efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Department of the Treasury

Return of Organization Exempt From Income Tax

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

DLN: 93493319070927 OMB No 1545-0047

Open to Public

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

| A F | or th | e 2016 c | alendar year, or tax year begin | ning 01-01-2016 , and endin | g 12-31- | 2016 | | | |
|--|--------|-----------------|---|--|------------|-------------------------------|--------------------|--------------|------------------------|
| | | pplicable | C Name of organization United States Tennis Association Inc | orporated | | | D Employe | er identif | ication number |
| | | change | % USTA ACCOUNTING DEPT | · | | | 13-5459 | 9420 | |
| □ Na | | _ | Doing business as | | | | | | |
| _ Fin | al | | | | | | · | | |
| ☐ Amended return ☐ Application pending | | | Number and street (or P O box if m 70 West Red Oak Lane | all is not delivered to street address) | Room/suite | ! | E Telephon | e number | |
| | | | | | | | (914) 6 | 96-7000 | |
| | | | City or town, state or province, cour White Plains, NY 10604 | stry, and ZIP or foreign postal code | | | | | |
| | | | , in the second | | | | G Gross red | ceipts \$ 27 | 71,005,325 |
| | | | F Name and address of principa Katrina Adams | l officer | | H(a) Is this | a group ret | urn for | |
| | | | 70 W Red Oak Lane | | | subord H(b) Are all | dinates? | | □Yes ☑No |
| | | | White Plains, NY 10604 | | | nclud | | e 5 | ☐ Yes ☐No |
| I Ta: | x-exe | mpt status | ☐ 501(c)(3) ☑ 501(c)(6)◀ | (insert no) \square 4947(a)(1) or \square | 527 | If "No | ," attach a l | ıst (see | instructions) |
| J W | ebsit | te:► ww | w usta com | | | H(c) Group | exemption | number | > |
| | | | | | <u> </u> | | | Maria | <u> </u> |
| K Forr | n of o | rganızatıon | ✓ Corporation ☐ Trust ☐ Asso | ciation ☐ Other ► | | Year of forma | tion 19/3 | M State | of legal domicile NY |
| Pa | rt T | Sum | mary | | | | | | |
| | | | scribe the organization's mission o | r most significant activities | | | | | |
| eu | | | e & Develop the Growth of Tennis | | | | | | |
| 2 | - | | | | | | | | |
| Governance | : | | | | | | | | |
|) ve | 2 | Check thi | is box $\blacktriangleright \Box$ if the organization dis | continued its operations or dispos | sed of mo | re than 25% | of its net a | ssets | |
| | | | of voting members of the governin | | | | | 3 | 14 |
| Activities & | 4 | Number o | of independent voting members of | the governing body (Part VI, line | 1b) . | | | 4 | 14 |
| ŢĘ. | 5 | Total nun | nber of individuals employed in ca | lendar year 2016 (Part V, line 2a) | | | | 5 | 779 |
| ₹ | 6 | Total nun | nber of volunteers (estimate if neo | 6 | 50 | | | | |
| A | 7a | Total unr | elated business revenue from Part | VIII, column (C), line 12 | | | | 7a | 0 |
| | Ь | Net unrel | ated business taxable income fror | n Form 990-T, line 34 | | | | 7b | 222,943 |
| | | | | | | Pric | or Year | | Current Year |
| Qı. | 8 | Contribut | ions and grants (Part VIII, line 1h |) | | | 16,947,5 | 522 | 18,277,530 |
| Ravenua | 9 | Program | service revenue (Part VIII, line 2g |) | | | 237,109,2 | 265 | 235,525,821 |
|)∧ċ | 10 | Investme | ent income (Part VIII, column (A), | lines 3, 4, and 7d) | | | 8,259,7 | 788 | 4,262,236 |
| ш | 11 | Other rev | venue (Part VIII, column (A), lines | | | 2,887,5 | 559 | 1,646,074 | |
| | 12 | Total reve | enue—add lines 8 through 11 (mu | st equal Part VIII, column (A), lın | e 12) | | 265,204,1 | .34 | 259,711,661 |
| | 13 | Grants ar | nd sımılar amounts paıd (Part IX, d | column (A), lines 1–3) | | 70,486,345 | | | 72,843,928 |
| | 14 | Benefits | paid to or for members (Part IX, c | olumn (A), line 4) | | | | 0 | 0 |
| 82 | 15 | Salaries, | other compensation, employee be | nefits (Part IX, column (A), lines | 5-10) | | 43,664,9 | 13 | 47,092,132 |
| Expenses | 16a | Professio | nal fundraising fees (Part IX, colu | mn (A), line 11e) | | | | 0 | 0 |
| e di | ь | Total fundr | raising expenses (Part IX, column (D), li | ne 25) ▶0 | | | | | |
| ū | 17 | Other exp | penses (Part IX, column (A), lines | 11a-11d, 11f-24e) | | | 116,861,5 | 86 | 132,925,365 |
| | 18 | Total exp | enses Add lines 13–17 (must equ | al Part IX, column (A), line 25) | | | 231,012,8 | 344 | 252,861,425 |
| | 19 | Revenue | less expenses Subtract line 18 fro | om line 12 | | | 34,191,2 | 290 | 6,850,236 |
| % & ⊗ | | | | | | Beginning | of Current Y | ear | End of Year |
| Net Assets or Fund Balances | | | | | | | | | |
| Ass Ba | l | | ets (Part X, line 16) | | • | | 337,498,8 | | 370,133,774 |
| 절 | l | | ilities (Part X, line 26) | | • | | 64,250,6 | | 82,414,829 |
| | | | s or fund balances Subtract line 2 | 21 from line 20 | | | 273,248,1 | .41 | 287,718,945 |
| Pai | | | ature Block erjury, I declare that I have exam | | | -1 | | | 4b - b - 4 - 4 |
| | | | erjury, I declare that I have exam f, it is true, correct, and complete | | | | | | |
| any k | nowle | edge | | | | | | | |
| | | T k | | | | 201 | 7-11-14 | | |
| Sign | | Signati | ure of officer | | | Date | | | |
| Here | | GORDO | ON SMITH Exec Dir & COO | | | | | | |
| | | | r print name and title | | | | | | |
| | | P | rınt/Type preparer's name | Preparer's signature | Dat | e c | F | TIN | |
| Paid | t | | | | | | ck L If employed | | |
| Pre | | er 🖪 | irm's name 🕨 | | | | n's EIN ▶ | | |
| Use | | 1 - | irm's address ▶ | | | Pho | ne no | | |
| | | | | | | | | | |
| May t | he IR | S discuss | this return with the preparer show | vn above [?] (see instructions) . | | | | □ Y | ′es □No |
| | | | duction Act Notice, see the sep | · · · · · · · · · · · · · · · · · · · | | Cat No 1 | 1282Y | | Form 990 (2016) |

