PUBLIC DISCLOSURE COPY

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 9 Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public. •

Open to Public

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OMB No. 1545-0047

6

B Check if a Addro chan Name Initia	pplicable: ess	C Nam UN Doin	g Business As		RACQUETS ASS	07/01, 20 DC., INC	·	nding	D Employer id		5/30 , 20 <u>1</u> 7 cation number		
Addro chang Name Initia Term Amer	pplicable: ess ge e change	UN Doin	ITED STATE g Business As	ES SQUASH	RACQUETS ASSO	DC., INC			D Employer id	entific	cation number		
Addro chang Name Initia Term Amer	ess ge e change	Doin	g Business As	ES SQUASH	RACQUETS ASSO	DC., INC							
Chan Name Initia Term Amer	ge e change		•										
Initia Term Amer	-	Num				16-605	0490	C					
Term	l return		ber and street (or	r P.O. box if mail i	s not delivered to street a	ddress)	Room/su	ite	E Telephone n				
Amer		55	5 EIGHTH A	AVENUE			1102	2	(212) 26	8 - 4	Ł090		
	ninated	City	or town, state or	province, country	, and ZIP or foreign postal	code							
		NE	W YORK, NY	Y 10018-43	311				G Gross receip	ots \$	6,671	,683.	
	ication	Nam	e and address of	H(a) Is this a gro		Irn for Yes	XNC						
pend	ing	55	5 EIGHTH A	AVENUE, SU	JITE 1102 NEW	YORK, N	Y 10018-	-431	subordinates H(b) Are all subord		included? Yes		
Tax-e	kempt stat		X 501(c)(3)	501(c) (4947(a)		527			t. (see instructions)		
			UASH.COM) (moort no.)	1011(u)		021	H(c) Group exem	ntion n	umber 🕨		
	of organiz			n Trust	Association Othe	er 🕨		ar of forma			of legal domicile:	NY	
Part I	-	mary		i ilust						State	or regar dornielle.		
					or most significant acti			ואכחיכ	CROWTH AN	ם חו			
1					AWARENESS , AND							<u> </u>	
nce					ELLENCE AT THE								
Lua													
Governance 3				-	discontinued its oper-					1 1		10	
					g body (Part VI, line 1a					3		16.	
ctivities &					the governing body (4		16.	
iįų̃ 5	Total n	umbe	of individuals of	employed in ca	llendar year 2016 (Parl	V, line 2a)				5		41.	
6 gi			r of volunteers (e							6		220.	
					VIII, column (C), line 1					7a		0	
b	Net un	elate	d business taxa	ble income fron	n Form 990-T, line 34					7b	-13	3,402	
									Prior Year		Current Ye		
<u>م</u> 8	Contrib	utions	and grants (Pa	rt VIII, line 1h)					1,605,64		1,866	5,614	
G Revenue	Progra	n ser	<i>i</i> ce revenue (Pa	art VIII, line 2g)	aaa 2 4 and 7d	C	OPY FOR		2,900,61	L3.	3,292	2,690	
a 10	Investn	nent ir	ncome (Part VII	I, column (A), li	nes 3, 4, and 7d)	PUBLI	C INSPECTI	ON	-19,09	95.	155	5,238	
[∞] 11					5, 6d, 8c, 9c, 10c, and				36,52	22.	173	3,018	
12					st equal Part VIII, colur				4,523,68	37.	5,487	,560	
13					olumn (A), lines 1-3)				33,32	24.	60),885	
14		nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0.		0	
15)1.	2,114	1,354	
8 16a		essional fundraising fees (Part IX, column (A), line 11e)								0.		0	
16a b	Total fu	Indrai	sing expenses (Part IX column	(D), line 25) ▶	61,9	79.						
<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	Other e	xnens	ses (Part IX col	umn (A) lines 1	1a-11d, 11f-24e)				3,222,68	30.	3,093,476		
					al Part IX, column (A),			••	5,214,40		5,268,715		
19					om line 12			••	-690,71			3,845	
28	Revent								nning of Current		End of Yea		
Fund Balances 75 75 75 75 75 75 75 75 75 75 75 75 75	Total a	cote i	(Part X, line 16)						5,971,54		6,163		
			es (Part X, line 10)					••	1,676,18		1,483		
					21 from line 20			••	4,295,35		4,679		
			e Block						1/2/3/33			1201	
Part II	•							4 - 4 4 -		¢ 1		-11-6 14 1-	
true, corre	naities of ect, and c	omplet	y, i declare that i .e. Declaration of r	preparer (other th	this return, including acc an officer) is based on all	information of	which prepare	tatements, er has any k	and to the best o nowledge.	T MY I	knowledge and be	aller, it is	
Sign		ianotu	re of officer						Date				
Here		iynatu							Date				
			print name and tit	tle									
	Print/T		eparer's name		Preparer's signature		Date		Check	ויינ	PTIN		
Paid		S I	MULROY						self-employ		P00024514		
Paid Preparer	JAME								1	22	0007000		
Preparer	Firm's		► WITHUM	SMITH+BRO	WN, PC				Firm's EIN 🕨		2027092		
	Firm's	name			WN, PC 14th fl east brunsv	VICK, NJ 088	16		Firm's EIN ► Phone no.		-828-1614		
Preparer Use Only	Firm's Firm's a	name address	S DONE TOWER	CENTER BLVD	-		16					No	

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

For	n 990 (2016) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO LEAD SQUASH'S GROWTH AND DEVELOPMENT BY INCREASING ACCESS AND
	AWARENESS, SUPPORTING MEANINGFUL LIFELONG ENGAGEMENT IN THE SPORT,
	AND ENCOURAGING SPORTSMANSHIP WHILE ACHIEVING COMPETITIVE EXCELLENCE
	AT THE HIGHEST LEVELS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,195,594. including grants of \$) (Revenue \$2,376,981.) ATTACHMENT 1
	ATTACHMENT
4b	(Code:) (Expenses \$ 557,670. including grants of \$) (Revenue \$ 915,709.)
	AT ITS CORE, U.S. SQUASH IS A MEMBERSHIP ORGANIZATION, AND AS OF
	JUNE 2017, THE ASSOCIATION HAS APPROXIMATELY 19,765 INDIVIDUAL
	MEMBERS. THE STAFF WORKS WITH 35 LOCAL VOLUNTEER ASSOCIATIONS WITH
	BOARDS OF ABOUT 10 PEOPLE EACH.
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,753,264.

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

Form 9	90 (2016)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2016)

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Form 990 (2016)

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	······································	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	5 I S	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		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , , ,	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 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, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2016)

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

Form 990 (2016)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			- <u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 293			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA	0.1.000	Form	990	(2016

	PUBLIC DISCLOSURE COPY						
Form 9	UNITED STATES SQUASH RACQUETS ASSOC., INC. 16-605)490	F	- age 6			
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sect	ion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		v			
	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	2		x			
	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 governing documents since the prior Form 990 was filed?	4 5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х				
6 7-	Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х				
h	one or more members of the governing body?						
b	stockholders, or persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
U	the year by the following:						
а	The governing body?	8a	Х				
b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х				
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	<u></u>				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х			
h	with a taxable entity during the year?	Tua					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Secti	ion C. Disclosure			·			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MY}}$,						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>j</i>)			
	X Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policv	/, and			
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and record KEVIN KLIPSTEIN 555 EIGHTH AVENUE, SUITE 1102 NEW YORK, NY 10018-4311 212-268-4090	s:►					

Form 990 (2016	i)	UNITE	D STATES	SQUASH F	RACQUI	ETS ASSOC.	, INC.	16-60	50490	Page 7	
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees	, and	
Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, T	rustees, K	ey Employe	es, and High	est Cor	npensated Em	ployees				
1a Complete	this table for all po	reape roal	uirod to bo	listed Pope	ort com	noncation for	the color	adar yoar onding	with or with	hin tha	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos neck is pe l a d	erson lirect	e than c is both cor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)TIMOTHY J. CONWAY	1.00									
CHAIR FINANCE	0.	х						0.	0.	0.
(2) PRAVEEN KANKARIYA	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(3)AMRIT KANWAL	1.00									
CHAIR INVESTMENT	0.	х						0.	0.	0.
(4) EMILY A. LUNGSTRUM	1.00									
CHAIR ADVANCEMENT	0.	х						0.	0.	0.
(5) TERRENCE M. O'TOOLE	1.00									
FINANCE CHAIRPERSON	0.	Х						0.	0.	0.
(6)MARSHALL W. PAGON	1.00									
CHAIRPERSON	0.	x		Х				0.	0.	0.
(7)LINDA G. ROBINSON	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(8) JENNIFER MACKESY	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(9)SHANIN SPECTER	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(10)ALBERT G. TIERNEY	1.00									
CHAIR - NOMINATING & GOVERN.	0.	X						0.	0.	0.
(11)SOO VENKATESAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12)OLIVIA BLATCHFORD	1.00									
BOARD MEMBER/ALT ATHLETIC REP	0.	X						0.	0.	0.
(13)CHRISTOPHER GORDON	1.00									
BOARD MEMBER/ATHLETE REP	0.	х						0.	0.	0.
(14)CHRISTOPHER HANSON	1.00									
BOARD MEMBER/ATHLETE REP USOC	0.	Х						0.	0.	0.

