			- 01										X Ye		No

Pa	art III Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	
	SEE STATEMENT 1	
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes" describe these new services on Schedule O.	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	I es NO
	Describe the exempt purpose achievements for each of the organization's three largest program services by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$1,687,436including grants of \$) (Revenue \$)	811 , 737.)
	INCLUDES ALL ASPECTS OF COMPETITIVE PLAY FROM IN-CLUB LADDERS AND	
	BOX LEAGUES, TO CLUB CHAMPIONSHIPS, DISTRICT LEAGUES, REGIONAL AND	
	NATIONAL CHAMPIONSHIPS. INVESTMENTS MADE IN THE COMPETITIVE	
	INFRASTRUCTURE AND TECHNOLOGY PROVIDES TEACHING PROS AND	
	TOURNAMENT DIRECTORS THE CRITICAL TOOLS THEY NEED TO DRIVE GROWTH	
	IN THE GAME.	
4b	O(Code:) (Expenses \$	433,734.)
	PROVIDE A RANGE OF VALUABLE BENEFITS TO SQUASH PROFESSIONALS	
	RANGING FROM DISCOUNTS ON PROGRAMS AND INSURANCE COVERAGE TO	
	ACCESS TO SOFTWARE TOOLS TO DRIVE IN-CLUB PROGRAMMING, WHILE	
	SUPPORTING U.S. SQUASH INITIATIVES TO DRIVE GROWTH IN THE GAME.	
40	: (Code:) (Expenses \$ 66,446. including grants of \$) (Revenue \$	NONE)
70	RUN COACHING AND REFEREE CLINICS FOR MEMBERS	NONE_/
	TON COACHING AND REFEREE CLINICS FOR MEMBERS	
	Other program services. (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
40	e Total program service expenses ►\$ 2,031,416. (Must equal Part IX, Line 25, column (B).)	F 000 (0000)

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Part	IV Checklist of Required Schedules		\ <u>'</u>	
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	annual day Onto delda A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization required to complete Schedule B, Schedule of Continuators: Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		3.7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		X
7		4		Х
5	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		Λ
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 21	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20	7.7	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	3.7
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? <i>If "Yes," complete</i>			X
	Cohodula I	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Λ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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Part IV Checklist of Required Schedules (continued)

			res	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
		28a		Х
b		28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	01		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		Х
h	this return?	3b		Λ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
и а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	'9		
"		7h		
8	required?			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Cross receipts, included on Form 550, Fart Vill, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from members or shareholders			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
	5 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 10			
b	Enter the number of voting members that are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
_	of the governing body?	7 a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9 a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Secti	on B. Policies			
40-	December 2000 to the control of the		Yes	No
12a		12a	Х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	
С				
40	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	X	
15				
_	independent persons, comparability data, and contemperanceus substantiation of the deliberation and decision:			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	45-		
	The organization's CEO, Executive Director, or top management official?	15a	X	
b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	15a 15b	X	
b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)			
b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	15b		37
b 16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			X
b 16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	15b		X
b 16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	15b 16a		X
b 16a b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	15b 16a		X
b 16a b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure	15b 16a		X
b 16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY,	16a 16b	X	X
b 16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s)	16a 16b	X	X
b 16a b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.	16a 16b	X	X
b 16a b Sect 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply. ▼ Own website Another's website ▼ Upon request	16a 16b s only)	X	X
b 16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interior.	16a 16b s only)	X	X
b 16a b Secti 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	16a 16b sonly)	X	X
b 16a b Sect 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NY, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interior.	16a 16b sonly)	X	X

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average	Posit	ion ((C	-	that app	oly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEANNE BLASBERG										
BOARD CHAIR	2.	X		Χ				NONE	NONE	NONE
STEPHEN BIENEMAN										
BOARD MEMBER	1.	X						NONE	NONE	NONE
RICHARD CHIN										
BOARD MEMBER	1.	X						NONE	NONE	NONE
ERIC FAST										
BOARD MEMBER	1.	X						NONE	NONE	NONE
STEPHEN HARRINGTON										
BOARD MEMBER	1.	X						NONE	NONE	NONE
PETER LASUSA										
BOARD MEMBER	1.	X						NONE	NONE	NONE
JAMES MARVER										
BOARD MEMBER	1.	X						NONE	NONE	NONE
THOMAS POOR										
BOARD MEMBER	1.	X						NONE	NONE	NONE
MEREDETH QUICK										
BOARD MEMBER	1.	X						NONE	NONE	NONE
BLAIR SADLER										
BOARD MEMBER	1.	X						NONE	NONE	NONE
KEVIN KLIPSTEIN										
CEO	40.			Χ	Х	X		150,000.	NONE	NONE
	-									_
	_									

JSA

_	art VII Section A. Officers, Directors, Tru	ıstees. Ke	v Fm	nplo	Vec	es.	and F	lial	hest Compensat	ed Employ	ees (c	continue	1 ugo 1)
_	(A)	(B)	<u> </u>	·p·c		C)	<u> </u>	9.	(D)	(E)	300 (0		(F)
	Name and title	Average	Posit	tion (that app	oly)	Reportable	Reportab	le		mated
		hours per		_					compensation	compensa	tion	amo	unt of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	from relat organization		l	ther
			ctor t	iona		old	t co	¬	organization	(W-2/1099-N			ensation m the
			trust	tr		yee	mpe		(W-2/1099-MISC)		/	orgar	nization
			ee	ste			ensa					l	related
				(0			ited					organ	izations
_													
_													
_													
		-											
_													
		-											
	Total							_	150 000		NONE		NION
1 b	Total	e in 1a) w						<u>►</u> han	150,000.		NONE nnens		NON
_	organization ► 1	c iii ia) v	VIIO 1	CCC	IVCC	• •••	010 (1	ilaii	ψ100,000 III 10	portable cor	препо	ation in	Jili tile
_												-	Yes No
3	Did the organization list any former office	er, directo	or or	tru	ıste	e, l	key e	emp	loyee, or highes	t compensa	ted		
	employee on line 1a? If "Yes," complete Schede											3	X
4	For any individual listed on line 1a, is the	e sum of	repor	tabl	e c	om	pensa	atior	n and other com	pensation fr	om		
	the organization and related organizations	greater th	nan \$	150	,00	0?	If "Y	es,"	' complete Sched	ule J for s	uch		
_	individual											4	X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5	37
Se	ction B. Independent Contractors	complete	Scried	uie .	3 101	Su	cii pei	301	<i>'</i>				X
1	Complete this table for your five highest	compensat	ted in	dep	enc	dent	cont	trac	tors that received	d more that	n \$10	00,000	of
	compensation from the organization.										,	,	
	(A)								(B)			(C)	
	Name and business add	ress							Description of ser	rvices		Compensa	ation
SI	EE STATEMENT 2							+					
_													
_								+					
_													
2	Total number of independent contractors (i	ncludina ti	nose	in ·	1) v	vho	rece	ive	d more than \$10	0,000 in			
	compensation from the organization	3			,				,				

