Form	9	9	0
, 0,,,,,			-

Department of the Treasury

### CHANGE OF ACCOUNTING PERIOD **Return of Organization Exempt From Income Tax**

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

internal i	Revenue	Service	The organization may have a second				quirement	s. Inspection
A For	the 2	00 <u>7 calen</u>	<u>dar year, or tax year beginning</u>	01/01,2	2007, and e	nding	06/30	/2008
<b>B</b> _Check	k if applicat		C Name of organization				D Employ	er identification number
	Address change	use IRS label or	UNITED STATES SQUASH R	ACQUETS ASSOC ]	INC		<u> 16-60</u>	50490
	Name char	nge print or type.	Number and street (or P.O. box if	mail is not delivered to stre	et address)	Room/suite		one number
	nitial retur	n See	555 EIGHTH AVENUE			1102		268-4090
·	Terminatio	<sup>In</sup> Instruc-	City or town, state or country, and	ZIP + 4			F Accountir method:	Cash X Accrual
	Amended return	tions.	<u>NEW YORK, NY 10018-431</u>	1				ther (specify)
	Applicatior pending	• 50	ction 501(c)(3) organizations and 49	47(a)(1) nonexempt cha	ritable	1		ection 527 organizations.
		tru	sts must attach a completed Scheo	ule A (Form 990 or 990-E	ΞZ).	H(a) Is this a grou	o return for a	ffiliates? Yes X No
G W	ebsite:	► WWW.	US-SQUASH.ORG			H(b) If "Yes," ente		
J Or	ganizat	ion type (che	ck only one) ► X 501(c) (3) ◀ (in	sert no.) 4947(a)(1) or	527	H(c) Are all affiliate (If "No," attac		
	eck her		if the organization is not a 509(a)(3			H(d) Is this a separat		oyan
rea	ceipts a	re normally i	not more than \$25,000. A return is not	required, but if the organiza	ation chooses	organization co		
to	file a re	turn, be sure	to file a complete return.			I Group Exemp		
		· · ·				- M Check 🕨		organization is <b>not</b> required
		·	es 6b, 8b, 9b, and 10b to line 12 🕨		0,210.	·	. B (Form 99	90, 990-EZ, or 990-PF)
Part	R		xpenses, and Changes in Net A		s (See the ir	structions.)		
	1		ns, gifts, grants, and similar amounts		1			
			ns to donor advised funds					
			ic support (not included on line 1a).			882,495.	-	
			blic support (not included on line 1a)				-	
			nt contributions (grants) (not included				4.	
	е	Total (add line	es 1a through 1d) (cash \$	882,495. noncash\$		)	1e	882,495.
N.	2		ervice revenue including government					407,744.
	3		ip dues and assessments					<u> </u>
	4		savings and temporary cash investme					
	5		and interest from securities	5	28,869.			
							6.	
ch.	С		income or (loss). Subtract line 6b fron			•••••	6c 7	
Revenue	7		stment income (describe	(1) 0 11	(0)			
eve	8 a		ount from sales of assets other	(A) Securities		Other	-	
œ			tory	8			-	
			or other basis and sales expenses.	8			-	
	i		ss) (attach schedule)				8 d	
	_		r (loss). Combine line 8c, columns (A) ents and activities (attach schedule).					
	9				ing, check in			
	a		enue (not including \$ ns reported on line 1b)		a			
	h		ct expenses other than fundraising exp					
		Not incom	e or (loss) from special events. Subtra	act line 9h from line 9a	· · · · · · · ·		9c	
			es of inventory, less returns and allowa			6,880		
			of goods sold			23,040		
			fit or (loss) from sales of inventory (a					-16,160.
	11		enue (from Part VII, line 103)				11	21,501.
	12		enue. Add lines 1e, 2, 3, 4, 5, 6c, 7,					1,517,170.
	13		ervices (from line 44, column (B))					1,314,905.
es	14	•	ent and general (from line 44, column					82,542.
eus	15		ng (from line 44, column (D))					107,709.
Expenses	16	Payments	to affiliates (attach schedule)				16	
u	17	Total exc	penses. Add lines 16 and 44, column	(A)	<u></u>	<u> </u>	. 17	1,505,156.
S.	18		(deficit) for the year. Subtract line 17					12,014.
Net Assets	19		s or fund balances at beginning of yea					2,996,086.
t As	20	Other cha	nges in net assets or fund balances (	attach explanation)		STMT. 3	20	-198,498.
Ne	21		s or fund balances at end of year. Cor					2,809,602.
For F		Act and Pa	aperwork Reduction Act Notice, see	the separate instructions				Form <b>990</b> (2007)

OMB No. 1545-0047

**Open to Public** 

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	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<ul> <li>(B) Program services</li> </ul>	(C) Management and general	(D) Fundraising
2a (	Grants paid from donor advised funds (attach schedule)					
(	cash \$ noncash \$)					
- 1		22a				
<b>2</b> b (	Other grants and allocations (attach schedule)					
(	cash \$ noncash \$)					
l	cash \$ noncash \$) f this amount includes foreign grants,) check here	22b	<u> </u>	26,799.		
	Specific assistance to individuals					
	(attach schedule)	23				
	Benefits paid to or for members					
(	(attach schedule)	24				
	Compensation of current officers,					
	directors, key employees, etc. listed in	_		50.000	14 005	0 005
		25a	82,250.	59,220.	14,805.	8,225
	Compensation of former officers,					
	directors, key employees, etc. listed in					
		25b				
	Compensation and other distributions, not includ- ed above, to disqualified persons (as defined					
ι	under section 4958(f)(1)) and persons described	0.5				
		25c				
	Salaries and wages of employees not included on lines 25a, b, and c	26	112 010	70,317.	15,412.	27,290
	Pension plan contributions not	20	113,019.	<u> </u>		
	included on lines 25a, b, and c	27				
	Employee benefits not included on	27				
		28	14,126.	10,736.	1,469.	1,921
		29	16,105.	12,233.	1,675.	2,197
	Payroll taxes	30				
		31	41,605.	23,743.	15,574.	2,288
		32	4,827.	2,713.	1,853.	261
		33	4,405.	3,635.	394.	376
	Telephone	34	4,200.	3,488.	377.	335
	Postage and shipping	35	7,444.	6,666.	412.	366
		36	52,333.	39,966.	4,334.	8,033
	Equipment rental and maintenance	37	0			
	Printing and publications	38	102,429.	92,009.	1,300.	9,120
	Travel	39				
	Conferences, conventions, and meetings	40	2,737.	2,272.	246.	219
	Interest	41	176.		176.	
	Depreciation, depletion, etc. (attach schedule)	42	34,195.	28,381.	3,078.	2,736
	Other expenses not covered above (itemize):					
	CREDIT_CARD_FEES	43a	21,724.	19,552.		2,172
	EVENTS AND TEAMS EXPENSES	43b	803,804.	780,693.	1,635.	21,476
	OTHER	43c	15,969.	2,833.	12,821.	315
	WEBSITE	43d	152,284.	125,727.	6,556.	20,001
	CONSULTANTS	43e	4,725.	3,922.	4 <u>25.</u>	
f		43f				
g		43g				
4	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines			1 01 4 06-		107 700
	13-15)	44	<u>1,505,156</u> .	1,314,905.	82,542.	107,709
oir	nt Costs. Check ►if you are follow	wing	50P 98-2.	tation reported in (D) D	ogram porvisos?	► Yes X No
A = 0	any joint costs from a combined educational	camp	baign and tundraising solici	tation reported in (B) Pr ; (ii) the amount alloc	ogram services?	