JSA 6E1041 1.000 Form 990 (2016)

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

	(=)	r					ng	hest Compensat				
(A) Name and title	(B) Average hours per week (list any hours for	box, office	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee				an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n ar com	(F) stimated nount o other pensati	nated Int of ner nsation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org org	om the anizatio d related anization	on d
5) FRANCIS JOHNSON	1.00	37						0	0			
BOARD MEMBER 6) AMANDA SOBHY	0.	X						0.	0	•		
ATHLETE REP	0.	x						0.	0			
7) KEVIN KLIPSTEIN	40.00									-		
CEO	0.			Х				219,000.	0	•	б,5	57
Ib Sub-total								0. 219,000.	0	-	б,5	5.7
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	_				••	• • •		219,000.	0	-	6,5	_
2 Total number of individuals (including but not l reportable compensation from the organization	imited to t	hose l					o re	eceived more than	\$100,000 of			
B Did the organization list any former offic											Yes	
employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the s										3		
organization and related organizations gre	eater than	\$15	0,0	00?	If	"Yes	s,"	complete Schedu	le J for such		v	
 individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	satio	on f	rom	n any	un	related organization	on or individual	4	X	
Section B. Independent Contractors	s, comple		ieau	lie J	101	Such	per	50/1		5		L
I Complete this table for your five highest com compensation from the organization. Report c year.												
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compen		_
												_
							+					_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 🕨 0.

UNITED STATES SQUASH RACQUETS ASSOC., INC.

16-6050490 Page **9**

Par	t VII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.											
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns Membership dues Fundraising events	1b 1c 1d s) 1e ts, 1f	1,866,614.									
	h	Total. Add lines 1a-1f		· · · · · •	1,866,614.								
Program Service Revenue				Business Code									
leve	2a	ENTRY FEES		713990	1,126,852.	1,126,852.							
се Е	b	ACCREDITATION FEES		713990	504,509.	504,509.							
ervi	С	MEMBERSHIP DUES		713990	915,709.	915,709.							
n Sí	d	PROGRAM FEES COMMISSIONS AND LICENSING FE		713990 713990	389,297. 37,612.	389,297. 37,612.							
grar	e			/13990	318,711.	179,567.		139,144.					
jo	f g	All other program service revenue Total. Add lines 2a-2f		· · · · · · • •	3,292,690.	119,501.		137,144.					
	3	Investment income (includi and other similar amounts). $^{ m AT}$	ng dividen TACHMENT	ds, interest, 2 ►	56,296.			56,296.					
	4	Income from investment of tax-	•	•	0.								
	5	Royalties	(i) Real	(ii) Personal	150,000.			150,000.					
	6a b c	Gross rents											
	d	()		<u></u>	0.								
	7a		i) Securities	(ii) Other									
		assets other than inventory	1,253,878.										
	b	Less: cost or other basis											
		and sales expenses	1,154,936.										
	С	Gain or (loss)	98,942.										
	d	Net gain or (loss)		<u></u> ▶	98,942.			98,942.					
an	8a	Gross income from fundraising	5										
Other Revenue		events (not including \$ of contributions reported on line See Part IV, line 18 Less: direct expenses	1c). a b	0.									
	С	Net income or (loss) from fundra	-	••••••	0.								
	_	See Part IV, line 19	a										
	b C	Less: direct expenses	ng activities.		0.								
	10a b	Gross sales of inventory, returns and allowances Less: cost of goods sold ATC	a	24,879. 29,187.									
	C C	Net income or (loss) from sales c	f inventory		-4,308.	-4,308.							
		Miscellaneous Revenue		Business Code									
	11a	OTHER REVENUE		900099	27,326.	27,326.							
	b												
	с												
	d	All other revenue											
	е	Total. Add lines 11a-11d			27,326.								
JSA	12	Total revenue. See instructions.	<u></u>		5,487,560.	3,176,564.		444,382.					
J3A 6E106	1 1 000	0						Form 990 (2016)					

6E1051 1.000

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must		s. All other organizatio	ns must complete colur	nn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 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 domestic organizations				
and domestic governments. See Part IV, line 21	35,000.	35,000.		
2 Grants and other assistance to domestic	05 005	05 005		
individuals. See Part IV, line 22	25,885.	25,885.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	202,500.	186,300.	10,125.	6,075
6 Compensation not included above, to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,624,447.	1,402,834.	187,880.	33,733
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	52,975.	45,892.	6,337.	746
9 Other employee benefits	92,084.	79,771.	11,016.	1,29
0 Payroll taxes	142,348.	123,315.	17,029.	2,004
1 Fees for services (non-employees):	0			
a Management	0.4,272.	4,159.	47.	66
b Legal	68,801.	3,011.	65,765.	2!
c Accounting	0.	5,011.		2.
 d Lobbying e Professional fundraising services. See Part IV, line 17 	0.			
f Investment management fees	18,311.		18,311.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	131,575.	109,340.	21,315.	920
2 Advertising and promotion	0.			
3 Office expenses	147,099.	120,707.	19,995.	6,397
4 Information technology	85,057.	70,838.	13,414.	805
5 Royalties	0.			
6 Occupancy	164,741.	137,090.	26,487.	1,164
7 Travel	51,347.	42,531.	8,423.	393
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	12,189.		12,189.	
0 Interest	0.		12,107.	
Payments to affiliates 2 Depreciation, depletion, and amortization	105,045.	87,293.	17,017.	735
	111,725.	92,844.	18,099.	782
Insurance Other expenses. Itemize expenses not covered	,	- ,		
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS AND TEAMS	2,193,314.	2,186,454.	23.	6,83
	,,	,,		0,00
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	5,268,715.	4,753,264.	453,472.	61,979
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2016)

Form 990 (2016)

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

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this	Part X		Х
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	113,794.	1	79,052
2	Savings and temporary cash investments	0.	2	C
3	Pledges and grants receivable, net	2,632,476.	3	877,629
4	Accounts receivable, net	139,322.	4	54,015
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			(
	organizations (see instructions). Complete Part II of Schedule L		6 7	
7 8	Notes and loans receivable, net			27,402
	Inventories for sale or use Prepaid expenses and deferred charges ATCH 4		8	
9		. 97,530.	9	20,36
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 268,887			
	other basis. Complete Part VI of Schedule D10a268,887Less: accumulated depreciation10b88,772		100	180,11
	Investments - publicly traded securities ATCH 5	2,250,259.	11	4,247,33
11	Investments - publicity traded securities See Dert IV/ line 11	0.		1,217,55
12 13	Investments - other securities. See Part IV, line 11			
14	Investments - program-related. See Part IV, line 11		14	561,92
15	Intangible assets Other assets. See Part IV, line 11			115,22
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	6,163,07
17	Accounts payable and accrued expenses	•	17	627,32
18	Grants payable		18	
19	Deferred revenue ATCH 6		19	731,40
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		
	Loans and other payables to current and former officers, directors,			
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties ATCH 7	376,993.	23	100,42
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	. 20,144.	25	23,92
26	Total liabilities. Add lines 17 through 25		26	1,483,08
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-851,690.	27	-695,46
28	Temporarily restricted net assets	1,040,508.	28	1,260,79
29	Permanently restricted net assets		29	4,114,65
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	.	31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,295,353.	33	4,679,98
	Total liabilities and net assets/fund balances	5,971,540.	34	6,163,07

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

-	90 (2016)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.	<u></u>			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		87,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		.68,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		218,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		95,3	
5	Net unrealized gains (losses) on investments	5	1	.65,7	789.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,6	579,9	987.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
<u>د</u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
U	of the audit, review, or compilation of its financial statements and selection of an independent acc	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
2 -	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerge the			
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
	required dual of duality, oppoint why in concerne of and december any steps taken to undergo such at		0.0	000	

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

90-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.