| Form | 990 (2016) | | | | Page 2 | | | | | | |
|---------------------|--|---|---|---|---|--|--|--|--|--|--|
| Par | t IIII Statement | of Program Service Ac | complishments | | | | | | | | |
| | Check If Sche | dule O contains a response o | r note to any line in this Part III | | 🗆 | | | | | | |
| 1 | Briefly describe the o | organization's mission | | | | | | | | | |
| SPOF THE FINA | RT'S GROWTH ON EVE US OPEN THE USTA IS NCIAL RESOURCES SU | RY LEVEL IN THE UNITED STA S A PROGRESSIVE AND DIVE SPPORT A SINGLE MISSION | ATES, FROM LOCAL COMMUNITIE: RSE NOT-FOR-PROFIT ORGANIZA TO PROMOTE AND DEVELOP THE | INIZED LEADER IN PROMOTING AI S TO THE CROWN JEWEL OF THE I ITION WHOSE VOLUNTEERS, PROF GROWTH OF TENNIS THE USTA F F AND VOLUNTEERS DEDICATED I | PROFESSIONAL GAME, FESSIONAL STAFF AND HAS OVER 693,000 | | | | | | |
| 2 | - | , , , | ogram services during the year wh | nich were not listed on | | | | | | | |
| | the prior Form 990 or 990-EZ? | | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | | | | | | | | | |
| | services ⁷ | | | | 🗌 Yes 🗹 No | | | | | | |
| | If "Yes," describe the | ese changes on Schedule O | | | | | | | | | |
| 4 | Section 501(c)(3) an | | e required to report the amount o | largest program services, as meas f grants and allocations to others, | | | | | | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | See Additional Data | | | | · | | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | See Additional Data | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | See Additional Data | | | | | | | | | | |
| 4d | | ces (Describe in Schedule O | | | | | | | | | |
| | (Expenses \$ | ıncludıng | grants of \$ |) (Revenue \$ |) | | | | | | |
| 4e | Total program serv | vice expenses ► | | | | | | | | | |