Form 990 (2008) Page **9**

Part V	/III	Statement of Revenue		1	6-6050490		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
<u>ති</u> 1	а	Federated campaigns 1a					
, a	b	Membership dues 1b					
an a	С	Fundraising events 1c	—— I				
ia.	d	Related organizations	—— I				
v)	е	Government grants (contributions) 1e	—— I				
her	f	All other contributions, gifts, grants, and similar amounts not included above	666,024.				
d of	~	and similar amounts not included above					
	g h	Total. Add lines 1a-1f		666,024.			
Program service Kevenue			siness Code				
2	a a	ENTRY FEES		454,455.	454,455.		
ž	b	SPONSORSHIPS AND ROYALTIES		226,258.	226,258.		
جَ ا	С	SANCTIONING FEES		114,940.	114,940.		
Se	d	COMMISSIONS AND LICENSING FEES		16,084.	16,084.		
ᇢ	е	MEMBERSHIP FEES		433,734.	433,734.		
og	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,245,471.			
3	,	Investment income (including dividends, interest,		F1 C01			F1 C01
		other similar amounts)		51,691.			51,691
4		Income from investment of tax-exempt bond proce Royalties • • • • • • • • • • • • • • • • • • •	I .	NONE NONE			
5)	(i) Real (ii) Personal	NONE			
		Gross Rents					
	a b	Gross Rents Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	▶	NONE			
		(i) Securities	(ii) Other				
7 8	а	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	900.			900
8	а	Gross income from fundraising					
<u>e</u>		events (not including \$					
S		of contributions reported on line 1c).					
ž		See Part IV, line 18	215, 300.				
Otner Kevenue		Less: direct expenses	183,239.	00.061			00.064
- I	С	Net income or (loss) from fundraising events . ST	'MT' 4	32,061.			32,061
9	а	Gross income from gaming activities. See Part IV, line 19.					
			-				
	b c	Less: direct expenses		NONE			
10		Gross sales of inventory, less		NONE			
10	а	returns and allowances	15,656.				
	b	Less: cost of goods sold b	38,079.				
		Net income or (loss) from sales of inventory ST	MT 5 >	-22, 423.			-22, 423
11	а	OTHER REVENUE		2,963.		NONE	2,963
	b						
	c						
	d	All other revenue				NONE	
	е	Total. Add lines 11a-11d		2,963.			
12		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8	-				
		9c, 10c, and 11e	<u></u>	1,976,687.	1,245,471.	NONE	65,192

Page **10** Form 990 (2008) 16-6050490

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet	d 501(c)(4) organizat e column (A) but are			and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-	
	organizations in the U.S. See Part IV, line 21	25,555.	25,555.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,	NONE			
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	157,250.	123,148.	13,389.	20,713.
6	Compensation not included above, to disqualified	,	,	,	,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	289,528.	226,738.	24,653.	38,137.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	35,890.	29,383.	3 , 091.	3,416.
10	Payroll taxes	32,212.	26,371.	2 , 775.	3,066.
11	Fees for services (non-employees):				
а	Management	NONE			
b	Legal	22,709.	1,771.	20,767.	171.
С	Accounting	88,142.	45,650.	38,092.	4,400.
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	240.	199.	22.	19.
12	Advertising and promotion	2.	NONE	2.	NON
13	Office expenses	29,061.	23,665.	2,553.	2,843.
14	Information technology	290, 296.	253, 596.	3,734.	32 , 966.
15	Royalties	NONE	0.5.100		
16	Occupancy	104,192.	86,480.	9,377.	8,335.
17	Travel	18,615.	15,502.	1,567.	1,546.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	27	4	<u> </u>
19	Conferences, conventions, and meetings	45.	37.	7. 500	4.
20	Payments to affiliates	8,169. NONE	590.	7,522.	57.
21 22	Depreciation, depletion, and amortization	24, 237.	20,117.	2,181.	1,939.
23	Insurance	NONE	20,117.	2,101.	1,939.
24	Other expenses Itemize expenses not	NONE			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	EVENTS_AND_TEAMS	1,015,504.	994,726.	12,127.	8,651.
	CREDIT_CARD_FEES	30,922.	25, 106.	3,382.	2,434.
	SQUASH_MAGAZINE	122, 235.	110,012.	NONE	12,223.
	OTHER	61,525.	22,770.	34,590.	4,165.
e		,	,	- ,	-, = = = =
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,356,329.	2,031,416.	179,828.	145,085.
	Joint Costs. Check here ▶ If following	,	, ,	,	,
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
JSA	solicitation				

Fε	ITL X	Balance Sneet						
			(A) Beginning of year			End o	B) of yea	r
	1	Cash - non-interest-bearing	134,969.	1			71,	444.
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net	676 , 346.	3		3	372,	129.
	4	Accounts receivable, net	129,110.	4			51,	233.
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II						
		of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use	32,220.	8			24,	221.
⋖		Prepaid expenses and deferred charges	56,568.	9			54,	068.
	1	Land, buildings, and equipment: cost basis 10a 331, 802.						
	b	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	44,136.	10c			L83,	284.
	11	Investments - publicly traded securities	2,282,887.	11		1,9	950,	037.
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets	35,706.	14			34,	569.
	15	Other assets. See Part IV, line 11	92 , 085.	15		1	L31,	682.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,484,027.	16		2,8	372,	667.
	17	Accounts payable and accrued expenses	225,043.	17		2	243,	702.
	18	Grants payable		18				
	19	19		3	310,	533.		
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
abi		highest compensated employees, and disqualified persons. Complete Part II						
Ï		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable	150,000.	24		2	200,	000.
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	674,425.	26		-	754,	235.
es es		Organizations that follow SFAS 117, check here ▶ ines 27 through 29, and lines 33 and 34.	·					
JL S	27	Unrestricted net assets	-60,433.	27		-6	577.	579.
Balanc	28	Temporarily restricted net assets	666,363.					576.
Þ	29	Permanently restricted net assets	2,203,672.					435.
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				•	,	
	30	Capital stock or trust principal, or current funds		30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Ř	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	2,809,602.	33		2.1	118.	432.
_	34	Total liabilities and net assets/fund balances	3,484,027.	34				667.
Pa	rt XI		07 10 17 0 2 7 •				, , <u>, , , , , , , , , , , , , , , , , </u>	<u> </u>
							Yes	No
1		ounting method used to prepare the Form 990: Cash X Accrual Other						
2a		e the organization's financial statements compiled or reviewed by an independent accoun				2a		X
b		e the organization's financial statements audited by an independent accountant?				2b	X	-
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-					
_		t, review, or compilation of its financial statements and selection of an independent accounts.				2c	X	-
3a		result of a federal award, was the organization required to undergo an audit or audits as						
L		Single Audit Act and OMB Circular A-133?				3a		X
Ø	IT "Ye	es," did the organization undergo the required audit or audits?			'	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