		nt of the Treasury evenue Service	Information	n about Schedule A	(Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
Nam	e of t	he organization						Employer identifi	cation number
UN	ITEI	D STATES SO	UASH RAC	QUETS ASSOC.,	INC.			16-60504	90
Ра					organizations must o	omplete	e this pa	rt.) See instructions	
					is: (For lines 1 throug			1	
1	\square		•		tion of churches desci		-	,	
2	\square				. (Attach Schedule E				
3	\square				rganization described	-			
4	\square	-	-		conjunction with a hos				(iii). Enter the
•		hospital's nam	-	-					
5					a college or universit	v owned	d or ope	rated by a governme	ntal unit described in
•		-	•	Complete Part II.)		.,	p.	i allo a 29 a goronnio	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7			-				-		om the general public
		-		(1)(A)(vi). (Compl		• •	5		5 1
8)(1)(A)(vi). (Complete	e Part II.)			
9		-			ed in section 170(b)(1	-	operated	in conjunction with a	land-grant college
		-	-	-	griculture (see instruct		-	-	
		university:	·			•		-	-
10	Х				ore than 331/3 % of its				
		receipts from	activities rela	ted to its exempt f	unctions - subject to on nrelated business tax	certain e	xception	s, and (2) no more tha	n 331/3 % of its
		acquired by th	e organizatio	n after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	DUSINESSES
11					usively to test for publi				
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes
		of one or mor	e publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	_Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.
а		Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	_ supporting o	rganization. \	You must complet	e Part IV, Sections A	and B.			
b		🔄 Type II. A su	upporting org	anization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or m	anagement o	of the supporting o	organization vested in	the sam	e persor	is that control or man	age the supported
	_	-		-	, Sections A and C.				
С		••			ng organization opera				ly integrated with,
			-		ns). You must comple				
d			-		porting organization o	-			
			•	• •	nization generally mus	•		•	an attentiveness
		·		,	omplete Part IV, Sect				·
е			-		a written determinatio				I, Type III
f	En				ionally integrated sup			ion.	
g					orted organization(s).				••••
3		ame of supported o		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	.,		U		(described on lines 1-10	listed in you	ur governing	support (see	other support (see
					above (see instructions))	docur Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(0)									
(C)									
,									
(D)									
. ,									
(E)									
Tota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $^{\rm JSA}_{\rm 6E1210\ 1.000}$

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Schedule A (Form 990 or 990-EZ) 2016

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 through 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.						
Sec	tion B. Total Support		1	1	Г	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	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 VI.)						
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 forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige			, ,	
14	Public support percentage for 2016 (li		· ·			14	%
15	Public support percentage from 2015					15	%
16a	331/3% support test - 2016. If the c	0					
	this box and stop here. The organizati			-			
b	331/3% support test - 2015. If the o						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - :						
	10% or more, and if the organization						
	Part VI how the organization meets			-	-		supported
_	organization						
b	10%-facts-and-circumstances test - :		•				
	15 is 10% or more, and if the org						-
	Explain in Part VI how the organizati				-		
4.0	supported organization						►∟
18	Private foundation. If the organization instructions						

UNITED STATES SQUASH RACQUETS ASSOC., INC.

16-6050490

Page 3

Schedule A	(Form	990 o	r 990-EZ)	2016
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 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,384,112.	1,530,007.	4,660,045.	2,378,520.	2,782,323.	12,735,007.
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	1,843,051.	2,542,497.	2,598,107.	2,090,282.	2,339,369.	11,413,306.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	3,227,163.	4,072,504.	7,258,152.	4,468,802.	5,121,692.	24,148,313.
	Amounts included on lines 1, 2, and 3	-,,	_,	.,		-,,	
74	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						0.
	received from other than disqualified						
	persons that exceed the greater of \$5,000	150,163.	107 225	2 977 099	112,135.	24E 142	2 401 052
	or 1% of the amount on line 13 for the year		107,325.	2,877,088.	-	245,142.	3,491,853.
	Add lines 7a and 7b	150,163.	107,325.	2,877,088.	112,135.	245,142.	3,491,853.
8	Public support. (Subtract line 7c from						00.555.450
<u></u>	line 6.)						20,656,460.
	tion B. Total Support	(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	3,227,163.	4,072,504.	7,258,152.	4,468,802.	5,121,692.	24,148,313.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	54,052.	48,469.	48,825.	75,122.	56,296.	282,764.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
C	Add lines 10a and 10b	54,052.	48,469.	48,825.	75,122.	56,296.	282,764.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	16,213.	109,053.	58,460.	14,081.	27,327.	225,134.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,297,428.	4,230,026.	7,365,437.	4,558,005.	5,205,315.	24,656,211.
14	First five years. If the Form 990 is f	or the organizat	ion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	d by line 13, colur	nn (f))		15	83.78%
16	Public support percentage from 2015 Sche	edule A, Part III, lin	e 15			16	78.77%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2016 (lin			3. column (f))		17	1.15%
18	Investment income percentage from 2015		, .	.,,		18	1.01%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2015. If the orga	-	-	-			
b	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•		. ,	0	
20 JSA	invate roundation. In the organization			17, 13a, 01 19b		chedule A (Form 9	
	1 1.000				0		

Schedule A (Form 990 or 990-EZ) 2016

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 4

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

s regard. 3b Schedule A (Form 990 or 990-EZ) 2016

3a

b

JSA

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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UNITED STATES SQUASH RACQUETS ASSOC., INC.

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Schedule A (Form 990 or 990-EZ) 2016			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

1	le A (Form 990 or 990-EZ) 2016			Page 7
Part		Supporting Organizat	tions (continued)	•
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	,,			
b				
	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
 h	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			
			Schedule	A (Form 990 or 990-EZ) 2016

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

Schedule A (Form 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER REVENUE	16,213.	109,053.	58,460.	14,081.	27,327.	225,134.
TOTALS	16,213.	109,053.	58,460.	14,081.	27,327.	225,134.

Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	D-PF) Attach to Form 990, Form 990-EZ, or Form 990-PF.					
Name of the organizatio	n Employe	r identification number				
UNITED STATES S	QUASH RACQUETS ASSOC., INC.					
	16-6	050490				
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (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

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Page 2 Employer identification number 16-6050490

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1253 1.000

Employer identification number 16-6050490

I			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1254 1.000

Transferee's name	address	а

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Employer identification number 0400

Page **4**

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) an the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$							
(a) No. from	Use duplicate copies of Part III if addit (b) Purpose of gift	ional space is needed. (c) Use of gift		(d) Description of how gift is held				
Part I								
		(e) Transfer of gi	ft					
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4		hip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of gi	[
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of gi						
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee				
				Schedule B (Form 990, 990-EZ, or 990-PF) (20				

(Form 1990) Complete if the organization ensement Yet' or Form 1990 and the instruction of a structure of the Texasy without Section 2 and the organization ensement Yet' or Form 1990. Part iv, into K. 7, 8, 9, 10, 11, 15, 15		IEDULE D	Supplem	ental Financia	al Statements			OMB No. 1545-0047
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International device Information about Schedule D (Form 990) and is instructions is at www.rkr.gove/tom980. [Inspection] Name of the organization Inspection Inspection Name of the organization Name of the organization and instraining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization and instraining Door Advised Funds or Other Similar Funds or Accounts. (a) Door advised funds (b) Funds and other accounts 1 Total number at end of year	Depa	rtment of the Treasurv						
Internet States 16-6050490 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	Intern	al Revenue Service	Information about Schedul	e D (Form 990) and its i	nstructions is at www.ir.			
Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. ************************************		-						
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	-				<u></u>			90
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 S	6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violatio	ons, and enforcing cons	ervati	ion easements	during the year
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and 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) Revenue included in Form 990, Part X. (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 financial treasures for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 	1		ses incurred in monitoring, inspec	ting, handling of violati	ons, and enforcing co	nser	vation easeme	ents during the year
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UNITED STATES SQUASH RACQUETS ASSOC., INC. 16-6050490