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Part III Statement of Program Service Accomplis	hments (See the instructions.)	
particular organization. How the public perceives a	or some people, serves as the primary or sole source of an organization in such cases may be determined by the urn is complete and accurate and fully describes, in Par	information presented
	PROMOTE THE GAME OF SQUASH RACQUETS	Program Service Expenses
All organizations must describe their exempt purpose ac	whievements in a clear and concise manner. State the number evements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
organizations and 4947(a)(1) nonexempt charitable trusts	must also enter the amount of grants and allocations to others.)	others.)
a <u>TOURNAMENTS - SANCTION AND OVERSE</u> & PROFESSIONAL FROM JUNIOR TO SEN	CE_TOURNAMENTS_FOR_AMATEUR	
(Grants and allocations \$	) If this amount includes foreign grants, check here	1,155,296.
b PROVIDE MEMBERS WITH MONTHLY MAGE	<u></u>	
(Grants and allocations \$ c RUN COACHING & REFEREE CLINICS FO	) If this amount includes foreign grants, check here	129,241.
(Grants and allocations \$	) If this amount includes foreign grants, check here	30,368.
(Grants and allocations \$	) If this amount includes foreign grants, check here	
e Other program services (attach schedule) (Grants and allocations \$	) If this amount includes foreign grants, check here ►	
	ual line 44, column (B), Program services) ▶	1,314,905.
		Form 990 (2007)

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	<u>rt IV</u>			<del>г т</del>	
N	ote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	250,220.	45	134,969.
	46	Savings and temporary cash investments	215,160.	46	110,823.
	47a	Accounts receivable	95,785.	470	129,110.
	D	Less: allowance for doubtful accounts		470	120,110.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	524,201.	48c	676,346.
		Grants receivable		49	
		Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)	,	50a	
	b	Receivables from other disqualified persons (as defined under section		E O L	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51a	Other notes and loans receivable (attach			
ssets	Ь	schedule)         51a           Less: allowance for doubtful accounts         51b		51c	
Ā			29,897.	52	32,220.
ĺ	53	Prepaid expenses and deferred charges	23,647.	53	<u> </u>
	54a	Investments - publicly-traded securities STMT.5 Cost X FMV	2,163,225.	54a	2,172,064.
	b	Investments - other securities (attach schedule)  Cost FMV		54b	
	55a	Investments - land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach		55c	
	56	schedule)		56	
		Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach			
		schedule)	26,053	. 57c	44,136.
	58	Other assets, including program-related investments			
		(describe ►	243,753	1	<u> </u>
	59	Total assets (must equal line 74). Add lines 45 through 58	3,571,941.		<u>3,484,027.</u> 225,043.
	60 64	Accounts payable and accrued expenses	179,901	61	223,043.
	61 62	Grants payable Deferred revenue STMT. 7.	395,954	. 62	299,382.
5	63	Loans from officers, directors, trustees, and key employees (attach			
itie		schedule)		63	
Liabilities		Tax-exempt bond liabilities (attach schedule)		64a	
Ë	b	Mortgages and other notes payable (attach schedule) \$TMT. 8		64b	150,000.
	65	Other liabilities (describe ►)	<u> </u>	65	
		The Unit with a final line of through CE	575 055	. 66	674 425
	66	Total liabilities. Add lines 60 through 65	575,855		674,425.
	Ulg	67 through 69 and lines 73 and 74.			
8	67		114,509	. 67	-60,433.
ance	68	Temporarily restricted	834,908	. 68	666,363.
Balances	69	Permanently restricted	2,046,669	. 69	2,203,672.
l br	Org	anizations that do not follow SFAS 117, check here 🕨 🔤 and			
Fund		complete lines 70 through 74.			
s or	70	Capital stock, trust principal, or current funds		70	
Assets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ass	72	Total net assets or fund balances. Add lines 67 through 69 or lines			
Net	13	70 through 72. (Column (A) must equal line 19 and column (B) must			
~		equal line 21)	2,996,086	. 73	2,809,602.
_	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,571,941	. 74	3,484,027.
	• <u> </u>				Eorm <b>990</b> (2007)

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_	rt IV-A	Reconciliation of Revenue per Audite instructions.)	ed Fin	ancial Statemen				n (See	the
а	Total rev	venue, gains, and other support per audited fi	inancia	al statements				а	1,433,175.
b	Amounts	s included on line a but not on Part I, line 12:							
1		alized gains on investments			b1				
2		services and use of facilities							
3	Recover	ies of prior year grants			<u>b3</u>				
4	Other (s	pecify):							
					b4				
	Add line	s <b>b1</b> through <b>b4</b>						b	4 400 455
с	Subtract	line <b>b</b> from line <b>a</b>						C	1,4 <u>33,175</u> .
d		s included on Part I, line 12, but not on line <b>a:</b>			1 1				
1	Investme	ent expenses not included on Part I, line 6b .			d1				
2	Other (s	pecify): SEE STATEMENT 9							
					d 2		83,995.		00.005
	Add line	s d1 and d2				• • •		d	83,995.
е		venue (Part I, line 12). Add lines c and d			· · · · · · · ·	· · ·	<u> ▶</u>	e	1,517,170.
Pa	rt IV-B	Reconciliation of Expenses per Audit							1 505 156
а	Total ex	penses and losses per audited financial stater	nents					<u>a</u>	1,505,156.
b	Amount	s included on line a but not on Part I, line 17:			1 1				
1	Donated	I services and use of facilities			<u>b1</u>				
2		ar adjustments reported on Part I, line 20			b2				
3		reported on Part I, line 20							
4	Other (s	pecify):							
					b4				
	Add line	s <b>b1</b> through <b>b4</b>						b	
с	Subtrac	t line <b>b</b> from line <b>a</b>						С	1,505,156.
d		s included on Part I, line 17, but not on line a:							
1	Investm	ent expenses not included on Part I, line 6b .			d1				
2	Other (s	pecify):							
					d 2				
۵	Add line	s <b>d1</b> and <b>d2</b>					 <b>.</b>	d e	1,505,156.
Pa	art V-A	Current Officers, Directors, Trustees,	and I	Key Employees (	List each p	erson v	vho was an	officer	
_		or key employee at any time during the year	even	if they were not co	pmpensated	.) (See	the instruction	ns.)	
		(A) Name and address		(B) Title and average hours pe week devoted to position			(D) Contributions to benefit plans & o compensation	eferred	(E) Expense account and other allowances
				-					
SE	E STAT	EMENT 10			82	,250.		NONE	<u>NONE</u>
				-					
				-					
				-					
				4					
				-					
·				-					
				-					
				<u> </u>			<u> </u>	_	
				4					
									<u> </u>