UNI	TED			UETS ASSOC., IN						16-60	50490			
Pa	rt I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust compl	lete this	part.) (se	e instruc	ctions)				
The	orga	nization is no	ot a private found	dation because it is: (P	lease check	only one o	organizati	on.)						
1		A church, co	onvention of chu	rches, or association of	of churches	s described	in sectio	n 170(b)(1)(A)(i).					
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)								
3		A hospital o	r a cooperative I	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Schedi	ule H.)			
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the			
		hospital's na	ame, city, and sta	ate:										
5		An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	by a gove	ernmental	unit described in			
		section 170	(b)(1)(A)(iv). (Co	omplete Part II.)	_	-								
6				vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).					
7			_	lly receives a substan						or from t	he general public			
		_		(1)(A)(vi). (Complete F	-		`	-						
8				d in section 170(b)(1)	-	mplete Par	t II.)							
9	X		-	lly receives: (1) more		-	-	m contrib	utions. n	nembershi	ip fees, and gross			
		_		ted to its exempt fun										
		-		ment income and un		-		-						
			-	after June 30, 1975.						,				
10		-	_	and operated exclusive					-	(see instr	uctions)			
11	Н	_	_	and operated exclusi	-	-	-			-	•			
		_	-	ublicly supported orga	-		-				=			
			•	at describes the type of					-	-				
		a Typ	_	Type II c		e III - Func		-			pe III - Other			
е			_	ertify that the organiz			-	•			•			
		-	=	ion managers and oth				-			•			
		-	section 509(a)						- 3-					
f		. , . ,	, , ,	d a written determina	tion from	the IRS tha	at it is a	Type I.	Type II o	r Type III	supporting			
-		-	n, check this box					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , , , ,					
g	i	_		the organization acce	ented any o	ift or contri	bution fro	m any of	the					
3	,	following pe		ino organization acco	p.co. u, g			···· α, σ.						
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No												
		and (iii) below, the governing body of the supported organization?												
		(ii) A family member of a person described in (i) above?												
			-	of a person described		above?					11g(iii)			
h	1		-	ation about the organi			on suppo	rts			0.7			
		of supported	(ii) EIN	(iii) Type of organization	ı			ou notify	(vi) l	s the	(vii) Amount of			
(-)		nization	(,	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	ion in col.	support			
				above or IRC section (see instructions))	governing	document?		of your port?	(i) organi U:	zed in the				
				(55551.51.57)	Yes	No	Yes	No	Yes	No				
Tota	al													

Page 2

Pai	Support Schedule for Org (Complete only if you ched	ganizations D ked the box o	Described in Son line 5, 7, or	Sections 170(b 8 of Part I.)	o)(1)(A)(iv) and	170(b)(1)(A)	(vi)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each						
	person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a) 2009	(5) Total
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(6) 2006	(a) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (\$	See instructions.)				12	
13	First five years. If the Form 990 is for the	organization's fir	st, second, third, f	ourth, or fifth tax y	rear as a 501(c)(3)		
	organization, check this box and stop here					<u> </u>	<u></u>
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (li	ne 6, column (1	f) divided by line	e 11, column (f)))	14	%
15	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualit						
b	33 1/3% support test - 2007. If the o						
	box and stop here . The organization of			-			
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organizatio						
	in Part IV how the organization meets			_		· · · · · ·	
_	organization						
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization	ation meets the	"facts and circu	umstances" test,	, check this box a	nd stop here.	
	Explain in Part IV how the organization supported organization				•		-

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")	851 , 211.	800,036.	1,113,959.	1,001,729.	1,099,758.	4,866,693.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	767 , 376.	561,208.	373 , 859.	419,445.	1,042,693.	3,164,581.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5	1,618,587.	1,361,244.	1,487,818.	1,421,174.	2,142,451.	8,031,274.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	100,250.	123,835.	305,000.	2,666.		531 , 751.
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000		36,688.	34,004.	69,087.	35 , 595.	175,374.
С	Add lines 7a and 7b.	100,250.	160,523.	339,004.	71,753.	35 , 595.	707,125.
8	Public support (Subtract line 7c from						
	line 6.)						7,324,149.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1,618,587.	1,361,244.	1,487,818.	1,421,174.	2,142,451.	8,031,274.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	26,665.	54,324.	111 , 825.	1,305.	51,691.	245 , 810.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	26,665.	54,324.	111,825.	1,305.	51,691.	245,810.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				17,969.	2,963.	20,932.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						8,298,016.
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	s a section 501(d	c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,	column (f) divide	d by line 13, colum	n (f))		15	88.26 %
16	Public support percentage from 2007 Sche	dule A, Part IV-A,	line 27g			16	83.74%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin					17	2.96%
18	Investment income percentage from 2007 S					18	4.45%
19a	33 1/3% support tests - 2008. If the org					an 33 1/3 %, and	
	17 is not more than 33 1/3 %, check this box	x and stop here . T	he organization q	ualifies as a publi	cly supported org	anization	▶ X
b	33 1/3% support tests - 2007. If the organ	nization did not c	heck a box on line	e 14 or line 19a,	and line 16 is mo	ore than 33 1/3 %,	and
	line 18 is not more than 33 1/3 %, check this	s box and stop he	re. The organization	on qualifies as a p	oublicly supported	organization	▶ □
20	Private foundation. If the organization did r	not check a box o	n line 14. 19a. or	19b. check this b	ox and see instruc	tions	▶ □

Part IV Supplemental In Part II, line 17a o	or 17b; or Part II	mpiete this pa I, line 12. Prov	art to provide vide any other	additional inforn	n required by nation. (see ins	Part II, line 10; structions)
SCHEDULE A, PART III - OTHER	INCOME					
DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
COMMISSIONS & LICENSING				12 , 755.	NONE	<u>12,755.</u>
OTHER REVENUE				<u>5,214.</u>	2 <u>,963.</u>	8 <u>, 177.</u>
TOTALS						

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization **Employer identification number** UNITED STATES SQUASH RACQUETS ASSOC., INC. 16-6050490 Organization type (check one): Filers of: Section: **501(c)(**3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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for Form 990. These instructions will be issued separately.

Page	٥f	of Part I

Name of organization UNITED STATES SQUASH RACQUETS ASSOC., INC.

Employer identification number

16-6050490

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VICTOR ELMALEH 555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018	\$116,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	STEPHEN GREEN 555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018	\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CRANE FUND FOR WIDOWS AND CHILDREN 555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	SLOSBURG TRUST 555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	555 EIGHT AVENUE, SUITE 1102		Person X Payroll Noncash (Complete Part II if there is
(a)	555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018 (b)	\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	555 EIGHT AVENUE, SUITE 1102 NEW YORK, NY 10018 (b) Name, address, and ZIP + 4 CHARLES PRICE 555 EIGHT AVENUE, SUITE 1102	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

UNI	TED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	may be
	impermissible private benefit?	Yes No
Pa	impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to For	m 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	000, 1 0.111,0 11
•		an historically importantly land area
		certified historic structure
	Preservation of open space	sertifica filstorie structure
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of	of a conservation easement
-	on the last day of the tax year.	or a conservation easement
	The first task and the first task years	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total number of concervation casements I I I I I I I I I I I I I I I I I I I	2b
C		2c
d	Trainiber of deficient decements of a continue microrio en actario microrio anticado microrio de actario microrio del actario del ac	2d
3 3	Number of conservation easements included in (c) acquired after 6/17/00	·
•	the taxable year	ed by the organization during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, viola	
5	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the ye	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections.	
Ū	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements.	statements that describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
4-	If the experimentian elected as permitted under CEAC 116, not to report in its revenue statement	at and halance about works of
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement, historical treasures, or other similar assets held for public exhibition, education, or research	th in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these item	S.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for	Tinancial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$
For	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 16-6050490 Page **2**