Cart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) soluciton items (check all that apply): a b Loan or exchange programs b Scholarly research a b Loan or exchange programs c b Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be solt to raise funds rather than to be maintained as part of the organization's collection? Yes No Part ME Escrew and Custofield Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization angent. trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21. Yes No 1a Using the organization angent. Trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21. Yes No 1a Beginning balance	Scheo	dule D (Form 990) 2016		CADII NACQUEID	100000.,	inc.	10 0050	,1,0	Page 2
collection items (check all that apply): d Loan or exchange programs a Provide a description of future generations d Other			ng Collections of	Art, Historical	Treasures,	or Other Sin	nilar Assets	s (conti	<u> </u>
a Public exhibition d □ Coan or exchange programs c Preservation for future generations e □ Other	3	Using the organization's acquisition	on, accession, and o	other records, che	ck any of th	e following that	t are a signif	ficant us	e of its
b Scholarly research c Other 4 Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part VI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Ne No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table. Image: Complete if the organization include an amount on Form 990, Part X, line 21. Amount Image: Complete if the organization include an amount on Form 990, Part X, line 21. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization include an amount on Form 990, Part X, line 21. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization include an amount on Form 990, Part X, line 21. No <		collection items (check all that app	ly):						
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XIII. Summative server of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excorw and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b ff"Yes," explan the arrangement in Part XIII and complete the following table: C Amount C Amount c Additions during the year 1d	4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	on's exempt	purpose	in Part
assets to be sold to raise funds ruther than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an awered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance									
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Amount d Additions during the year Ide d Ide Amount Total organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Bath the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a Curver year wide) Piric year (a) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back Statistication answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Control orga	5							_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Amount Amount Amount Additions during the year Id Additions during the year Id Amount Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions				ained as part of the	organizatior	n's collection?	<u></u>	Yes	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1e d Additions during the year 1e d Edditions during the year 1e d Distributions during the year 1e e Distributions during the year 1e d Edditions during the year 1e d Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1e d Garator scholarships 51.147.043 5.060.977.2.588.146 2.649.160.2.912.975. b Contributions 53.75,450.5.5.147,043 5.060.977.2.588.146 2.649.160.2.912.975. d Garator scholarships <th>Par</th> <th></th> <th></th> <th></th> <th></th> <th><u> </u></th> <th></th> <th>_</th> <th></th>	Par					<u> </u>		_	
Included on Form 990, Part X? Image: Second Se		990, Part X, line 21.				-		on Forn	n
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	1a			-				_	
c Beginning balance Ind d Additions during the year Ind e Distributions during the year Ind f Ending balance Ind a Did the organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? Yes a Did the organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability? Yes Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (e) Four ye							· · · · · L	Yes	No
c Beginning balance 1c 1c d Additions during the year 1d 1d Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Ves", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. No No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions	b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	able:				
d Additions during the year							Amount		
e Distributions during the year									
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back (e) Four years back 1a Beginning of year balance 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2,912,975. b Contributions 751,489. 727,822. 3,591,135. 463,118. 341,243. c Net investment earnings, gains, and losses 207,462. -11,924. d d Gostons d Gostons f 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2 Gosto,558. f Administrative expenses 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2 Gosto,558. f Administrative expenditures for facilitits and programs. <									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (c) Four years back (c) and the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (5, 147, 043, 5, 060, 977, 2, 588, 146, 2, 649, 160, 2, 912, 975, 95, 147, 043, 5, 060, 977, 2, 588, 146, 2, 649, 160, 2, 912, 975, 95, 147, 043, 5, 060, 977, 2, 588, 146, 3, 118, 341, 243, 44, 44, 44, 44, 45, 44, 1, 756, 1, 1, 06, 380, 524, 132, 605, 058, 46, 46, 46, 1, 756, 1, 1, 06, 380, 524, 132, 605, 058, 46, 46, 44, 756, 1, 1, 106, 380, 524, 132, 605, 058, 46, 46, 44, 756, 1, 1, 106, 380, 524, 132, 605, 058, 46, 46, 46, 46, 46, 46, 46, 46, 46, 46	e								
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Two years back (d) Three years back (e) Two years back (f) Type ans back (f		•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (e) Four years back (f) Fouryear (f) four form form four) <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td></td></th<>								<u></u>	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 5,147,043 5,060,977 2,588,146 2,649,160 2,912,975 b Contributions 751,489 727,822 3,591,135 463,118 341,243 c Net investment earnings, gains, and losses 207,462 -11,924 -11,924 -11,924 d Grants or scholarships 207,462 -11,924 -11,924 -11,924 -11,924 and programs 5,375,450 5,147,043 5,060,977 2,588,146 2,649,160 2 g End of year balance 5,375,450 5,147,043 5,060,977 2,588,146 2,649,160 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment) % b Permanent endowment \sum_ % %	ı aı		ion answered "Yes	" on Form 990. F	Part IV. line	10.			
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1a Degrining of year balance 751,489 727,822 3,591,135 463,118 341,243 c Net investment earnings, gains, and losses 207,462 -11,924 -11,924 d Grants or scholarships 207,462 -11,924 -11,924 d Grants or scholarships - - - -11,924 -11,924 d Grants or scholarships - - - - -11,924 <t< td=""><td>10</td><td>Reginning of year balance</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	10	Reginning of year balance							
c Net investment earnings, gains, and losses. 207,462. -11,924. d Grants or scholarships - - e Other expenditures for facilities and programs 730,544. 641,756. 1,106,380. 524,132. 605,058. f Administrative expenses - - - - - g End of year balance. - 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ _ _ % b Permanent endowment ▶ _ 76.5400 % c Temporarily restricted endowment ▶ _ 23.4600 % .	ia b								
and losses	c								
d Grants or scholarships	U		207,462.		-11	,924.			
e Other expenditures for facilities and programs 730,544. 641,756. 1,106,380. 524,132. 605,058. f Administrative expenses 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % d % Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	Ь								
and programs 730,544. 641,756. 1,106,380. 524,132. 605,058. f Administrative expenses 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. g End of year balance 5,375,450. 5,147,043. 5,060,977. 2,588,146. 2,649,160. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% % Temporarily restricted endowment ▶3.4600 % % c Temporarily restricted endowment ▶3.4600 % % % 3a Are there endowment ▶3.4600 % % % (i) unrelated organizations		-							
f Administrative expenses	-		730,544.	641,756	1,106	,380. 5	524,132.	6	05,058.
g End of year balance	f								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶23.4600 % c Temporarily restricted endowment ▶23.4600 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) X 3a(iii) X 3b	g		5,375,450.	5,147,043	5,060	,977. 2,5	88,146.	2,64	49,160.
b Permanent endowment ▶	2	-	of the current year e	end balance (line 1	, column (a)) held as:			
c Temporarily restricted endowment ▶ 23.4600 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation Ia Land. b Buildings c Leasehold improvements 	а			_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings Image: Cost or other basis (other) Image: Cost or other basis (other) Image: Cost or other basis (other) c Leasehold improvements Image: Cost or other basis (other) Image: Cost or other basis (other) Image: Cost or other basis (other)	С								
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(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Complete III of the organization of property Image: Complete III of the organization of property Image: Complete III of the organization of property 1a Land Image: Complete III of the organization of property Image: Complete III of the organization of property Image: Complete III of the organization of property b Buildings Image: Complete III of the organization of property Image: Complete III of the organization of property Image: Complete III of the organization of property c Leasehold improvements Image: Complete III of the organization of property Image: Complete III of the organization of property c Leasehold improvements Image: Complete III of the organization of property Image: Complete III of the organization of property								<u> </u>	
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_		•	•				50	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-								
Image: Constraint of the state of the st	T ai	Complete if the organiza	tion answered "Ye						
1a Land		Description of property	(a) Cost or	other basis (b) Cost			(d)	Book value	Э
b Buildings	1a	Land	· · · · · · · · · · · · · · · · · · ·			approviduori			
c Leasehold improvements									
	с								
	d				268,887.	88,77	2.	180	0,115.
e Other	е								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colur	nn (B), line 1	Oc.)		180	0,115.

Schedule D (Form 990) 2016

	UNITED STATES	SQUASH RACQUET	S ASSOC., INC.	16-6050490
Schedule D (Form 990) 2016			Page 3
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11b. See	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met Cost or end	hod of valuation: l-of-year market value
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(U) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11c. See	Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation:
			Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990). Part IV. line 11d. See	Form 990. Part X. line 15.
	• •	escription	- , ,	(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	www. (b) must say al Form 000. Port V. sol (P	ling (E)		
Part X	umn (b) must equal Form 990, Part X, col. (B, Other Liabilities.	nine 15.)		🕨
FartA	Complete if the organization answere line 25.	ed "Yes" on Form 990	0, Part IV, line 11e or 11	f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book val	ue	
	ral income taxes			
	TAL LEASE		848.	
	FROM SDA	9,	078.	
(4)				
(5)				
(6)				
(7)				

23,926.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(8) (9)

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

Schedu	le D (Form 990) 2016				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I			n.	
1	Total revenue, gains, and other support per audited financial statements			1	5,771,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	165,789.		
b	Donated services and use of facilities	2b	136,480.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d			2e	302,269.
3	Subtract line 2e from line 1			3	5,469,249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,311.		
b	Other (Describe in Part XIII.)			1	
c c	Add lines 4a and 4b			4c	18,311.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	5,487,560.
Part	XII Reconciliation of Expenses per Audited Financial Statements V	Vith E	xpenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part I	v, line	12a.		<u> </u>
1	Total expenses and losses per audited financial statements			1	5,386,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	136,480.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	136,480.
3	Subtract line 2e from line 1			3	5,250,404.
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	4a	18,311.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	18,311.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,268,715.
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part I\	/, lines 1b and 2b; Pa	art V, lin	e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	orovide	any additional inforr	nation.	

SEE PAGE 5

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED ENDOWMENTS IN WHICH THE PRINCIPAL IS INVESTED IN PERPETUITY AND THE INCOME IS EXPENDABLE TO SUPPORT THE DESIGNATED PURPOSES. THE PURPOSES FOR WHICH THE ENDOWMENT INCOME MAY BE USED AND THE PRINCIPAL AMOUNT OF THE ENDOWMENT DESIGNATED ARE FOR OPERATIONS AND JUNIOR DEVELOPMENT. TEMPORARILY RESTRICTED NET ASSETS ARE FOR OPERATIONS, JUNIOR DEVELOPMENT, URBAN SQUASH, HALL OF FAME, AND HARDBALL.