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Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		x
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".	75c		x
d	Does the organization have a written conflict of interest policy?	75d	Х	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address		(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expens nt and owance	other
			-0-	-0	-0-		
		-					
Par	t VI Other Information (See the instructions.)				<u> </u>	Yes	No
76	Did the organization make a change in its activities or	methods of condu	cting activities?	If "Yes," attach a	76		x
77	Were any changes made in the organizing or governing d	locuments but not re	ported to the IRS	?	77		X
78a	detailed statement of each change						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	· · · · · · · · · · · · · · ·				N/	X A
79	Was there a liquidation, dissolution, termination, or sub a statement	ostantial contraction	during the yea	r? If "Yes," attach	79		x
	Is the organization related (other than by association v common membership, governing bodies, trustees, c organization?	officers, etc., to an	ny other exem	pt or nonexempt	<u>80a</u>		x
b	If "Yes," enter the name of the organization			pt or nonexempt			

Form 990 (2007)

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

81b

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Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a		Χ
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/2	A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/2	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/2	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			<u> </u>
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		1	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/Z	Δ
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	009		1
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/2	Δ
	0011		<u>_7</u>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
sources against amounts due or received from them.)			
partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		x
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	004		
	88b		х
meaning of section 512(b)(13)? If "Yes," complete Part XI	000		<u></u>
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:         section 4911 ► N/A       ; section 4912 ► N/A       ; section 4955 ► N/A			
section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	1		
	89b		х
a statement explaining each transaction	0.50		<u></u>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
sections 4912, 4955. and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization $N/A$			1
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	89e		x
transaction?	89f		X
	0.51		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			ĺ
	89g		x
at any time during the year?	059		
<ul> <li>90 a List the states with which a copy of this return is filed ▶ <u>NY</u>,</li> <li>b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)</li></ul>	90b	_	
	L		
91a The books are in care of ► KEVIN KLIPSTEIN Telephone no. ► 212.26	<u>0.40</u> 11	190	
Located at ► 555 EIGHTH AVENUE, NEW YORK, NY ZIP+4 ► 10018-43	<u> </u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b At any time during the calendar year, did the organization have an interest in of a signature of other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		x
-			
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.			

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Part VI Other Information (continu					Yes No
c At any time during the calendar year,			ain an office outside	e of the United States?	91c X
If "Yes," enter the name of the foreig					. []]
92 Section 4947(a)(1) nonexempt chari					
and enter the amount of tax-exempt					N/A
Part VII Analysis of Income-Produc	1 <b>*</b>				(E)
Note: Enter gross amounts unless otherwise Indicated.	Unreia	ated business inc		by section 512, 513, or 514	Related or
	(A) Business code	( <b>B)</b> Amount	(C) Exclusion code	(D) Amount	exempt function
93 Program service revenue:					income
a ENTRY FEES					375,127
b SANCTIONING FEES					32,617
c					
d					<u></u>
e	ļ				<u> </u>
f Medicare/Medicaid payments					<u> </u>
g Fees and contracts from government agencies					192,721
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	28,869.	
<b>96</b> Dividends and interest from securities			<u>14</u>	20,009.	
97 Net rental income or (loss) from real estate					
a debt-financed property					- <u>-</u>
b not debt-financed property					<u> </u>
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
<ul><li>101 Net income or (loss) from special events .</li><li>102 Gross profit or (loss) from sales of inventory .</li></ul>			18	-16,160.	
<ul> <li>102 Gross profit or (loss) from sales of inventory .</li> <li>103 Other revenue: a</li> </ul>					
b COMMISSIONS & LICENSING			01	12,755.	
c OTHER REVENUE			01	8,746.	
d			01		
e					
104 Subtotal (add columns (B), (D), and (E)).				34,210.	. 600,465
<b>105</b> Total (add line 104, columns (B), (D), and	·				634,675
Note: Line 105 plus line 1e, Part I, should equal					
Part VIII Relationship of Activities			of Exempt Purpo	ses (See the instruct	ions.)
Line No. Explain how each activity for w	hich income i	s reported in co	lumn (E) of Part VII		
▼ organization's exempt purposes (	other than by p	providing funds fo	or such purposes).		
STMT 12					
Part IX Information Regarding Tax	xable Subsi	diaries and D	isregarded Entit	ies (See the instruction	ons.)
(A)		(B) Percentage of	(C)	(D)	<b>(E)</b> End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity		ownership interest	Nature of activitie	s Total income	assets
		%			
		%			
		%			
		%			
Part X Information Regarding Tra	ansfers Ass	ociated with	Personal Benefit	Contracts (See the in	nstructions.)
(a) Did the organization, during the year, rece					
(b) Did the organization, during the year	ar, pay prem	iums, directly	or indirectly, on a	i personal benefit conti	ract? Yes X No
Note: If "Yes" to (b), file Form 8870 and I	=orm 472 <u>0 (</u> s	see instructions)	)		

Form 990 (20				<u>   16–6050</u>			Page 9
Part XI	Information Regarding controlling organization	g Transfers To and From thas defined in section 51	m Controlle 2(b)(13).	ed Entities. Com	plete only if the organ	ization	
		n make any transfers to a c the schedule below for each			ection 512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) escription of transfer	(D) Amount of trar	isfer	
a							
b							
c							
	Totals					1.	
		n <b>receive</b> any transfers <b>from</b> Yes," complete the schedule				Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) escription of transfer	(D) Amount of trai	nsfer	
a							
b							
c							
	Totals						
		binding written contract in e s described in question 107		ust 17, 2006, cover	ing the interest,	Yes	No X
Please Sign Here	Under penalties of perjury. I c and belief, it is true, correct, Signature of officer	declare that I have examined this re and complete. Declaration of prep	turn, including a arer (other than	ccompanying schedules officer) is based on all i Date	and statements, and to the best of nformation of which preparer has	of my kn any kno	owledge wledge 
	Type or print name and ti	tle		Charkit			
Paid Preparer			Date	Check if self- employed ►	Preparer's SSN or PTIN (S P000245 EIN ► 22-2027	14 _	
Use Only	if self-employed), address, and ZIP + 4	WITHUMSMITH+BROWN, ONE SPRING STREET	<u>P.C.</u>		Phone no. ► 732-828	-1614	4
		NEW BRUNSWICK, NJ		08901	Fo	rm <b>990</b>	(2007