Par	t III	Organizations Maintainin	g Colle	ctions o	of Art, H	listor	ical	Treasures	s, or	Other Similar A	Assets (d	ontinue	ed)	
3	•	the organization's accession a	nd othe	r records	, check	any o	f the	following t	hat a	re a significant us	se of its c	ollection		
	items	(check all that apply):			_		1							
а		Public exhibition			d	<u> </u>			chan	ge programs				
b		Scholarly research			е			Other						
C	<u></u>	Preservation for future gen												
4		e a description of the organiza	ation's co	ollections	and exp	olain r	now	they further	tne	organization's exe	empt purp	ose in		
_	Part XI		!! . !					h:-4:						
5	_	the year, did the organization									_	¬		٦
D		to be sold to raise funds rathe										Yes		No
Par	t IV	Trust, Escrow and Custoo Part IV, line 9, or reported								answered "Yes"	to Form	990,		
		Tarriv, inic 3, or reported	anan	iount on	1 01111 0	,,,,,	art	Λ, ΙΙΙΙΟ Ζ Ι .						
1 a	Is the	organization an agent, trustee	custodi	ian or oth	er intern	media	ırv fo	or contributi	one d	or other assets no	.t			
ıa		ed on Form 990, Part X?					-		0113	of Other assets no	Γ	Yes		No
h		," explain the arrangement in F										103] 110
-	11 100	, explain the arrangement in	artzar	ana oom	ipicto tin	o ione	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g table.		А	mount			
С	Beginn	ning balance							1 c	,				
d		ons during the year							1 d					
е		utions during the year							1e					
f		balance												
2a	_	e organization include an amo							$\overline{}$			Yes		No
		," explain the arrangement in F												_
Par	t V	Endowment Funds. Comp	olete if	organiza	ation ar	iswei	red	"Yes" to Fo	orm 9	990, Part IV, line	10.			
			(a) Curre	ent Year	(b) P	rior yea	ar	(c) Two ye	ears ba	ck (d) Three yea	ars back	(e) Four	years	back
1 a	_	ning of year balance	2,8	70,035.										
b	Contri	outions		64,966.										
С		ment earnings or losses	-1	.06,164.										
d		or scholarships												
е		expenditures for facilities .												
	-	ograms	5	32,826.										
f		istrative expenses												
g		year balance		96,011.										
2		e the estimated percentage of	-	ir end bal	lance hel	ld as:								
а		designated or quasi-endowme			%									
b		nent endowment ► 78.90												
С		endowment ► 21.1000 %												
зa		ere endowment funds not in th	ne posse	ession of	the orga	anızat	tion	that are hel	d and	d administered for	the	Г		
	•	zation by:										-	Yes	No
	` '	elated organizations										3a(i)		X
b	` '	ited organizations " to 3a(ii), are the related orga										3a(ii) 3b		_X
4		be in Part XIV the intended us			•							36		
Par	t VI	Investments - Land, Build							rt X	line 10				
гаі	LVI	Description of investment	iligs, a									N D l	l	
		Description of investment			or other barestment)	asis	(1	Cost or other basis (other)	r	(c) Depreciation	(0	l) Book va	lue	
1a	Land .			•	•									
b		gs	-			+			_					
c		nold improvements				+			-+					
d		nent				\neg		331,80	12	148,518.		1 2	3.2	84.
e						\neg			ONE	NONE		Τ.0		ONE
		nes 1a-1e. (Column (d) should		orm 990.	Part X.	colur	nn (1 2		84.
	11	12 12 (22.2 (2) 3/10/01		J 550,	,,	2 3.011	(,, · · · (o)	<i>, ,</i> •			10	J, Z	<u> </u>

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 16-6050490 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, Iir	ne 12.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See I	Form 990 Part X Iii	ne 13	
(a) Description of investment type	(b) Book value	(c) Method of valuati	on.
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	et value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a)	Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part 3			
(a) Description of liability	(b) Amount		
Federal income taxes	, ,		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedu	ile D (Form 990) 2008 16-6050490		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,976,687.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,356,329.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-379,642.
4	Net unrealized gains (losses) on investments	4	-311,528.
5	Donated services and use of facilities	5	,
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-311,528.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-691 , 170.
Part			
1	Total revenue, gains, and other support per audited financial statements		1 1,848,398.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· • -	1,040,330.
a	Net unrealized gains on investments 2a -311,52	۰	
b	Donated services and use of facilities 2b	0.	
C	Recoveries of prior year grants 2c		
_	Other (Describe in Part XIV) 2d 183, 23	$\overline{}$	
d	· · · · · · · · · · · · · · · · · · ·		100.000
e	Add lines 2a through 2d		2e -128,289.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	3 1,976,687.
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5 1,976,687.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	ketui	
1	Total expenses and losses per audited financial statements	-	1 2,539,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 183, 23	9.	
е	Add lines 2a through 2d		2e 183,239.
3	Subtract line 2e from line 1	L	3 2,356,329.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	—	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5 2,356,329.
Part	XIV Supplemental Information		
and 2	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pab; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PAGE 5		

Cappionional information (Continuou)
_SPECIAL_EVENT_EXPENSES
SCH D, PARTS XII & XIII, LINE 2D
SPECIAL EVENT EXPENSES THAT HAVE BEEN DEDUCTED FROM SPECIAL EVENT
REVENUE.
FIN 48 DISCLOSURE
SCH_D, PART_XIV
THE ASSOCIATION, IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) FINANCIAL STAFF POSITION FIN 48-3, HAS DEFERRED THE APPLICATION OF
FIN 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNTIL ITS FIRST
FISCAL YEAR BEGINNING AFTER DECEMBER 15, 2008. THE ASSOCIATION'S
ACCOUNTING POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS IN ACCORDANCE
_WITH_FASB_5,NACCOUNTING_FOR_CONTINGENCIES".

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Employer identification number UNITED STATES SQUASH RACQUETS ASSOC., INC. 16-6050490 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants e а **Email solicitations** f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (ii) Activity (i) Name of individual (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Pa	Fundraising Events. Complemore than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fo t events with gross re	orm 990, Part IV, lin ceipts greater than	e 18, o \$5,000	r repor	ted
		(a) Event #1 GALA (event type)	(b) Event #2(event type)	(c) Other Events NONE (total number)		l Events rough co	(Add col ol. (c))
Revenue	 1 Gross receipts 2 Less: Charitable contributions 3 Gross revenue (line 1 					215	5 , 300.
	minus line 2)	215,300.				215	5 , 300.
nses	4 Cash prizes 5 Non-cash prizes						
Direct Expenses	6 Rent/facility costs						
Dire	7 Other direct expenses	183, 239.				183	3 , 239.
Pa	8 Direct expense summary. Add lines 9 Net income summary. Combine lines art III Gaming. Complete if the ore than \$15,000 on Form 990-	s 3 and 8 in column (d) ganization answered "`		<u> ▶</u>		32	239.) 2,061.
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		al gamir through	ng (Add col. (c))
Re	1 Gross revenue						
enses	2 Cash prizes						
Direct Expenses	Non-cash prizes						
_	5 Other direct expenses						
	6 Volunteer labor	Yes% No	Yes% No	Yes% No			
	7 Direct expense summary. Add lines	2 through 5 in column (d)			(
	8 Net gaming income summary. Comb	pine lines 1 and 7 in colun	nn (d)	>		Ye	s No
	Enter the state(s) in which the organiza ls the organization licensed to operate b If "No," Explain:	gaming activities in each	of these states?			9a	3 110
	a Were any of the organization's gaming b If "Yes," Explain:		nded or terminated durir	ng the tax year?		10a	
11	Does the organization operate gaming	activities with nonmembe	rs?			11	
12	Is the organization a grantor, beneficiar formed to administer charitable gaming					12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	7 th odding regions, 11 th 11			
14	Provide the name and address of the person who prepares the organization's gaming/special event books			
	and records:			
	Name N			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming			
ı 5 a		4 -		
		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address:			
·	Tee, one hand address.			
	Name			
	Address			
16	Gaming manager information:			
10	Carring manager information.			
	Name •			
	Gaming manager compensation ▶ \$			
	Description of convices provided by			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	,	4		
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶\$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047
20**08**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