SCHEDULE D, PART X, LINE 2

US SQUASH IS EXEMPT FROM FEDERAL INCOME ATX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM NEW YORK INCOME TAXES UNDER THE RESPECTIVE STATE CHARITABLE ORGANIZATION TAXING AUTHORITIES. US SQUASH HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2017 AND 2016 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PRERIODS PRSENTED IN THE FINANCIAL STATEMENTS.

JSA

SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States								OMB No. 1545-0047
(2016						
Department of the Treasury			-	wered "Yes" on F tach to Form 990.		,		Open to Public
Internal Revenue Service	► Informa	tion about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	
	SQUASH RACQUETS ASSO						16-605049	90
	nformation on Grants and							
the selection crit 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
	nd Other Assistance to D IV, line 21, for any recip		-			ted if additional space		es" on Form
	d address of organization 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 noncash assistance	(h) Purpose of grant or assistance
(1) SQUASHBUSTERS								ACADEMIC SUPPORT
795 COLUMBUS AVEN	IUE	04-3330698	501(C)(3)	7,000.				FINANCIAL AID
(2) METROSQUASH		_						ACADEMIC SUPPORT
6100 S. COTTAGE G	ROVE AVENUE	20-2614486	501(C)(3)	7,000.				FINANCIAL AID
(3)		-						
(4)		-						
(5)		_						
(6)		-						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and per of other organizations lis	-	-					2.

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

Schedule I (Form 990) (2016)

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UNITED STATES SQUASH RACQUETS ASSOC., INC.

Page **2**

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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				
1 SCHOLARSHIP GRANTS	5.	25,885.							
2									
3									
4									
5									
6									
7									
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.									

GRANT MONITORING

NAO/GO PURPOSE: GRANTS FROM THE NAO/GO SCHOLARSHIP FUND ARE MEANT TO SUPPLEMENT AND ENHANCE THE SCHOLARSHIP FUNDING THAT URBAN SQUASH PROGRAM PARTICIPANTS RECEIVE FROM THE URBAN SQUASH PROGRAM, THE BENEFICIARY'S

SCHOOL AND OTHER SOURCES. SPECIFICALLY, THE FUNDING IS INTENDED TO OFFSET

THE TUITION, ROOM OR BOARD COSTS THE STUDENT WILL INCUR, BUT HAS NOT

RECEIVED ADEQUATE FUNDING FROM OTHER GRANTS OR SCHOLARSHIPS TO COVER.

GRANT APPLICATION PROCESS: ANNUALLY IN THE SPRING, CURRENT GRANT

RECIPIENTS WHO ARE CONTINUING THEIR SCHOOLING ARE INVITED TO RECEIVE

ANOTHER YEAR OF FUNDING. INVITATIONS ARE SENT VIA EMAIL TO THE STAFF

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Page 2

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide information. PERSON OF THE NUSEA PROGRAM WHO MAI		•		column (b); and any oth	er additional
INCE THE STUDENT HAS ALREADY RECEI	IVED FUNDING ON	NCE, THEY AR	E NOT		
EQUIRED TO COMPLETE THE FULL GRANT	C APPLICATION W	NITH THE ESS	AY. HOWEVER,	,	
O CONTINUE TO BE ELIGIBLE, THEY MU	JST SUBMIT:- TH	RANSCRIPT -	FINANCIAL AI	ID	
EPORT - FUNDS TRANSFER PROOF TO TH	IE EDUCATIONAL	INSTITUTION	- CURRENT		
HOTO OF STUDENT - QUOTE ABOUT WHAT	THIS SCHOLARS	SHIP HAS MEA	NT TO THE		
TUDENT NEW GRANT APPLICANTS ARE AS	SKED TO SUBMIT	THE FULL AP	PLICATION,		
HICH INCLUDES AN ESSAY, IN ADDITIC	ON TO ALL OF TH	HE INFORMATI	ON ABOVE. TH	HE	
ULL GRANT APPLICATION ALLOWS THE N	JAO/GO SCHOLARS	SHIP COMMITT	EE TO		

UNDERSTAND EACH APPLICANT'S NEED FOR THE SCHOLARSHIP. GRANT SELECTION

UNITED STATES SQUASH RACQUETS ASSOC., INC.

Schedule I (Form 990) (2016)

Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCESS: ALL GRANT APPLICATIONS ARE THOROUGHLY REVIEWED BY EACH MEMBER OF

THE SIX PERSON NAO/GO SCHOLARSHIP COMMITTEE TO ENSURE ALL MATERIALS WERE

SUBMITTED AND TO DETERMINE NEED. A CONFERENCE CALL MEETING IS SET WHERE

THE COMMITTEE DELIBERATES AND SELECTS THE RECIPIENTS.

PUBLIC DISCLOSURE	COPY
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SCHEDULE J Compens		Compens	ation Information	OMB No. 1545-0047			
(For	m 990)	For certain Officers, Direct	ors, Trustees, Key Employees, and Highest		<u> ୬</u> ଲ ୩ ଜ		
		Comp Complete if the organization a	pensated Employees answered "Yes" on Form 990, Part IV, line 23	3.	ZU	10	
	ment of the Treasury	► Att	ach to Form 990.		Open to		
	Revenue Service of the organization	Information about Schedule J (Form	n 990) and its instructions is at <i>www.irs.gov/</i> i	orm990. Employer identifica		ectio	n
	0	SQUASH RACQUETS ASSOC., INC	ч	16-60504			
Part		is Regarding Compensation		10 00004	20		
T an	Question					Yes	No
1a	990, Part VII, First-cla	propriate box(es) if the organization provi Section A, line 1a. Complete Part III to proving the section A, line 1a. Complete Part III to proving the section of the sectio	ovide any relevant information regarding Housing allowance or residence for	these items. personal use	rm		
	Tax inde	or companions mnification and gross-up payments onary spending account	Payments for business use of perso Health or social club dues or initiatio Personal services (such as, maid, ch	on fees			
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the expe	organization follow a written policy re enses described above? If "No," com	garding payme plete Part III	to		
2	Did the orga directors, trus	anization require substantiation prior stees, and officers, including the CEO/E	to reimbursing or allowing expenses Executive Director, regarding the items	incurred by checked on li	all ne		
	1a?				. 2		
3	organization's related organ Comper Indepen	dent compensation consultant	apply. Do not check any boxes for metho	ds used by a art III.			
4		ar, did any person listed on Form 990, P or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а		verance payment or change-of-control pay	/ment?		. 4a		Х
b	Participate in	or receive payment from, a supplement	al nonqualified retirement plan?		. 4b		X
С		or receive payment from, an equity-base y of lines 4a-c, list the persons and prov			. <u>4c</u>		X
5	For persons I	501(c)(3), 501(c)(4), and 501(c)(29) org isted on Form 990, Part VII, Section A, li in contingent on the revenues of:	-	any			
а		ion?			. 5a	Х	
b		rganization?					Х
	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6	compensation	isted on Form 990, Part VII, Section A, li a contingent on the net earnings of:		-			
а	-	ion?				X	
b	-	rganization? e 6a or 6b, describe in Part III.			. 6b		X
7	payments not	listed on Form 990, Part VII, Section described on lines 5 and 6? If "Yes," des	scribe in Part III				Х
8	to the initial	ounts reported on Form 990, Part VII, pa contract exception described in Re	egulations section 53.4958-4(a)(3)? If	"Yes," descri			
9	If "Yes" on I	ine 8, did the organization also follow ection 53.4958-6(c)?	w the rebuttable presumption proced	ure described	in		X

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Not	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
KEVIN KLIPSTEIN	(i)	219,000.	0.		6,570.	0.		0.	
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2016

Page 3

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 5A, 6A & 7

IN CONJUNCTION WITH THE FISCAL YEAR-END ANNUAL PERFORMANCE REVIEW THE

BOARD (WORKING TOGETHER WITH THE COMPENSATION COMMITTEE AS THE CASE MAY

BE) SHALL CONSIDER PAYING THE CEO A DISCRETIONARY PERFORMANCE BONUS BASED

UPON U.S. SQUASH ACHIEVING KEY TACTICAL INDICATORS AS SET FORTH IN THE

ANNUAL OPERATING PLAN.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.in	rs.gov/form990. Inspection
Name of the organization		Employer identification number
UNITED STATES SQUA	ASH RACQUETS ASSOC., INC.	16-6050490

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED BY THE OUTSIDE INDEPENDENT ACCOUNTANTS AND IT IS REVIEWED BY THE CEO AND CFO BEFORE FULL DISTRIBUTION TO THE BOARD. THE BOARD IS GIVEN A COMMENT PERIOD BEFORE FILING BUT NO FORMAL ACTION IS REQUIRED.