SCHEDULE A Organization Exempt Under Section 501(c)(3)					OMB No. 1545-0047		
(Form 990 or 990-EZ) (Except Private Fo or 4947 Supplementar			Foundation) and Section 5( 47(a)(1) Nonexempt Charit	01(e), 501(f), 501(k)	, 501(n),		00 <b>07</b>
			ary Information - (See	separate instru	ctions.)		2007
	enue Service	MUST be completed by t	he above organizations an	d attached to their	Form 990 or 990-	EZ Employer	identification number
	ne organization						
	STATES S	QUASH RACQUETS ASSO	<u>C INC</u>	Other Then Of	Figure Diroc		050490
Part I	Compens	sation of the Five Highe	st Paid Employees	one enter "Non	e ")	tors, a	nu trustees
	·				(d) Contributio	ons to	(e) Expense
(a) I		ss of each employee paid more an \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit deferred compe		account and other allowances
NONE							
						_	
			-				
<u></u>			4				
Tatal	to a of other or	nployees paid over \$50,000 ►	NONE				
		sation of the Five Highe		t Contractors	for Professi	onal S	ervices
Faiti-	(See page	e 2 of the instructions. List	each one (whether ind	ividuals or firms)	. If there are	none, e	nter "None.")
(a) N		ss of each independent contractor paid		(b) Type of se			c) Compensation
NONE							
Total pun	nber of others	receiving over \$50,000 for					
		· · · · · · · · · · · · · · · · · · ·	NONE				
		sation of the Five Highe		t Contractors	for Other S	ervices	5
	(List each	a contractor who performe	d services other than p	rofessional servi	ces, whether	individu	als or
		nere are none, enter "None	<u>+</u>			F	
(a) N	lame and addres	s of each independent contractor paid	I more than \$50,000	(b) Type of se			c) Compensation
have been book book and and							
NONE						<u> </u>	
· · · · · · · · · · · · · · · · · · ·						<u> </u>	
Total numb	per of other contr	actors receiving over					
\$50,000 fc	or other services	• • • • • • • • • • • • • • • • • •	NONE				

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

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007         16-6050490         Page							
Pa	t III Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$	1		<u>x</u>			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.						
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			-			
a	Sale, exchange, or leasing of property?	2a		<u>x</u>			
b	Lending of money or other extension of credit?	2 b		<u>_x</u>			
С	Furnishing of goods, services, or facilities?	2 c		x			
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	x				
е	Transfer of any part of its income or assets?	2 e		x			
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3 a		x			
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b		x			
с	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes," attach a detailed statement	<u>3c</u>		x			
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		x			
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a 4b	N7	X			
с	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c	_N,	A			
d	Enter the total number or donor advised funds owned at the end of the tax year						
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year						
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts						
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year						

Schedule A (Form 990 or 990-EZ) 2007

Part IV	Reason for Non-Private Fo	undation Statu	<b>s</b> (See pages 4 thro	ough 8 of the	instructions.)	
I certify tha	at the organization is not a private foundation	ion because it is: (Plea	ase check only ONE appl	icable box.)		
5	A church, convention of churches, or ass	ociation of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also co	omplete Part V.)				
7	A hospital or a cooperative hospital service	ce organization. Section	on 170(b)(1)(A)(iii).			
8	A federal, state, or local government or g	overnmental unit. Sec	tion 170(b)(1)(A)(v).			
9	A medical research organization opera			n 170(b)(1)(A)	(iii). Enter the	hospital's name, city,
10	An organization operated for the benef (Also complete the Support Schedule in F		niversity owned or oper	ated by a gov	ernmental unit.	Section 170(b)(1)(A)(iv).
11 <b>a</b>	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp			overnmental ur	nit or from the g	general public. Section
11b	A community trust. Section 170(b)(1)(A)	vi). (Also complete the	e Support Schedule in P	art IV-A.)		
12 X	An organization that normally receives: ( activities related to its charitable, etc., fu investment income and unrelated busines 1975. See section 509(a)(2). (Also comple	inctions - subject to ss taxable income (les	certain exceptions, and ss section 511 tax) from	(2) no more tl	<b>1an 33 1/3</b> % of	its support from gross
13	An organization that is not controller requirements of section 509(a)(3). Check	d by any disqualifi the box that describe	ied persons (other than s the type of supporting	n foundation organization:	managers) and	otherwise meets the
	Туре   Туре	Type III - Fur	nctionally Integrated	Type III -	Other	
	Provide the following information	about the supported	organizations. (See pag	e 8 of the instru	ictions.)	
(a) Name(s) of supported organization(s)		(b) Employer Identification number (EIN)	(C) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in s the supporting organization's governing documents?		(e) Amount of support
				Yes	No	
<u>Total · ·</u>					· · · · · · •	
14	An organization organized and operated t	o test for public safe	ty. Section 509(a)(4). (Se	e page 8 of the i	instructions.)	