lame of the organization						Employer identification	n number
JNITED STATES SQUASH RACQUETS						16-6050490	
Part I General Information on Grants	and Assistar	ice					
Does the organization maintain records the selection criteria used to award the gDescribe in Part IV the organization's pro	rants or assista	nce?					X Yes No
Form 990, Part IV, line 21, for a Use Part IV and Schedule I-1 (Fo	any recipient	that received	d more than \$5,000	0. Check this box i	f no one recipient re	eceived more than	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	-	-					
3 Enter total number of other organizations						<u> </u>	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Use Schedule I-1 (Form 990) if add			s. Complete if th	e organization answered	I "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Comp	ete this part to	provide the inf	ormation require	d in Part I, line 2, and an	y other additional information.
GRANT MONITORING					
FORM_990,_SCHEDULE_I,_PART_I,_LIN	E_2				
THE_U.SSQUASH_JUNIOR_DEVELOPMEN	I_ENDOWMENT	FUND ("JUNI	OR_FUND"),		
ESTABLISHED IN 1996 BY CAMILLE AN	D BILL BROA	DBENT TO PRO	MOTE JUNIOR		
SQUASH DEVELOPMENT IN THE US, DIS	TRIBUTES TH	E MAJORITY C	OF THE INCOME	FROM	
THE FUND TO PROGRAMS OR ORGANIZAT	IONS_PROVID	ING SQUASH I	NSTRUCTION T	<u>'O</u>	
JUNIOR PLAYERS IN AN ORGANIZED, S	FRUCTURED M	IANNER, WITH	THE PRIMARY	FOCUS	
OF PROVIDING AFFORDABLE ACCESS TO					
PORTIONS OF THE DISTRIBUTIONS ALS				INO OKT	
THAT_ANY_PLAYER_WHO_QUALIFIES_FOR	THE TEAM I	S ABLE TO CO	MPETE		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			•		
RNATIONALLY, REGARDLESS OF	HIS OR HER FI	NANCIAL MEA	NS. THE JUNIC	DR	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQ	HIS OR HER FI	NANCIAL MEA	NS. THE JUNIC	DR	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQ	HIS OR HER FI	NANCIAL MEA	NS. THE JUNIC	DR	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQ	HIS OR HER FI	NANCIAL MEANT COMMITTEE. DE DEVELOPIE ERING COLLA	NS. THE JUNIC	DR S	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQ ELEMENTS OF U.S. SQUASH'S RAMS BY SEEDING COMMUNITY	HIS OR HER FI	NANCIAL MEANT COMMITTEE. DE DEVELOPIE ERING COLLA ACROSS THE (NS. THE JUNIC	DR S	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQUENTS OF U.S. SQUASH'S RAMS BY SEEDING COMMUNITY OF AND HIGH SCHOOLS TO FORM ON THE SQUATING OUR EFFORTS WITH	HIS OR HER FITUASH INVESTMENT STRATEGY INCLUTE PROGRAMS, FOST NEW PROGRAMS	NANCIAL MEANT COMMITTEE. DE DEVELOPINERING COLLANA ACROSS THE COLLANA SH AND EDUCA	NS. THE JUNIC NG GRASSROOTS BORATION AMON COUNTRY AND ATION MOVEMEN	DR JIG	
RNATIONALLY, REGARDLESS OF IS MANAGED BY THE U.S. SQ	HIS OR HER FITUASH INVESTMENT STRATEGY INCLUI PROGRAMS, FOST NEW PROGRAMS. THE URBAN SQUARE EVER BEFORE IN	NANCIAL MEAD I COMMITTEE. DE DEVELOPIDE ERING COLLA ACROSS THE (SH AND EDUC. N THESE ARE.	NS. THE JUNIC NG GRASSROOTS BORATION AMON COUNTRY AND ATION MOVEMEN AS USING	DR	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	resipiente	casii giani	non-cash assistance	i www, appraisal, outer)	
					0 120 116 0
art IV Supplemental Information. Co	implete tills part to	provide trie irii	ormation required	u III Part I, IIIIe 2, and any	other additional information.
ROGRAMS MAY APPLY FOR GRANTS (ON_AN_ROLLING_	BASIS. JUNIC	OR FUND GRANT	'S ARE	
NARDED TO PROGRAMS SUCH AS THE	E_DAYTON_CHALL	ENGE, WHICH	CELEBRATED I	TS	
TH YEAR LAST SEASON AND DRAWS	OVER 100 KIDS	FROM FIVE A	AREA MIDDLE		
CHOOLS AND PROVIDES PRACTICES	ONCE A WEEK A	ND MATCHES (ON SATURDAY A	AT NO	
HARGE. KIDSQUASH IN CAMBRIDGE					
ROGRAM_WHERE_FREE_INSTRUCTION_	IS_AVAILABLE_	TO KIDS AGES	8_8-17_EACH		
ATURDAY_MORNING_AT_HARVARD_UN	IVERSITY.				
n addition, u.s. squash partni	ERS WITH THE N	ATIONAL URBA	AN SQUASH &		
DUCATION ASSOCIATION ("NUSEA")	3370 377-0	DD 0111 0 = 0111 =			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information. Co	mplete this part to	provide the inf	ormation require	d in Part I, line 2, and any	other additional information.
VED_BY_NUSEA_FOR_PROGRAMS	ON COURSE TO	MEET THE ASS	SOCIATION'S		
SOUASH REOUIRES THAT AT TE	HE END OF THE	PROGRAM OR S	SEASON, A GR <i>i</i>	ANT	
IENT_PROVIDE_A_REPORT_ON_T	THE SUCCESS OF	THEIR PROGE	R <u>am and a no</u> t	<u>re on</u>	
IENT PROVIDE A REPORT ON THE JUNIOR I	THE SUCCESS OF	THEIR PROGI	RAM AND A NOT	E ON	
IENT PROVIDE A REPORT ON THE JUNIOR I	THE SUCCESS OF	THEIR PROGI	RAM AND A NOT	E ON	
IENT_PROVIDE_A_REPORT_ON_THE_GRANT_FROM_THE_JUNIOR_H	THE SUCCESS OF	THEIR PROGIE E ORGANIZATI TO MONITOR	RAM AND A NOT	CE ON /E HEIR	
SQUASH REQUIRES THAT AT THE SQUASH REQUIRES THAT AT THE SERVICE ON THE JUNIOR HE GRANT FROM THE JUNIOR HE GOALS. U.S. SQUASH USES TO EVALUATE GANIZATION.	THE SUCCESS OF FUND HELPED TH THESE REPORTS FUTURE ACCEPT	THEIR PROGI E ORGANIZATI TO MONITOR T	RAM AND A NOT ON TO ACHIEV THE USE OF TH	E ON /E HEIR TROM	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
REVIEW OF FORM 990	
FORM 990, PART VI, SEC A, LINE 10	
FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD CHAIR, CEO AND C	FO
BEFORE IT IS SUBMITTED TO THE FULL BOARD FOR APPROVAL. ONCE APPR	OVED_BY
THE ENTIRE BOARD, THE 990 IS FILED.	