FORM 990, PART VI, SECTION C, LINE 19 US SQUASH ASSOCIATION MAKES ALL DOCUMENTS AVAILABLE TO THE PUBLIC THAT ARE REQUIRED BY LAW.

FORM 990, PART VI, SECTION B, LINE 15A & B

THE BOARD FORMED A COMPENSATION COMMITTEE COMPRISED OF THE BOARD CHAIR, THE CHAIR OF THE FINANCE COMMITTEE, AND TWO OTHER BOARD MEMBERS TO REVIEW THE COMPENSATION OF THE CEO ANNUALLY. THE COMPENSATION COMMITTEE CONSIDERS ANNUAL SURVEYS OF COMPENSATION LEVELS OF COMPARABLE EXECUTIVES TO ENSURE THE U.S. SQUASH CEO'S COMPENSATION IS CONSISTENT WITH THE MARKET. THE BOARD CONDUCTS FORMAL WRITTEN PERFORMANCE REVIEWS OF THE CEO AT A MINIMUM ANNUALLY. EACH BOARD MEMBER IS ASKED TO PROVIDE A WRITTEN EVALUATION BASED UPON PRE-AGREED CRITERIA IN ORDER TO DETERMINE THESE REVIEWS. EACH REVIEW ALSO INCLUDES A REVIEW OF THE EXECUTIVE'S COMPENSATION WHICH CONSIDERED THE PARAMETERS SET FORTH ABOVE. IN ADDITION, THE BOARD CHAIR PERIODICALLY REVIEWS THE CEO'S TRAVEL AND ENTERTAINMENT REIMBURSEMENT PRACTICES AND AMOUNTS TO INSURE THEY ARE IN ACCORDANCE WITH CUSTOMARY AND REASONABLE BEST PRACTICES. THE FINANCE,

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490

AUDIT AND COMPENSATION COMMITTEE HAS THE RESPONSIBILITY TO DETERMINE WHETHER OR NOT IT WILL RECOMMEND TO THE ENTIRE BOARD, FOR ITS REVIEW AND CONSIDERATION, AN ANNUAL DISCRETIONARY COMPENSATION BONUS 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 WHETHER THE ASSOCIATION HAS MET THE FINANCIAL EXPECTATIONS SET FORTH IN THE ANNUAL BUDGET AND OTHER PRE-AGREED UPON PERFORMANCE CRITERIA SUCH AS MEMBERSHIP GROWTH, EFFECTIVE PROGRAM IMPLEMENTATION, IMPROVEMENT, AND OVERSIGHT, KNOWN AS KEY TACTICAL INDICATORS. THE ANTICIPATED RANGE OF THE CEO'S DISCRETIONARY BONUS IS TO BE BETWEEN 5% AND 25% OF BASE COMPENSATION IN YEARS WITH OVERALL SATISFACTORY JOB PERFORMANCE AND BETTER.

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FORM 990, PART VI, SECTION B, LINE 12C
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THOSE WHO SERVE U.S. SQUASH, WHETHER AS VOLUNTEERS OR PAID PROFESSIONALS, ARE REQUIRED TO READILY DISCLOSURE ANY CONFLICTING INTERESTS WHENEVER THEY ARISE, AS WELL AS PHYSICAL ABSENCE FROM AND STRICT NONPARTICIPATION 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 INVESTIGATING INTO ANY MATTERS INVOLVING A CONFLICT OF INTEREST, ELECTION IMPROPRIETY, VIOLATION OF THE CODE OF CONDUCT OR ETHICS, PRINCIPLES & CONFLICT OF INTEREST POLICY, OR ANY PERTINENT MATTER SUBMITTED FOR REVIEW AND RECOMMEND ACTION FOR REVIEW AND FINAL APPROVAL

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Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490

BY THE BOARD OF DIRECTORS. IN SUMMARY, BOARD MEMBERS, OFFICERS AND KEY STAFF MEMBERS ARE REQUIRED TO DISCLOSE EVEN THE APPEARANCE OF A CONFLICT OF INTEREST, AND THE BOARD OF REVIEW IS TASKED WITH INVESTIGATIONS AND REVIEWS, IN ADDITION TO PROVIDING CLEARANCES IF APPLICABLE WHEN POTENTIAL CONFLICTS ARE BROUGHT TO THE COMMITTEE.

FORM 990, PART VI, LINE 6

ANY INDIVIDUAL PERSON MAY BECOME AN ANNUAL MEMBER, A LIFE MEMBER, AN HONORARY LIFE MEMBER OR A MEMBER OF SUCH OTHER CLASS OF INDIVIDUAL MEMBERSHIP AS MAY FROM TIME TO TIME BE ESTABLISHED BY THE BOARD (HEREINAFTER REFERRED TO AS "MEMBERS"). INDIVIDUAL PERSONS MAY BECOME HONORARY LIFE MEMBERS UPON ELECTION BY THE BOARD. ANY PERSON, INCLUDING, BUT NOT LIMITED TO, ANY PERSON WHO IS AN ATHLETE, COACH, TRAINER, MANAGER, ADMINISTRATOR, OR OFFICIAL ACTIVE IN THE SPORT OF SQUASH, MAY BECOME AN ANNUAL MEMBER, LIFE MEMBER OR HONORARY LIFE MEMBER OF THIS ASSOCIATION AS HEREIN PROVIDED.

MEMBERSHIP RIGHTS ARE LIMITED TO THE FOLLOWING. ANNUAL MEMBERS, LIFE MEMBERS AND HONORARY LIFE MEMBERS SHALL BE ENTITLED TO VOTE AT THE ANNUAL MEETING AND SPECIAL MEETINGS OF THE MEMBERS OF THIS ASSOCIATION AND TO PLAY, IF OTHERWISE QUALIFIED, IN ALL TOURNAMENTS AND MATCHES PLAYED UNDER THE AUSPICES OF, OR SANCTIONED BY, THIS ASSOCIATION UPON PAYMENT OF SUCH FEES OR DUES AS MAY BE PRESCRIBED FOR ANY SUCH CLASS OF MEMBERSHIP.

FORM 990, PART VI, LINE 7A

THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO VOTE IN AND OUT OTHER MEMBERS.

Schedule O (Form 990 or 990-EZ) 2016	
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Name of the organization UNITED STATES SQUASH RACQUETS ASSOC., INC. Employer identification number 16-6050490

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ORGANIZED PLAY, SANCTIONING AND RANKINGS U.S. SQUASH IS RESPONSIBLE FOR OFFICIALLY SANCTIONING TOURNAMENTS AND LEAGUES NATIONALLY, SETTING THE BASIC STANDARDS AND GUIDELINES FOR COMPETITION, AND OF COURSE, DELIVERING THE OFFICIAL RANKING SYSTEM. THE ASSOCIATION SANCTIONS HUNDREDS OF TOURNAMENTS EACH YEAR, AND CITY LEAGUES IN OVER A DOZEN MAJOR MARKETS, WORKING WITH OVER 200 TOURNAMENT ORGANIZERS AND LEAGUE COORDINATORS OF ALL LEVELS OF SOPHISTICATION. GRASSROOTS DEVELOPMENT U.S. SQUASH IS RESPONSIBLE FOR GRASSROOTS DEVELOPMENT OF THE SPORT. AS SUCH THE ASSOCIATION SUPPORTS PROGRAMS TO PROMOTE SQUASH AT ALL LEVELS, FROM URBAN TO COMMUNITY PROGRAMS. U.S. SQUASH WORKS IN CLOSE PARTNERSHIP TO SUPPORT THE NATIONAL URBAN SQUASH & EDUCATION ASSOCIATION, PROVIDING OVER \$50,000 ANNUALLY IN CASH AND IN-KIND SUPPORT FOR URBAN SQUASH NATIONALLY. NATIONAL CHAMPIONSHIPS AND EVENTS U.S. SQUASH MANAGES AND RUNS DOZENS OF EVENTS, PRIMARILY FOCUSED ON THE 20+ NATIONAL CHAMPIONSHIPS EACH YEAR ACROSS JUNIORS AND ADULTS, SINGLES AND DOUBLES WITH OVER 5,000 PARTICIPANTS. THE ASSOCIATION ALSO OWNS AND LICENSES THE U.S. OPEN AND NORTH AMERICAN OPEN PROFESSIONAL TITLES - TWO EVENTS WHICH ARE EXPECTED TO RECEIVE MORE FOCUS IN THE FUTURE. NATIONAL TEAMS AND ELITE DEVELOPMENT U.S. SQUASH OPERATES THE NATIONAL TEAMS AND ELITE DEVELOPMENT PROGRAMS. THE ORGANIZATION WORKS CLOSELY WITH THE U.S. OLYMPIC COMMITTEE, AS A MEMBER ORGANIZATION, TO DEVELOP AND IMPLEMENT THE ELITE ATHLETE PROGRAMS. THESE PROGRAMS INCLUDE SELECTING AND SUPPORTING FIVE NATIONAL TEAMS: THE JUNIOR MEN'S AND

Schedule O	(Form	990 c	or 990-EZ) 2016
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Name of the organization

	organization					
UNTTED	STATES	SOUASH	RACOUETS	ASSOC.	TNC.	