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.         Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.         Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total         15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 804, 516. 531, 865. 550, 906. 127, 381. 2, 014, 668.         16 Membership fees received	Sche	dule A (Form 990 or 990-EZ) 2007			16-6050490		Page 4
Calendar year (or fiscal year (or fiscal year (beginning in) → (a) 2003       (b) 2005       (c) 2004       (d) 2003       (e) Tosti         Is Gits, grans, and controlutions rooked (D)       804, 116       531, 655       550, 905       127, 381       2, 014, 668         I Gens grans, and controlutions control (d)       804, 116       531, 655       550, 905       127, 381       2, 014, 668         I Gens grans, and controlutions on instring of facilities in any solity that is related to the grans. Control (d)					11, or 12.) <b>Use ca</b>		counting.
16 GHL gendL and contrubution received (DV not full density gendL)         B04,116,531,865.         550,906.         127,381.         2,014,668.           18 Membership free received (mm etchandse and set) (mm etchandse full set) (free received	Not	e: You may use the worksheet in the instruction	ns for converting fr	om the accrual to th	ne cash method of a	accounting.	
not include unitual grants deel ine 22)       e04, p16,       531, 865.       550, 905,       127, 981.       2, 014, 668.         17 Grass receipt from submission of uninshing of facilities in any satisfy that is related to the organization shared that its related to the organization shared to the organization			<b>(a)</b> 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
16         Momentarian free received	15						
17       Gose receipts from admission, microandae sold or save approximately that is related to the argentization's chernikality carbon interest.       373,859,561,208,767,376.       1,202,443.         18       Grass income from interest.       dividends, income from interest.       373,859,561,208,767,376.       1,202,443.         18       Grass income from interest.       dividends, income from solutions on securities business activities income from similar sources, and unselected business activities income from similar sources, and unselected business activities income from unselected business activitis income from unselected business actincome activities income acti							
seld or services performed, or furnishing of facilities in watchirty chart is nelleted to the organization's charitable eco, purpose			309,443.	268,171.	300,305.	256,630.	1,134,549.
facilities in any addity that a related to the organization for smithlet de uppress.       373,859       561,209       767,376       1,702,443.         18       Grass Income from interest.       dividuation of the sources and uppress.       111,825.       561,209.       767,376.       1,702,443.         18       Grass Income from interest.       dividuation of the sources and uprested balances and uppress.       111,825.       56,324.       26,665.       33,251.       226,075.         19       Mating and uppress in the sources and uppressources and uppressources and uppress in the	17						
enginization's creativate dr. puppes							
14       Gress       income       form       interest.       evaluation         15       Gress       income       form       interest       evaluation         16       Gress       income       form       interest       evaluation         17       Maximum       interest       interest       interest       interest         18       Maximum       interest       interest       interest       interest         18       interest       interest       interest       interest       interest         17       the value of services or facilities formined to interest						1	1 500 440
amounts received from payments on securities loars (section 52(a)(3)), rent, royatiles, income from similar sources, and unrelated business taxable income (loss section 511 tixes) from businesses acquired by the organization after duna 30, 1975.       111, 825.       54, 324.       26, 655.       33, 261.       226, 075.         18       Net income (loss section the organization after duna 30, 1975.       111, 825.       54, 324.       26, 655.       33, 261.       226, 075.         20       Fax menues level of the organization sectifit and either public of the organization by a governmental unit without charge .       111, 825.       54, 324.       26, 655.       33, 261.       226, 075.         21       The value of services or facilities turnismed to the organization by a governmental unit without charge .       12       12, 12, 134.       14, 15, 568.       1, 645, 252.       417, 272.       5, 072, 7, 735.         23       Total of lines described on lines 346.       14, 125, 568.       14, 645.       4, 17, 272.       3, 375, 232.         24       Emer Y/s of line 23.       15, 396.       14, 125, 568.       16, 6453.       4, 17, 272.       3, 375, 232.         25       Organization dives cold affits for Co30 through 2003.       266.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.			373,859.	<u>561,208.</u>			1,702,443.
Loans (acetion 512(a)(3), crivit, royalles, income from similar sources, and unreliade business, income businesses acquired by the organization after June 30, 1975	18						
from similar sources, and unrelated business toxabb income (eas section 511 toxe), from businesses, acquired by the organization affer una 30, 1975.       111, 825.       54, 324.       26, 665.       33, 261.       226, 075.         18       Net income (from unrelated business activities not included in line 13.       .							
businesses acquired by the organization after June 30. 1975							
June 30, 1975							
19       Net income from unrelated business activities not included in line 18						22.061	
notincuded in line 18			111,825.	<u>54,324.</u>	<u> </u>	33,261.	226,075.
20       Tax revenues levied to the organization's bonefit and either paid to if or expended on its behaf	19						
and either paid to il or expended on its behalf							
behalf       1       The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generaryly furnished to the public without charge       1       1       The value of services or facilities generaryly furnished to the public without charge. Do not include the value of services or facilities generaryly furnished to the public without charge.       1       1       1       1       1       5       9       6       1       1       1       2       5       1       1       1       2       5       9       1       1       1       2       5       7       7       7       3       3       3 <td>20</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>	20	•					
21       The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
the organization by a governmental unit without charge. Do not include the value of services or facilities generally turnished to the public without charge.       Image: Comparison of the							
without charge. Do not include the value of services or facilities generally trinished to the public without charge. <ul> <li>public without charge.</li> <li>publ</li></ul>	21						
services or facilities generally furnished to the public without charge		<b>3 7 1</b>					
public without charge							
22       Other income. Attach a schedue. Do not include gain or (loss) from sale of capital assets       1,599,643.       1,415,568.       1,645,252.       417,272.       5,077,735.         24       Line 23 minus line 17.       1,225,784.       854,360.       877,876.       417,272.       5,077,735.         24       Line 23 minus line 17.       1,225,784.       854,360.       877,876.       417,272.       5,077,735.         25       Chert 1% of line 23.       15,996.       14,156.       16,453.       4,173.         26       Organizations described on lines 10 or 11:       a Enter 2% of anount incolumn (e).       16,453.       4,173.         26       Organizations described on lines 10 or 11:       a Enter 2% of anounts incolumn (e).       16,453.       4,173.         26       Organizations described on line 28.0       ontil this list with your return. Enter the total of all these excess amounts 26.       26.         2       26.       26.       26.       26.       26.       26.         2       26.       26.       26.       26.       26.       26.         9       Ubic support for section 509(a)(1) test: Enter line 24. column (e)       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.       26.							
include gain or (loss) from sale of capital assets							
23       Total of lines 15 through 22       1,599,643.       1,415,568.       1,645,252.       417,272.       5,077,735.         24       Line 23 minus line 17.       1,225,784.       854,360.       877,876.       417,272.       3,375,292.         25       Enter 1% of line 23.       15,996.       14,156.       16,453.       4,173.         26       Organizations described on lines to or 11:       a Enter 2% of amount in column (b) line 24 NQT. APPLICAPLE.       26a         b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount fore 26a. Do not file this list with your return. Enter the total of all these excess amounts >       26a         c Total support for section 509(a)(1) test: Enter line 24, column (e)       22       26b       26d         e Public support line 26a. Do not file this list with your return. Enter the total of all these excess amounts >       26d       26d         e Public support line 26a. On othic 2:       26b       26d       26d       26d         c Total support line 26a. On othic 2:       a show in line 5.5.6. and 17 that were received from a "disqualified person." Do not file this list with your return.       26d       26d       26d         c Total support (line 26c minus line 26d tota)       12.3.8.35. (2004)       100,2.250. (2003) <td< td=""><td>22</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	22						