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
DOCUMENTATION	
FORM 990, PART VI, SEC C, LINE 19	
THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INT	EREST
POLICY MAY BE OBTAINED FROM THE ORGANIZATION UPON WRITTEN REQUEST	
_ TOHICI_MAI_DE_ODIAINED_FROM_THE ORGANIZATION_OFON_WATTEN REQUEST	·

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
_CEO_COMPENSATION_POLICY	
FORM 990, PART VI, SECTION B, LINE 15	
IN 2004, THE EXECUTIVE COMMITTEE OF THE UNITED STATES SQUASH RACQU	UETS
ASSOCIATION (U.S. SQUASH) ADOPTED A PLAN TO UPGRADE THE POSITION (OF
EXECUTIVE DIRECTOR TO THAT OF CHIEF EXECUTIVE OFFICER (CEO) AS PA	RT OF A
BROADER OVERALL PLAN TO MODERNIZE THE GOVERNANCE AND GENERAL OPER	ATION OF
OUR ASSOCIATION AS WE NATURALLY EVOLVED FROM OUR PREVIOUS "GRASS I	ROOTS"
MANAGEMENT STRUCTURE AND IN ACCORDANCE WITH BROAD TRENDS OCCURRING	G_WITH
MANY OTHER NATIONAL SPORTS GOVERNING BODIES.	
THE CREATION OF THE NEW CEO POSITION WAS DONE TO ACCOMPLISH TWO TO	HINGS:
1) TO BE ABLE TO ATTRACT A SEASONED GENERAL MANAGEMENT EXECUTIVE	IO_LEAD
THE ASSOCIATION ON A PATH OF EXPANSION AND GROWTH AND 2) TO EMPOWE	ER_THAT
INDIVIDUAL TO PROFESSIONALIZE THE ASSOCIATION'S OPERATIONS BY BUIL	LDING
AND MANAGING A PROFESSIONAL "IN HOUSE" STAFF AS OPPOSED TO HAVING	A CADRE
OF VOLUNTEER BOARD AND OTHER NON-PROFESSIONAL VOLUNTEERS ENGAGED	IN_WHAT
WERE FUNDAMENTALLY OPERATING FUNCTIONS OF THE ASSOCIATION. IN ITS	ESSENCE
THE PLAN REQUIRED THE BOARD TO FOCUS ON (I) THE SELECTION, REVIEW,	, AND
ONGOING OVERSIGHT OF THE CEO, (II) STRATEGY, (III) FUND RAISING,	<u>AND.</u>
(IV) FINANCIAL REPORTING AND CONTROLS, WITH THE CEO BEING GIVEN F	ULL
GENERAL MANAGEMENT LEADERSHIP RESPONSIBILITY FOR THE ASSOCIATION.	
CONCURRENTLY, THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT, A VOLUNTEER POSITION, WAS CONCURRED TO THE TITLE OF PRESIDENT.	HANGED
TO BOARD CHAIR, AND IN 2007, AFTER AN EXTENSIVE GOVERNANCE AND BY	LAW
REVIEW PROCESS, THE BOARD OF DIRECTORS WAS REDUCED TO 10 PEOPLE FI	ROM_36
AND THE OTHER "OPERATING TITLES" PREVIOUSLY GIVEN TO VOLUNTEER BO.	ARD
MEMBERS (VICE PRESIDENT, TREASURER AND SECRETARY) WERE ELIMINATED.	. THE
BOARD WAS NOW FORMALLY CHARGED WITH OVERSIGHT OF THE CEO, PROVIDING	NG

<u>Schedule O (Form 990) 2008</u> Page **2**

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
STRATEGIC GUIDANCE, FUNDRAISING, AND THE OVERSIGHT OF THE FINANCI	AL
REPORTING AND RELATED FINANCIAL CONTROLS OF THE ASSOCIATION.	
DURING THE INITIAL SEARCH FOR A CEO IN 2003, THE BOARD RETAINED A	_SEARCH
PROFESSIONAL WHO RESEARCHED SALARIES AT COMPARABLE NOT-FOR-PROFIT	S
INCLUDING NATIONAL SPORTS GOVERNING BODIES AND OTHER SPORT MANAGE	MENT
ORGANIZATIONS IN ORDER TO ESTABLISH A COMPENSATION PACKAGE THAT T	НЕ
ASSOCIATION (I) COULD AFFORD, (II) WOULD ATTRACT THE BEST POSSIBL	E
TALENT, AND (III) WAS IN LINE WITH THE COMPENSATION PACKAGES AT O	THER
COMPARABLE ORGANIZATIONS THE ASSOCIATION WOULD SEEK TO EMULATE.	
AT THAT TIME THE BOARD WAS PROVIDED WITH DATA FROM MERCER HUMAN R	ESOURCES
CONSULTING SHOWING TOTAL ANNUAL COMPENSATION FOR NATIONAL GOVERNI	NG_BODY
EXECUTIVE DIRECTOR/CEO POSITIONS AS WELL COMPARABLE SPORTS INDUST	RY
ORGANIZATIONS WHICH WAS USED AS THE BASIS FOR THE INITIAL SALARY	AND
BONUS STRUCTURE. A COPY OF THE MEMO FROM MERCER IS INCLUDED IN AD	DENDUM A
WHICH ALSO INCLUDES A SERIES OF MEMOS COVERING EXECUTIVE COMPENSA	TION
SINCE THE CREATION OF THE NEW POSITION OF CEO AS WELL AS COPIES O	F_ALL
CEO EMPLOYMENT AGREEMENTS SINCE THE POSITION WAS CREATED. THESE	
EMPLOYMENT AGREEMENTS HAVE EACH BEEN FOR TWO (2) YEAR TIME PERIOD	<u>s.</u>
SUBSEQUENTLY, THE BOARD FORMED A COMPENSATION COMMITTEE COMPRISED	OF THE
BOARD CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, AND TWO OTHER BO	<u>ARD</u>
MEMBERS. THE COMPENSATION COMMITTEE HAS CONSIDERED ANNUAL SURVEYS	_OF
COMPENSATION LEVELS OF COMPARABLE EXECUTIVES TO ENSURE THE U.S. S	QUASH
CEO'S COMPENSATION IS CONSISTENT WITH THE MARKET. FOR EXAMPLE RES	ULTS
FROM A 2007-2008 ARC COMPREPORT BASED ON AN ANALYSIS OF OVER 3,00	<u>0_US</u>

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
BASED ASSOCIATION CHIEF STAFF EXECUTIVES IN PUBLIC/SPECIAL INTERES	ST_CAUSE
ASSOCIATIONS WITH \$2 MILLION IN ANNUAL GROSS REVENUE (IN THE CASE	OF_U.S.
SQUASH, THIS WOULD INCLUDE DISTRICT ASSOCIATIONS AND ENDOWMENT RE	VENUE)
SHOWS THAT THE U.S. SQUASH CEO'S COMPENSATION, ONCE ADJUSTED FOR	IHE_COST
OF LIVING IN THE NEW YORK AREA, FALLS WITHIN THE AVERAGE RANGE.	
SINCE THE HIRING OF OUR FIRST CEO, THE BOARD HAS CONDUCTED FORMAL	WRITTEN
PERFORMANCE REVIEWS OF THE CEO AT A MINIMUM ANNUALLY. EACH BOARD I	MEMBER
IS ASKED TO PROVIDE A WRITTEN EVALUATION BASED UPON PRE-AGREED CR	ITERIA
IN ORDER TO DETERMINE THESE REVIEWS. EACH REVIEW ALSO INCLUDES A	REVIEW
OF THE EXECUTIVE'S COMPENSATION WHICH CONSIDERED THE PARAMETERS SI	ET FORTH
ABOVE. IN ADDITION, THE BOARD CHAIR PERIODICALLY REVIEWS THE CEO'S	S TRAVEL
AND ENTERTAINMENT REIMBURSEMENT PRACTICES AND AMOUNTS TO INSURE T	HEY_ARE
IN ACCORDANCE WITH CUSTOMARY AND REASONABLE BEST PRACTICES.	
IT IS THE DESIRE OF THE U.S. SQUASH BOARD TO ATTRACT AND RETAIN A	
DEDICATED, SEASONED GENERAL MANAGEMENT EXECUTIVE OF THE HIGHEST C	ALIBER
AVAILABLE TO THE POST OF CEO WHO WILL BE RESPONSIBLE FOR MANAGING	ALL
AREAS OF THE ASSOCIATION'S OPERATIONS.	
IT IS A PRIMARY FUNCTION OF THE BOARD OF DIRECTORS TO UNDERTAKE A	FORMAL
WRITTEN ANNUAL PERFORMANCE REVIEW OF THE CEO AT FISCAL YEAR-END W	HICH
EVALUATES THE CEO'S LEADERSHIP AND JOB PERFORMANCE IN ALL KEY ARE	ASIT
IS A KEY RESPONSIBILITY OF EACH BOARD MEMBER TO THOUGHTFULLY AND	
DILIGENTLY PARTICIPATE IN THE ANNUAL PERFORMANCE REVIEW PROCESS.	
THE FINANCE, AUDIT AND COMPENSATION COMMITTEE HAS THE RESPONSIBIL	ITY_TO