Employer identification number 16-6050490

ATTACHMENT 1 (CONT'D)

Page 2

JUNIOR WOMEN'S TEAMS, THE MEN'S AND WOMEN'S TEAMS AND THE UNDER 23 SQUAD IN PARTNERSHIP WITH THE COLLEGE SQUASH ASSOCIATION. THESE TEAMS REPRESENT THE UNITED STATES IN INTERNATIONAL COMPETITION INCLUDING THE BI-ANNUAL WORLD TEAM CHAMPIONSHIPS, WORLD UNIVERSITY GAMES AND THE QUADRENNIAL PAN AMERICAN GAMES WHICH IS JUST ONE LEVEL BELOW THE OLYMPICS. OTHER ACTIVITY INCLUDES JUNIOR ELITE TRAINING SQUADS AND EVENTS SUCH AS THE POPULAR CAN-AM CHALLENGE FOR THE JUNIORS HELD EACH YEAR. THESE PROGRAMS INVOLVE WORKING WITH 8-10 NATIONAL COACHES. GOVERNANCE AND STANDARDS THE ASSOCIATION IS RESPONSIBLE FOR THE OVERALL GOVERNANCE AND STANDARDS OF THE SPORT, AND REPRESENTS THE UNITED STATES AS A MEMBER OF THE WORLD SQUASH FEDERATION. U.S. SQUASH ESTABLISHES AND UPHOLDS THE CODE OF CONDUCT. MARKETING AND PROMOTION U.S. SQUASH IS ALSO RESPONSIBLE FOR MARKETING AND PROMOTING THE SPORT, AND THEREFORE MAINTAINS THE WEBSITE WWW.USSQUASH.COM AND PARTNERS TO PUBLISH AN OFFICIAL PUBLICATION, SQUASH MAGAZINE, TEN TIMES PER YEAR. U.S. SQUASH ADMINISTERS THE OFFICIAL CERTIFICATION PROGRAMS FOR REFEREEING AND COACHING IN THE UNITED STATES, EACH WITH SEVERAL LEVELS OF CERTIFICATION.

			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST AND DIVIDEND INCOME	56,29	б.		56,296.

Name of the organization			Employer identification	number
UNITED STATES SQUASH RACQUETS ASSOC., IN	IC.		16-6050490	
			ATTACHMENT 2 (C	CONT ' D)
FORM 990, PART VIII - INVESTMENT INCOME	_			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDEI
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
TOTALS	56,29	6.		56,296

	ATTACHMENT 3
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	24,879.
INVENTORY AT BEGINNING OF YEAR	32,820.
PURCHASES	23,769.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	56,589.
50D101AL	50,505.
MINUS ENDING INVENTORY	27,402.
	_ · , ·
COST OF GOODS SOLD	29,187.

	ATTACHMENT 4
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	20,368.
TOTALS	20,368.

ATTACHMENT 5

FUBLIC DISCLOSURE COFT		
Schedule O (Form 990 or 990-EZ) 2016		Page
ame of the organization	Employer identificatio	
NITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490 ATTACHMENT 5 (CONT'D)	
ORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES		
	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
XCHANGE TRADED FUNDS	4,026,790.	FMV
ASH AND MONEY MARKET FUNDS	220,541.	FMV
TOTALS	4,247,331.	
	ATTACHMENT 6	
FORM 990, PART X - DEFERRED REVENUE		
	ENDING	
DESCRIPTION	BOOK VALUE	
DEFERRED REVENUE	731,404	
TOTALS	731,404	_ ≟
	ATTACHMENT 7	
FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE		
LENDER: TD BANK, N.A. ORIGINAL AMOUNT: 50,000.		
INTEREST RATE: 5.2500 %		
DATE OF NOTE: 06/22/2015		
MATURITY DATE: 06/22/2020		
REPAYMENT TERMS: MONTHLY		
BEGINNING BALANCE DUE		
NDING BALANCE DUE	31,675	<u>.</u>
LENDER: TD BANK, N.A. ORIGINAL AMOUNT: 400,000.		
INTEREST RATE:3.2500 %PURPOSE OF LOAN:LINE OF CREDIT		
BEGINNING BALANCE DUE	. 250,374	
ENDING BALANCE DUE		-

ENDING BALANCE DUE

Schedule O (Form 990 or 990-EZ) 2016

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Name of the organization	Employer identification number
UNITED STATES SQUASH RACQUETS ASSOC., INC.	16-6050490
	ATTACHMENT 7 (CONT'D)
LENDER: TD BANK, N.A.	
ORIGINAL AMOUNT: 91,000.	
INTEREST RATE: 4.7500 %	
DATE OF NOTE: 02/19/2016	
MATURITY DATE: 02/19/2021	
REPAYMENT TERMS: MONTHLY	
BEGINNING BALANCE DUE	
ENDING BALANCE DUE	
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	376,993.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	100,428.

Form	•rm 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					rn	OMB No. 1545-0687			
		For cale								1C
Doport	ment of the Treasury	For calendar year 2016 or other tax year beginning <u>07/01</u> , 2016, and ending <u>06/30</u> , 20 <u>17</u> . ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.								
	l Revenue Service	 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 								
A	Check box if	Name of organization (Check box if name changed and see instructions.) D Employer identification number								
	address changed							(Empl	oyees' trust, se	e instructions.)
	mpt under section		UNITED STATES SQUAS	H RA	CQUETS ASSO	C., I	NC.			
X	501(C)(3)	Print or	Number, street, and room or suite no.	lf a P.O	. box, see instructions.				050490	
	408(e) 220(e)	Туре					1100		structions.)	ess activity codes
	408A 530(a)		555 EIGHTH AVENUE City or town, state or province, countr	v and T	ID or foreign postal os	do	1102	-		
	529(a) ok value of all assets		NEW YORK, NY 10018-		•	ue		5418	00	
	end of year	F Gro	up exemption number (See instruct					5110	00	
	6,163,070.			,	rporation	501(c) trust	401(a)	trust	Other trust
H De	escribe the organiz		rimary unrelated business activity.	AD	VERTISING IN					
			corporation a subsidiary in an affil							Yes X No
lf	"Yes," enter the na	ame and	identifying number of the parent co	rporati	on. 🕨					
J Th	ne books are in care	e of 🕨 F	KEVIN KLIPSTEIN		T	elephor	ne number 🕨 21	2-268	-4090	
Par	t Unrelated	Trade of	or Business Income	1	(A) Income	•	(B) Exper	nses		(C) Net
1a	Gross receipts or s	sales								
b	Less returns and allowa		c Balance ►		117,	711.				
2			ule A, line 7)	2	110					110 011
3			2 from line 1c	3	117,	/⊥⊥.			-	117,711.
4a			ttach Schedule D)	4a					-	
b			Part II, line 17) (attach Form 4797)	4b					-	
c _			trusts	4c						
5			ps and S corporations (attach statement)	5					-	
6 7			nome (Sebedule E)	6 7						
8			come (Schedule E)	8						
9			nts from controlled organizations (Schedule F) 1(c)(7), (9), or (17) organization (Schedule G)	9						
10				10						
11	Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11									
12			ctions; attach schedule)	12						
13			ough 12	13	117,	711.				117,711.
Par			Taken Elsewhere (See inst	ructio	ons for limitation	ns on c	deductions.) (Except	for contri	butions,
	deduction	is must	be directly connected with	he ur	nrelated busines	ss inco	ome.)	-		
14	Compensation of	officers,	directors, and trustees (Schedule K))				14		
15	Salaries and wage	es						15		53,077.
16	Repairs and main	tenance						16		
17										
18										0 1 5 1
19										9,151.
20			See instructions for limitation rules)		1	1	• • • • • • • • •	20		
21 22			4562) on Schedule A and elsewhere on r					0.01		
22						-		22b)	
23 24	Contributions to a	leferred (compensation plans					23		
25										
26			Schedule I)							
27			chedule J)							
28	Other deductions	(attach s	schedule)		ATTA	ACHM	ENT 1	28		68,885.
29			es 14 through 28					29		131,113.
30			le income before net operating							-13,402.
31			on (limited to the amount on line 3							
32	Unrelated busine	ss taxabl	e income before specific deduction	n. Subt	ract line 31 from line	e 30 🔒		32		-13,402.
33			ally \$1,000, but see line 33 instruc							1,000.
34			ble income. Subtract line 33 fr			•				10
Eec. 5			line 32		<u></u>		<u></u>	34		-13,402.
	Paperwork Reduct	ion Act N	Notice, see instructions.						Fc	rm 990-T (2016)