24       Line 23 minus line 17.       1,225,784.       854,360.       877,876.       417,272.       3,375,292.         25       Either 1% of line 23.       15,996.       14,156.       16,453.       4,173.         26       Organizations described on lines 10 or 11:       a Enter 2% of amount in column (e), line 24 NQT, APFLICABLE.       26a         b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts b       26b         c Total support for section 509(a)(1) test: Enter line 24, olumn (e)       19       26c       26d         e Public support (line 26c minus line 26d tota)       22       26b       26d       26d         27       Organizations described on line 12: a For amounts included in lines 15. 16, and 17 that were received form a "disqualified person." Do not file this list with your records to show the name of, and total amounts received in each year form, each "disqualified person." Do not file this list with your records to show the name of, and total amounts received in each year or (2) \$5.000. (include in the list organizations described on line 5 through 110. swell as individuals.) Do not file this list with your return. After computing the difference between the amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5.000. (include in the list organizations described on lines 5 through 10. swell					1 615 050		
28       Enter 1% of line 23							
26       Organizations described on lines 10 or 11:       a Enter 2% of amount in column (e), line 24 NQT, APPLI,CABLE,							3,375,292.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶       28b         c Total support for section 509(a)(1) test: Enter line 24, column (e)							
governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts       26b         c Total support for section 509(a)(1) test: Enter line 24, column (e)       22       26b       26c         d Add: Amounts from column (e) for lines: 18       19       26d       26d         e Public support (line 26c minus line 26d total)       22       26b       26d       26d         f Public support percentage (line 26e (numerator) divided by line 26c (denominator))       26f       %       26d         27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum ots or each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000, (2005)         b For any amount included in lines 15 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.       27d       27d       29d, 024.       27d       59g, 077.         (2006)       34,004. (2005)       2,014,668. 16       1,134,549.       17       17.02,443. 20       27d       59g, 077.         1 A							
amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts       26b         c Total support for section 509(a)(1) test: Enter line 24, column (e)       19       26c         2       26b       26c         2       26c       26c         2       26b       26c         27       Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:         (2006)	C						
c Total support for section 509(a)(1) test: Enter line 24, column (e)							
d Add: Amounts from column (e) for lines: 18       19         22       26b         Public support percentage (line 26c (numerator) divided by line 26c (denominator))       26d         27       Organizations described on line 12: a For amounts included in lines 15. 16, and 17 that were received from a "disqualified person."         2006			achuman (c)			► 26 c	
22       26b       26d         f Public support percentage (line 26c (numerator) divided by line 26c (denominator))       26d       26d         27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." bo not file this list with your return. Enter the sum of such amounts for each year:         (2006)							
e Public support (line 26c minus line 26d total) <ul> <li>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</li> <li>Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." perpare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.           (2006)</li></ul>	Ľ					► 26d	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	-						
<ul> <li>27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.</li> <li>(2006)</li></ul>							%
Do not file this list with your return. Enter the sum of such amounts for each year:         (2006)	27	Organizations described on line 12: a For	amounts included	in lines 15, 1	6, and 17 that	were received from	om a "disqualified
<ul> <li>b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</li> <li>(2006)34,004. (2005)36,688. (2004)(2003)</li></ul>		person," prepare a list for your records to she Do not file this list with your return. Enter the sum	ow the name of, a of such amounts for	and total amounts each year:	received in each	year from, each "d	isqualified person."
<ul> <li>b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</li> <li>(2006)34,004. (2005)36,688. (2004)(2003)</li></ul>		(2006) 305,000. (2005)	123,	835. (2004)	100,	250. (2003)	
show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:          (2006)       34,004.       (2005)       36,688.       (2004)       (2003)         .c       Add: Amounts from column (e) for lines: 15       2,014,668.       16       1,134,549.       (2003)         .c       Add: Line 27a total.       529,085.       and line 27b total.       70,692.       27c       4,851,660.         .c       Public support (line 27c total minus line 27d total).       70,692.       27f       5,077,735.       27e       4,251,883.         f       Total support for section 509(a)(2) test: Enter amount from line 23, column (e)       27f (denominator)).       27g       83.7358 %         h       Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).       27h       4.4523 %         28       Unsual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the corributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. <td>b</td> <td>For any amount included in line 17 that was r</td> <td>eceived from each</td> <td>person (other than</td> <td>"disgualified person</td> <td>s"), prepare a list</td> <td>for your records to</td>	b	For any amount included in line 17 that was r	eceived from each	person (other than	"disgualified person	s"), prepare a list	for your records to
the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006)		show the name of, and amount received for eac	h vear, that was mo	ore than the larger	of (1) the amount	on line 25 for the	year or (2) \$5,000.
amounts) for each year: (2006)		(Include in the list organizations described in line	is 5 through 11b, and the larger amou	is well as individual	s.) Do not file this	sum of these diffe	n. After computing
(2006)       34,004. (2005)       36,688. (2004)       (2003)         .c       Add: Amounts from column (e) for lines: 15       2,014,668.16       1,134,549.         17       1,702,443.20       21			iu the larger amou		for (2), enter the	sum of these une	
c Add: Amounts from column (e) for lines: 152,014,668.161,134,549.         171,702,443.2021         d Add: Line 27a total529,085. and line 27b total70,692			36,	688. (2004)		(2003)	
17       1,702,443.20       21       27c       4,851,660.         d Add: Line 27a total.       529,085. and line 27b total.       70,692.       27d       599,777.         e Public support (line 27c total minus line 27d total).       70,692.       27e       4,251,883.         f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)       27f       5,077,735.       27g       83.7358.%         h Investment income percentage (line 27e (numerator) divided by line 27f (denominator)).       27h       4.4523.%       27h       4.4523.%         28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.							
17       1,702,443.20       21       27c       4,851,660.         d Add: Line 27a total.       529,085. and line 27b total.       70,692.       27d       599,777.         e Public support (line 27c total minus line 27d total).       70,692.       27e       4,251,883.         f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)       27f       5,077,735.       27g       83.7358.%         h Investment income percentage (line 27e (numerator) divided by line 27f (denominator)).       27h       4.4523.%       27h       4.4523.%         28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	. C	Add: Amounts from column (e) for lines: 15	2,014,668.1	6 1,134,5	49.		
d Add: Line 27a total       529,085. and line 27b total       70,692       27d       599,777.         e Public support (line 27c total minus line 27d total)       27e       4,251,883.         f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)       27f       5,077,735.         g Public support percentage (line 27e (numerator) divided by line 27f (denominator))       27g       83.7358.%         h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))       27h       4.4523.%         28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.		17 1 702 443 20	2	1		· · · · · ▶ 27c	4,851,660.
e       Public support (line 27c total minus line 27d total).       27e       4,251,883.         f       Total support for section 509(a)(2) test: Enter amount from line 23, column (e)       27f       5,077,735.         g       Public support percentage (line 27e (numerator) divided by line 27f (denominator)).       27g       83.7358         h       Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).       27h       4.4523         28       Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	d	Add: Line 27a total 529,085.	and line 27b total.	70,6	<u>92.</u>	🕨 27d	<u> </u>
<ul> <li>f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)</li></ul>		Public support (line 27c total minus line 27d total).				▶ 27e	4,251,883.
g       Public support percentage (line 27e (numerator) divided by line 27f (denominator)).       ≥7g       83.7358       %         h       Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).       ≥7d       4.4523       %         28       Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.							
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	g	Public support percentage (line 27e (numerator)	divided by line 27f (d	enominator))		▶ <u>27g</u>	
prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	h	Investment income percentage (line 18, column (	e) (numerator) divide	ed by line 27f (denom	<u>ninator))</u>	Þ 27h	4.4523 %
description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.	28	Unusual Grants: For an organization describe	ed in line 10, 11	, or 12 that reci ame of the contrib	eived any unusual putor, the date and	grants during 20 d amount of the	03 through 2006, grant. and a brief
		description of the nature of the grant. Do not file thi	s list with your retur	n. Do not include th	ese grants in line 15.		