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
DETERMINE WHETHER OR NOT IT WILL RECOMMEND TO THE ENTIRE BOARD, F	OR_ITS
REVIEW AND CONSIDERATION, AN ANNUAL DISCRETIONARY COMPENSATION BO	NUS
BASED ON THE RESULTS OF THE PERFORMANCE REVIEW. THE COMPENSATION	
SUB-COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, THE CHAIR OF THE	FINANCE,
AUDIT AND COMPENSATION COMMITTEE AND TWO OTHER BOARD MEMBERS.	
IN CONSIDERING WHETHER OR NOT A BONUS IS WARRANTED, THE FINANCE,	AUDIT
AND COMPENSATION COMMITTEE AND BOARD AS A WHOLE WILL CONSIDER WHE	THER THE
ASSOCIATION HAS MET THE FINANCIAL EXPECTATIONS SET FORTH IN THE A	NNUAL
BUDGET AND OTHER PRE-AGREED UPON PERFORMANCE CRITERIA SUCH AS MEM	BERSHIP
GROWTH, EFFECTIVE PROGRAM IMPLEMENTATION, IMPROVEMENT, AND OVERSION	<u>GHT</u> ,
KNOWN AS KEY TACTICAL INDICATORS.	
THE ANTICIPATED RANGE OF THE CEO'S DISCRETIONARY BONUS IS TO BE B	ETWEEN
5% AND 25% OF BASE COMPENSATION IN YEARS WITH OVERALL SATISFACTOR	Y_JOB
PERFORMANCE AND BETTER.	
IN ADDITION WHEN CONSIDERING BASE SALARY LEVELS AND BONUS COMPENS	ATION
FOR THE CEO, THE COMPENSATION COMMITTEE AND BOARD WILL TAKE IN TO	
CONSIDERATION TIME RELEVANT SURVEYS OF COMPENSATION LEVELS OF COM	PARABLE
EXECUTIVES TO ENSURE THE U.S. SQUASH CEO'S COMPENSATION IS CONSIST	TENT_AND
COMPETITIVE WITH THE MARKET.	
THE COMPENSATION SUB-COMMITTEE WILL REVIEW NO LESS THAN ANNUALLY	THE
TRAVEL AND ENTERTAINMENT DOCUMENTATION PRACTICES AND AMOUNTS TO I	NSURE
THAT THEY ARE WITHIN CUSTOMARY AND REASONABLE BEST PRACTICES.	

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
THE CHAIR OF THE FINANCE, AUDIT AND COMPENSATION COMMITTEE AND BOX	ARD
CHAIR SHALL TOGETHER MAINTAIN A CONFIDENTIAL ONGOING STANDING FILE	E_TO_BE
MADE AVAILABLE TO ALL BOARD MEMBERS UPON REQUEST CONTAINING	
CHRONOLOGICALLY ALL CEO PERFORMANCE REVIEWS AND THE COMPARABLE	
ORGANIZATION SALARY AND BONUS COMPENSATION DATA UTILIZED IN MAKING	G_ALL
COMPENSATION DECISIONS AS WELL AS THE RESULTS OF THE PERIODIC REV	LEWS_OF
THE TRAVEL AND ENTERTAINMENT REIMBURSEMENTS TO THE CEO. THIS STAN	DING
FILE WILL ALSO INCLUDE COPIES OF ALL EMPLOYMENT AGREEMENTS AND AND	CILLARY
DOCUMENTS RELEVANT TO THE CEO'S EMPLOYMENT RELATIONSHIP WITH THE	
ASSOCIATION.	

Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
CONFLICT OF INTEREST	
FORM 990, SECTION B, LINE 12	
THOSE WHO SERVE U.S. SQUASH, WHETHER AS VOLUNTEERS OR PAID PROFES	SIONALS,
ARE REQUIRED TO READILY DISCLOSURE ANY CONFLICTING INTERESTS WHEN	EVER
THEY ARISE, AS WELL AS PHYSICAL ABSENCE FROM AND STRICT NONPARTIC	IPATION
IN ANY EVALUATION OR DECISION MAKING PROCESS RELATING TO MATTERS	IN_WHICH
THE INDIVIDUAL HAS A REAL OR APPARENT CONFLICT OF INTEREST.	
AS PART OF THE BOARD OF REVIEW'S COMMITTEE CHARTER, ITS AUTHORITY	AND
PROCEDURES INCLUDE INVESTICATION INTO ANY MATTERS INVOLVING A CON-	FLICT OF
INTEREST, ELECTION IMPROPRIETY, VIOLATION OF THE CODE OF CONDUCT	OR
ETHICS, PRINCIPLES & CONFLICT OF INTEREST POLICY, OR ANY PERTINEN	T_MATTER
SUBMITTED FOR REVIEW AND RECOMMEND ACTION FOR REVIEW AND FINAL AP-	PROVAL
BY THE BOARD OF DIRECTORS.	
IN SUMMARY, BOARD MEMBERS, OFFICERS AND KEY STAFF MEMBERS ARE REQ	UIRED_TO
DISCLOSE EVEN THE APPEARANCE OF A CONFLICT OF INTEREST, AND THE B	OARD_OF
REVIEW IS TASKED WITH INVESTIGATIONS AND REVIEWS, IN ADDITION TO	
PROVIDING CLEARANCES IF APPLICABLE WHEN POTENTIAL CONFLICTS ARE B	ROUGHT
TO THE COMMITTEE.	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

U.S. SQUASH'S MISSION IS TO ENHANCE PEOPLE'S HEALTH AND WELL BEING BY INCREASING PARTICIPATION IN SQUASH, TO ENRICH THE EXPERIENCES OF OUR MEMBERS OF ALL AGES, AND TO BUILD AWARENESS OF THE SPORT, VALUING EXCELLENCE, PROFESSIONALISM AND FISCAL RESPONSIBILITY.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SQUASH MAGAZINE 600 FIRST AVENUE, SUITE 500 SEATTLE, WA 98104	MAGAZINE PUBLISHER	122,234.
VANDAMME ASSOCIATES 656 KREAG ROAD PITTSFORD, NY 14534	SOFTWARE DEVELOPMENT	231,870.
TOPDOG SPORTS 5280 QUAIL VALLEY ROAD PLACERVILLE, CA 95667	SOFTWARE DEVELOPMENT	162,249.
TOTAL COMPENSAT	TION	516 , 353.