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		PUE	BLIC DISCLOSURE COF	γ			
Form 9	990-T (20	16) UNITED STATES	5 SQUASH RACQUETS ASS	OC., INC.	16-60)50490	Page 2
Par		Tax Computation					
35 a b	Organi member Enter yr (1) \$ Enter or (2) Addi	zations Taxable as Corporations. See rs (sections 1561 and 1563) check here ► our share of the \$50,000, \$25,000, and \$ (2) \$ rganization's share of: (1) Additional 5% tax (not tional 3% tax (not more than \$100,000) tax on the amount on line 34.	See instructions and: 9,925,000 taxable income brack (3) more than \$11,750)	kets (in that order):	▶ <u>35c</u>		
37 38 39 40 Part	Proxy ta Alternat Tax on Total. A	bunt on line 34 from: Tax rate schedule or ax. See instructions ive minimum tax Non-Compliant Facility Income. See instructions dd lines 37, 38 and 39 to line 35c or 36, which Tax and Payments	s		► 37 38 39		
41 a b c 42 43 44 45 a b c d e f	Foreign Other ci General Credit for Total cr Subtrac Other tay Total ta Paymen 2016 es Tax dep Foreign Backup Credit for Other ci Credit for Other ci Difference Total pa Estimat Tax due Overpay	tax credit (corporations attach Form 1118; trus redits (see instructions). I business credit. Attach Form 3800 (see instruct or prior year minimum tax (attach Form 8801 or edits. Add lines 41a through 41d t line 41e from line 40. ces. Check if from: Form 4255 Form 8611 x. Add lines 42 and 43. tts: A 2015 overpayment credited to 2016 timated tax payments osited with Form 8868. organizations: Tax paid or withheld at source (s withholding (see instructions) or small employer health insurance premiums (A redits and payments: Form 24	41 tions) 8827) Form 8697 Form 8866 45 45 45 46 47 139 Total 45 2220 is attached 147, enter amount owed 44 and 47, enter amount overpaid	Ib Ic Id Other (attach schedule) 5a 5b 5c 5c 5f 5g 	. 42 43 44 44 . 44 . 44 . 44 . 44 . 44 . 44		0.
Par		Statements Regarding Certain A					
51	At any over a FinCEN here ▶	time during the 2016 calendar year, did financial account (bank, securities, or oth Form 114, Report of Foreign Bank and	the organization have an inter ner) in a foreign country? If Y Financial Accounts. If YES, e	est in or a signature YES, the organization enter the name of th	or other a may have e foreign	to file country	Yes No
52 53	If YES, s	the tax year, did the organization receive a distr see instructions for other forms the organization be amount of tax-exempt interest received or acc	may have to file.	r of, or transferor to, a fo	reign trust?	•••••	X
Sigr Here Paid		ader penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than ta gnature of officer Print/Type preparer's name JAMES MULROY	this return, including accompanying schedu	Date	May the IR with the p	knowledge and S discuss th reparer show s)? X Yes PTIN P00024	nis return vn below No
Prep		Firm's name WITHUMSMITH+BROWN,	PC			2-202709	
Use	Only	Firm's address ONE TOWER CENTER BLV				32-828-1	
				· [FII	<u></u>)-T (2016)

Form 990-T (2016)								Page 3	
Schedule A - Cost of G	oods Sold. Er	nter method	d of invento	ry valuation	•				
1 Inventory at beginning of y	/ear 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from	line 5. En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (v	with respect to	Yes No	
b Other costs (attach schedu	ile) <u>4b</u>				•	or acquired fo	,		
5 Total. Add lines 1 through									
Schedule C - Rent Income	e (From Real F	roperty a	nd Person	al Property	Leased V	Vith Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)						1			
	2. Rent rece	ved or accru	ed						
for personal property is more than 10% but not percen			age of rent for				directly connected with the income 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c here and on page 1, Part I, line 6	()	· /				(b) Total deduction Enter here and on Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D			ee instructio	ns)		· u. · ., o, oo.u	(2) P		
				/	3. [nnected with or allocat	le to	
1. Description of del	ot-financed property		2. Gross income from or allocable to debt-financed property		debt-final (a) Straight line depreciation (attach schedule)		anced property (b) Other deductions		
							(attach schedule)		
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		4 d	6. Column 4 divided by column 5 7. Gross income (column 2 x co			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals				•		e and on page 1, e 7, column (A).	Enter here and o Part I, line 7, co		
Total dividends-received deduct	ions included in c	olumn 8	<u></u>	<u> </u>					

Form **990-T** (2016)

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16-6050490

Form 990-T (2016)	UNITED S											050490	Page 4
Schedule F - Interest, Annu	uities, Royalties	, and R	Rents	s Fro	m Contro	lled Or	ganiz	atio	ons (see	instructio	ons)		
		E	xemp	ot Co	ntrolled Org	ganizati	ons						
1. Name of controlled organization	2. Employer identification numb	er			ated income nstructions)	4. Total payme	of speci ents mad	I	included	f column 4 t in the contr on's gross ir	olling	6. Deductio connected w in colu	ith income
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organi	zations												
7. Taxable Income	8. Net unrelated in (loss) (see instruct				Fotal of specifie ayments made		ind	clude	t of column d in the co ation's gross	ntrolling	11. Deductions directly connected with income in column 10		ncome in
(1)													
(2)													
(3)													
(4)													
							En	nter h	olumns 5 a ere and on line 8, colur	page 1,	Ent	dd columns 6 a ter here and on art I, line 8, colu	i page 1,
Totals	<u></u> .					<u> </u>							
Schedule G - Investment In	ncome of a Sec	tion 50	01(c))(7),			nizati	on	(see inst	ructions)		E Tatal da	-l
1. Description of income	2. Amount of	income			 Deduc directly cor (attach sch 	nected				t-asides schedule)		5. Total dec and set-asid plus co	es (col. 3
<u>(1)</u>													
(2)													
(3)													
(4)	Enter have and											Estas base and	
Totals	Enter here and o Part I, line 9, co											Enter here and Part I, line 9,	
Schedule I - Exploited Exe	empt Activity Inc	come, (Othe	r Th	an Adverti	sing Ir	come	e (s	ee instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	diı conne produ	xpense rectly cted w uction related ss inco	vith of	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	from is r	n acti not ur	income ivity that nrelated income	6. Expe attributa colum	able to	expe (column column { more	s exempt inses 6 minus 5, but not e than nn 4).
(1)													
(2)													
(3)													
(4)													
Tatala	Enter here and on page 1, Part I, line 10, col. (A).	Enter he page line 10	1, Part	tI,									ere and age 1, line 26.
Totals Schedule J - Advertising Ir	come (see instri	ictione)											
Part I Income From Per	,	,		neoli	idated Rad	sis							
				1301		010							
1. Name of periodical	2. Gross advertising income	3. I adverti	Direct sing co	osts	4. Adverti gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. bl. 3). If mpute	5.	Circ	ulation me	6. Read cos		costs (c minus col not mo	readership column 6 umn 5, but ore than nn 4).
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))													

Form **990-T** (2016)

(4)

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

Page 5

Part II Income From Per 2 through 7 on a I			rate Basis (For o	each periodica	al listed in Part II	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2) ATCH 2				%		
(3)				%		

Total. Enter here and on page 1, Part II, line 14 ►

Form 990-T (2016)

%

UNITED STATES SQUASH RACQUETS ASSOC., INC.

16-6050490

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CONSULTING - PHOTOGRAPHY POSTAGE AND PRINTING	MARKETING/COMMUNICATIONS	18,944. 1,550. 14,320. 34,071.

PART II - LINE 28 - OTHER DEDUCTIONS 68,885.

16-6050490

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
TIMOTHY J. CONWAY 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CHAIR FINANCE	0	0.
PRAVEEN KANKARIYA 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.
AMRIT KANWAL 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CHAIR INVESTMENT	0	0.
EMILY A. LUNGSTRUM 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CHAIR ADVANCEMENT	0	0.
TERRENCE M. O'TOOLE 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	FINANCE CHAIRPERSON	0	0.
MARSHALL W. PAGON 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CHAIRPERSON	0	0.
LINDA G. ROBINSON 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.
JENNIFER MACKESY 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SHANIN SPECTER 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.
ALBERT G. TIERNEY 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CHAIR - NOMINATING & GOVERN.	0	0.
SOO VENKATESAN 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.
OLIVIA BLATCHFORD 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER/ALT ATHLETIC REP	0	0.
CHRISTOPHER GORDON 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER/ATHLETE REP	0	0.
CHRISTOPHER HANSON 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER/ATHLETE REP USOC	0	0.
FRANCIS JOHNSON 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	BOARD MEMBER	0	0.
AMANDA SOBHY 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	ATHLETE REP	0	0.

0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u> <u>COMPENSATION</u>
KEVIN KLIPSTEIN 555 EIGHTH AVENUE 1102 NEW YORK, NY 10018-4311	CEO	0 0.

TOTAL COMPENSATION

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