Sched	ule A (Form 990 or 990-EZ) 2007	_	F	age 5
Par		ABLE	;	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
•••	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
51	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
2	hasis	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
Ŭ	with student admissions, programs, and scholarships?	32c		
h	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
			L.	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	<u>33a</u>		
b	Admissions policies?	<u>33b</u>		<u> </u>
				1
С	Employment of faculty or administrative staff?	<u>33c</u>		
d	Scholarships or other financial assistance?	<u>3</u> 3d		·
е	Educational policies?	33e		
	Line of fabilities?	225		
Ť	Use of facilities?	<u>33f</u>		<u> </u>
	Athletic programa?	220		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
11	Other extracurricular activities?	551		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1		
		1		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<b> </b>	ļ
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		<u> </u>	<u> </u>
JSA	Schedule A (Form	n <b>99</b> 0 oi	990-E	Z) 2007

Schedule A (Form 990 or 990-EZ) 2007				16-6	Page 6		
Pa	rt VI-A Lobbying E	xpenditures by Elec	ting Public Charitie	s (See page 1	1 of t	the instructions.)	
	(To be com	pleted ONLY by an	eligible organizatior				
Che	eck ▶ a if the organi	ization belongs to an affil	iated group. Check 🖡	▶ b if you	check	ed "a" and "limited cor	
		imits on Lobbying.	-			(a) Affiliated group totals	(b) To be completed for all electing
	(The term	"expenditures" means	s amounts paid or incu	rred.)			organizations
36	Total lobbying expend	itures to influence pub	lic opinion (grassroots	lobbying)	36		
37	Total lobbying expend	itures to influence a le	gislative body (direct l	obbying)	37		
38	Total lobbying expend	itures (add lines 36 an	d 37)		38		
39	Other exempt purpose	e expenditures			39		
40	Total exempt purpose	expenditures (add line	es 38 and 39)		40		
41	Lobbying nontaxable a		-				
	If the amount on line	40 is - ⊤he lo	bbying nontaxable an	nount is -			
	Not over \$500,000				1		
	Over \$500,000 but not over	1,000,000 \$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not ov	r \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			41		
	Over \$1,500,000 but not ov	\$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000						
42	Grassroots nontaxable				42		
43	Subtract line 42 from				43		
44	Subtract line 41 from	line 38. Enter -0- if line	e 41 is more than line 38 44				
	Caution: If there is an						
			Averaging Period				L 1
	(Some organizat	ions that made a sect					Delow.
		See the instruction	ons for lines 45 throug	h 50 on page 10	3 of tr	e instructions.)	
			Lobbying Expendi	tures During 4	-Yea	r Averaging Period	
	Calendar year (or fiscal	(a)	(b)	(c)		(d)	(e)
	year beginning in) 🕨	2007	2006	2005		2004	Total
	Lobbying nontaxable						
45	amount						

46	(150% of line 45(e))							
47	Total lobbying expenditures							
	Grassroots nontaxable							
48	amount							
	Grassroots ceiling amount							
49	(150% of line 48(e)) • • •							
	Grassroots lobbying							
50	expenditures							
Pa	rt VI-B Lobbying Ad	tivity by Nonelect	ing Public Charities	6	NOT APPLICA			
	(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)							

	(For reporting only by organizations that did not complete Part VI-A) (See page	001		
	ng the year, did the organization attempt to influence national, state or local legislation, including any mpt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a b	Volunteers Paid staff or management (Include compensation in expenses reported on lines c through h.)			
С	Media advertisements			
	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.).			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying ac			

Schedule A (Form 990 or 990-Ez) 2007

Lobbying ceiling amount

Sabodulo A (Er	orm 990 or 990-EZ) 2007		16-6050490	F	⊃aqe 7
Part VII	Information Regarding	Transfers To and Transactions and (See page 14 of the instructions.)	d Relationships With Noncharitable		
51 Did the r	eporting organization direct	ly or indirectly engage in any of the follo	owing with any other organization described	in sect	tion
501(c) of	the Code (other than secti	on 501(c)(3) organizations) or in section	n 527, relating to political organizations?		
a Transfers	s from the reporting organiz	ation to a noncharitable exempt organiz		Yes	No
(i) Cas	sh			<u> </u>	X
(ii) Oth	er assets		<u>a(ii)</u>		X
<b>b</b> Other tra					
		with a noncharitable exempt organization			<u>X</u>
		oncharitable exempt organization			X
		or other assets		+	X
				-	X X
(v) Loa	ans or loan guarantees				X
• •		embership or fundraising solicitations			X
d If the ans goods, of	swer to any of the above is ther assets, or services give	en by the reporting organization. If the	olumn (b) should always show the fair market organization received less than fair market	value value i	of the
transactio	n or sharing arrangement, show	w in column (d) the value of the goods, other	assets, or services received:		
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing ar	angeme	ents
N/A					
·····					
1.5 4 AN 18 OF 1					
describ	rganization directly or indire ed in section 501(c) of the complete the following scl	ectly affiliated with, or related to, one or Code (other than section 501(c)(3)) or i hedule:	more tax-exempt organizations n section 527? ►   Yo	s []	X No
N	(a) ame of organization	(b) Type of organization	(c) Description of relationship		
N/A					
·					

Schedule A (Form 990 or 990-EZ) 2007

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of organization

### **Schedule of Contributors**

OMB No. 1545-0047

2007

Supp	lementary Informa	ation for
line 1 of Form 990	, 990-EZ, and 990-	PF (see instructions)

Employer identification number

### UNITED STATES SQUASH RACQUETS ASSOC INC

16-6050490	

Orga	nization	type	(check	one):
Grge	mzation	<b>1990</b>	(01001	01107.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 -

X 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

\_

UNITED STATES SQUASH RACQUETS ASSOC INC

16-6050490

Part I Contributors (See Specific Instructions.)				
(a) No.	(b) Name, address, and ZIP + 4			
1	POUND GROUP			

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	POUND GROUP C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$30,387.	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	SAMUEL CHAPIN C/O USSRA, 555 EIGHTH AVENUE 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
3_	BRIAN ROBERTS C/O USSRA, 555 EIGHTH AVENUE 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	CARROL MICHAEL	\$15,000.	Person X Payroll Noncash
	<u>NEW YORK, NY 10018</u>		(Complete Part II if there is a noncash contribution.)
(a) No.	NEW YORK, NY 10018 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	
	(b)		a noncash contribution.) (d)
No.	(b) Name, address, and ZIP + 4 WILLMINGTON TRUST C/O USSRA, 555 EIGHTH AVENUE	Aggregate contributions	a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

i.