16-6050490

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE 	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	51,691.			51,691.
TOTALS	51,691.			51,691.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME 	
SPECIAL EVENTS	215,300.	183,239.	32,061.	
TOTALS	215,300.	183,239.	32,061.	

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

						MI NUS:	
		BEGI NNI NG		SALARIES		ENDING	COST OF
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD
MERCHANDISE SALES	15,656.	32,220.	30,080.			24,221.	38,079.
TOTALS	15,656.	32,220.	30,080.			24,221.	38 , 079.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION BOOK VALUE

TOTALS 54,068.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BOOK VALUE OR FMV DESCRIPTION

1,950,037. FMV MUTUAL FUNDS

> TOTALS 1,950,037. ==========

ENDING

BOOK VALUE

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

_____ TOTALS 310,533.

UNITED STATES SQUASH RACQUETS ASSOC., INC. 2008

Description of Property

DEPRECIATION															
	Date placed in	Unadjusted Cost	Bus.	179 exp. reduction	Basis	Basis for	Beginning Accumulated	Ending Accumulated					M A CRS	Current-year 179	Current-year
Asset description	service	or basis	%	in basis	Reduction	depreciation	· ·	depreciation		Conv.	Life	class	class	expense	depreciation
MACHINERY & EQUIP	07/02/1990		100.000			91,989.	91,989.		SL	-	5.000				
COMPUTER	01/10/1996		100.000			2,516.	2,516.		SL		5.000				
COMPUTER	12/10/1998		100.000			2,709.	2,709.	,	SL		5.000				
COMPUTER	05/20/1999		100.000			2,925.	2,925.	, , , , ,	SL		5.000				
COMPUTER	07/10/2000		100.000			2,477.	2,477.		SL		5.000				
COMPUTER	10/10/2000		100.000			1,282.	1,282.	,	SL		5.000				
COPIER	05/29/2001	3,199.	100.000			3,199.	3,199.	3,199.	SL		5.000				
COMPUTER	04/25/2003	1,558.	100.000			1,558.	1,558.	1,558.	SL		5.000				
COMPUTER	07/16/2003	1,304.	100.000			1,304.	1,283.	1,304.	SL		5.000				21.
PRINTER	02/02/2004	1,033.	100.000			1,033.	913.	1,033.	SL		5.000				120.
COMPUTER SERVER	05/05/2004	4,646.	100.000			4,646.	3,872.	4,646.	SL		5.000				774.
COMPUTER SERVER	05/11/2004	4,306.	100.000			4,306.	3,588.	4,306.	SL		5.000				718.
COMPUTER	02/02/2005	1,393.	100.000			1,393.	931.	1,167.	SL		5.000				236.
COMPUTER	05/24/2007	1,471.	100.000			1,471.	294.	588.	SL		5.000				294.
OFFICE FURNITURE	05/25/2007	4,270.	100.000			4,270.	854.	1,708.	SL		5.000				854.
COMPUTER	06/05/2007	1,018.	100.000			1,018.	204.	407.	SL		5.000				203.
PHONE SYSTEM	06/21/2007	5,635.	100.000			5,635.	1,127.	2,254.	SL		5.000				1,127.
OFFICE FURNITURE	06/30/2007	12,700.	100.000			12,700.	1,404.	5,080.	SL		5.000				3,676.
SOFTWARE	02/20/2008	2,625.	100.000			2,625.	131.	656.	SL		5.000				525.
Less: Retired Assets															
Subtotals															
Listed Property		•	•	•		•									
Less: Retired Assets													<u> </u>		
Subtotals															
TOTALS			-												
AMORTIZATION		I.		I		1	1							<u> </u>	
	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated amortization	Ending Accumulated amortization	Codo	Life					Current-year amortization
Asset describitori	361 1106	Dasis					amortization	amortization	Coue	LITE				-	amoruzation
TOTAL 0														-	
TOTALS															

*Assets Retired JSA 8X9024 1.000

2008 UNITED STATES SQUASH RACQUETS ASSOC., INC. 16-6050490

Description of Property

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	M A CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	04/30/2008		100.000			2,147.	107.	537.			5.000				430.
TROPHY CASE	06/30/2008		100.000			18,350.	918.		SL		5.000				3,670.
SOFTWARE	01/01/2009		100.000			162,249.	NONE				5.000				11,589.
Less: Retired Assets									1						
Subtotals		331,802.				331,802.	124,281.	148,518.							24,237.
Listed Property		ı	T	1		.		1	1						
Less: Retired Assets			_						1						
Subtotals															
TOTALS		331,802.				331,802.	124,281.	148,518.							24,237.
AMORTIZATION	Dete	04						I - "		1					
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life	e				Current-year amortization
·															
TOTALS															

*Assets Retired JSA 8X9024 1.000

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

Charities Bureau - Registration Section

120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html

2008

Open to Public Inspection

1. General Information								
a. For the fiscal year beginning (mi	n/dd/yyyy) <u>0</u>	$\frac{7/01}{1}$ / 2 0 0 8 and ending (mm/dd/yyyy) $\frac{06}{1}$	/30/2009					
b. Check if applicable for NYS:		organization		d. Fed. employer ID no. (EIN) (##-#######)				
Address change	UNIT	ED STATES SQUASH RACQUETS AS	SSOC., INC.	16-6050490				
Name change				e. NY State registration no. (##-##-##)				
Initial filing	NI la		ddaraa) Daamia	03-33-14				
Final filing	Number	and street (or P.O. box if mail not delivered to street a	ddress) Room/su	ite f. Telephone number				
Amended filing		EIGHTH AVENUE own, state or country and zip + 4	1102	(212) 268-4090				
NY registration pending	,			g. Email				
	NEW	ORK, NY, 10018-4311						
2. Certification - Two Signatu	res Require	ed						
	-	reviewed this report, including all attachments	and to the best o	four knowledge and belief, they are true				
		aws of the State of New York applicable to this		our knowledge and belief, they are true,				
			•					
a. President or Authorized Officer								
		Signature Printed Name		Title Date				
b. Chief Financial Officer or Treas	urer							
		Signature Printed Name		Title Date				
3. Annual Report Exemption I	nformation							
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check ▶								
<u>Do not</u> sub	mit a fee, <u>do r</u>	ot complete the following schedules and do not subr	mit any attachments	to this form.				
4. Article 7-A Schedules								
•	sional fund ra	xemption above, complete the following for this fiscal y iser, fund raising counsel or commercial co-venturer for						
	b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.							
5. Fee Submitted: See last page	for summa	y of fee requirements						
Indicate the filing fee(s) you are		•						
• , , •	-	\$\$	Submit only	one check or money order for the				
b. EPTL filing fee			,	rable to "NYS Department of Law"				

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

Form CHAR500 (2008)

c. Total fee

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

	Organization's Registration Type	Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	o Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

Independent Accountant's Report

For All Filers		
Filing Fee X Single check or money order payable	e to "NYS Department of Law"	
Copies of Internal Revenue Service Forms		
X IRS Form 990 X Schedule A to IRS Form 990 X Schedule B to IRS Form 990 IRS Form 990-T	IRS Form 990-EZ Schedule A to IRS Form 990-EZ Schedule B to IRS Form 990-EZ IRS Form 990-T	IRS Form 990-PF Schedule B to IRS Form 990-PF IRS Form 990-T
Additional Article 7-A Document Attachment Requirement		

8J3545 1.000 Form CHAR500 (2008)

Audit Report (total support & revenue more than \$250,000)
Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)