Name of organization UNITED STATES SQUASH RACQUETS ASSOC INC

16-6050490

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll

Noncash

Х

15,000.

Part I	art I Contributors (See Specific Instructions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions			
7	GEORGE KELLNER C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$15,000.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions			
8	BARBARA BOROUGHS C/O USSRA, 555 EIGHTH AVENUE	\$10,000.			

(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Aggregate contributions	Type of contribution
8	BARBARA BOROUGHS C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9	WILLMINGTON TRUST COMPANY C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
10	<u>SCOTT FRANTZ</u> C/O USSRA, 555 EIGHTH AVENUE <u>NEW YORK, NY 10018</u>	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	OIVIND LORENTZEN C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
12	TIMOTHY GEORGE <u>C/O USSRA, 555 EIGHTH AVENUE</u> <u>NEW YORK, NY 10018</u>	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

16-6050490

### Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
13	ROBERT BERNER C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
14	ROBERT STEEL C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
15	NORTH_SOUND CAPITAL <u>C/O USSRA, 555_EIGHTH_AVENUE</u> <u>NEW_YORK, NY_10018</u>	\$25,000.	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
16	JOHN MOON C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
17	NY COMMUNITY TRUST C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
18	DAVID GANEK		Person X Payroll

Name of organization UNITED STATES SQUASH RACQUETS ASSOC INC Employer identification number 16-6050490

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MILLER ZELL <u>C/O USSRA, 555 EIGHTH AVENUE</u> <u>NEW YORK, NY 10018</u>	\$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
20	HARROW SPORTS C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$\$	Person Payroll X 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
21	USOC C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$18,000.	Person Payroll X 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
22	SMITH BARNEY C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$25,000.	Person Payroll X 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
_23	PARTNERS FIRST C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$12,500.	Person Payroll X 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
24	RAYMOND JAMES C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization UNITED STATES SQUASH RACQUETS ASSOC INC

Employer identification number 16-6050490

Falti	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_25_	COCA-COLA C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$10,000.	Person Payroll X 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
26	DUNLOP C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$10,000.	Person Payroll X 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
27	PETER LASUSA C/O USSRA, 555 EIGHTH AVENUE NEW YORK, NY 10018	\$\$	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
		\$	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
		\$	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

JSA

### FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS

\_\_\_\_\_\_\_

DESC	RI	PΤ	ION	

ANNUAL MEMBERSHIP DUES

TOTAL

1

AMOUNT

# 192,721. 192,721.

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

GROSS SALES LESS RETURNS AND ALLOWANCES	
PURCHASES	•
OTHER COSTS	
SUBTOTAL	•
COST OF GOODS SOLD	23,040.

## FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

# DESCRIPTION

### AMOUNT

LOSS ON DISPOSAL OF SOFTWARE UNREALIZED LOSS ON INVESTMENT		114,503. 83,995.
	TOTAL	198,498.

### UNITED STATES SQUASH RACQUETS ASSOC INC

# FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

\_\_\_\_\_

PREPAID INSURANCE OTHER PREPAID EXPENSES ENDING BOOK VALUE

18,001. 38,567. 56,568.

TOTALS

### UNITED STATES SQUASH RACQUETS ASSOC INC

16-6050490

# FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS		2,172,064.	FMV
	TOTALS	2,172,064.	

## FORM 990, PART IV - OTHER ASSETS

### DESCRIPTION

\_\_\_\_\_

US OPEN TRADEMARK, NET CASH SURRENDER VALUE - OLI

TOTALS

### ENDING BOOK VALUE

35,706. 92,085. 127,791.

### UNITED STATES SQUASH RACQUETS ASSOC INC

### FORM 990, PART IV - DEFERRED REVENUE

### DESCRIPTION

\_\_\_\_\_

DEFERRED MEMBERSHIP DUES

TOTALS

### 16-6050490

ENDING BOOK VALUE

### 299,382.

299,382.

\_\_\_\_\_

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE 

LENDER: COMMERCE	BANK	
ORIGINAL AMOUNT:	150,000.	
INTEREST RATE:	5.500000	
DATE OF NOTE:	07/23/2007	
MATURITY DATE:	07/23/2008	
ENDING BALANCE DUE		150,000.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

150,000. \_\_\_\_\_

### UNITED STATES SQUASH RACQUETS ASSOC INC

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

\_\_\_\_\_

AMOUNT

UNREALIZED LOSS ON INVESTMENT

83,995.

83,995.

\_\_\_\_\_

\_\_\_\_\_

TOTAL

INC
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SQUASH
STATES
UNITED

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHEN C. BIENEMAN 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	CHAIR 1.00	NONE	NONE	NONE
JEANNE M. BLASBERG 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 2.00	NONE	NONE	NONE
RICHARD CHIN 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
ERIC C. FAST 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
STEPHEN P. HARRINGTON 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
PETER R. LASUSA, JR. 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
D. MARVER	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE

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STATEMENT 10

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STATES
UNITED

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES 

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
555 EIGHTH AVENUE NEW YORK, NY 10018-4311				
THOMAS M. POOR 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
MEREDETH QUICK 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
BLAIR SADLER 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
KEVIN KLIPSTEIN 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	- 40.00	82,250.	I NONE	NONE
	GRAND TOTALS	82,250.	NONE	NONE

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STATEMENT

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STATES
UNITED

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
THOMAS M. POOR 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
MEREDETH QUICK 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
BLAIR SADLER 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	EXECUTIVE COMMITTEE 1.00	NONE	NONE	NONE
KEVIN KLIPSTEIN 555 EIGHTH AVENUE NEW YORK, NY 10018-4311	CEO 40.00	82,250.	NONE	NONE

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STATEMENT

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NONE

NONE

82,250.

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GRAND TOTALS

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME
LINE	IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
NO.	IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93	GOVERN & PROMOTE THE GAME OF SQUASH THROUGH ORGANIZED
	COMPETITIONS
94	AID ITS MEMBERS AND MEMBER ASSOCIATIONS IN THE DEVELOPMENT,
	PROMOTION, AND ADMINISTRATION OF SQUASH, TO CONTINUALLY
	IMPROVE THE GAME, THE RULES, AND THE QUALITY OF
	PARTICIPATION BY ALL INVOLVED, AND TO MAINTAIN A GENUINE
	SPIRIT OF TRUE FAIR PLAY AND SPORTSMANSHIP AMONG ALL WHO
	PLAY. UNITED STATES SQUASH ALSO PROVIDES A MONTHLY MAGAZINE
	TO MEMBERS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V-A, FORM 990