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Νo

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes

3 4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

1

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Yes 6 7

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

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|------|---|-----|-----|---------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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 | Yes | |
| 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 | Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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 through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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 | | |
| 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 | | No |
| 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 | | No |
| | | - | | |

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Dage 4

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

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Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

| orm | 990 (2016) | | | Page ! | | | | | |
|-----|---|------------|-----|--------|--|--|--|--|--|
| 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 | | | | | | | | |
| | | | Yes | No | | | | | |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 982 | 1 | | | | | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | | | | |
| 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 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | |
| 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 | | No | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 20 | | | | | | | |
| · | If res, to line 3a of 3b, did the organization me Form 6660-17 | 5c | | | | | | | |
| 6a | 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 | | No | | | | | |
| | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | | | | | |
| | 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 | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | | |
| g | 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 | | | | | | | |
| 9a | 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 | | | | | | | |
| | Section 501(c)(7) organizations. Enter | | | | | | | | |
| | 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 | 1 | | | | | | | |
| | Section 501(c)(12) organizations. Enter | 1 | | | | | | | |
| 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) | | | | | | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | | | | | |
| 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 | | | | | | | | |
| c | Enter the amount of reserves on hand | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | | | |
| h | If "Yes," has it filed a Form 720 to report these payments ?If "No," provide an explanation in Schedule O | 14b | | | | | | | |

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|-----------------|---|--|-----------------|---------------------------|------------|-----------|---------------|--|--|--|
| Par | 8a, 8b | r <mark>nance, Management, and Disclosure</mark> For each "Yes" response to lines 2 t o, or 10b below, describe the circumstances, processes, or changes in Schedo | | | " respo | nse to li | _ | | | |
| | | if Schedule O contains a response or note to any line in this Part VI | | | | | ✓ | | | |
| Se | ction A. Go | verning Body and Management | | | | | | | | |
| 1a | Enter the nu | mber of voting members of the governing body at the end of the tax year | 1a | 14 | | Yes | No | | | |
| | body, or if th | material differences in voting rights among members of the governing ne governing body delegated broad authority to an executive committee or nittee, explain in Schedule O | | | | | | | | |
| b | Enter the nu | mber of voting members included in line 1a, above, who are independent | 1b | 14 | | | | | | |
| 2 | | er, director, trustee, or key employee have a family relationship or a busines tor, trustee, or key employee? | ss rela | tionship with any other | 2 | | No | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | | | | | | | | |
| 4 | Did the orga | nization make any significant changes to its governing documents since the | prior F | Form 990 was filed? | 4 | | No | | | |
| 5 | Did the orga | nization become aware during the year of a significant diversion of the organ | nizatio | n's assets? . | 5 | | No | | | |
| 6 | Did the orga | nization have members or stockholders? | | | 6 | Yes | | | | |
| 7a | | nization have members, stockholders, or other persons who had the power t the governing body? | o elec | t or appoint one or more | 7a | Yes | | | | |
| b | | ernance decisions of the organization reserved to (or subject to approval by) er than the governing body? | mem | bers, stockholders, or | 7b | Yes | | | | |
| 8 | Did the orga the following | nization contemporaneously document the meetings held or written actions (| undert | aken during the year by | | | | | | |
| а | The governir | ng body? | | | 8a | Yes | | | | |
| b | Each commit | ttee with authority to act on behalf of the governing body? | | | 8 b | Yes | | | | |
| 9 | | officer, director, trustee, or key employee listed in Part VII, Section A, who is mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i> | | | 9 | | No | | | |
| Se | ction B. Po | licies (This Section B requests information about policies not requi | ıred b | y the Internal Revenu | e Code | ∍.) | | | | |
| | | | | | | Yes | No | | | |
| 10a | Did the orga | nization have local chapters, branches, or affiliates? | | | 10a | | No | | | |
| b | | the organization have written policies and procedures governing the activitie s to ensure their operations are consistent with the organization's exempt pu | | | 10b | | | | | |
| 11a | Has the organized form? | inization provided a complete copy of this Form 990 to all members of its go | vernin • | g body before filing the | 11a | Yes | | | | |
| b | Describe in S | Schedule O the process, if any, used by the organization to review this Form | 990 | | | | | | | |
| 12a | Did the orga | nization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Yes | | | | |
| b | Were officers conflicts? | s, directors, or trustees, and key employees required to disclose annually int | erests • • | that could give rise to | 12b | Yes | | | | |
| С | | nization regularly and consistently monitor and enforce compliance with the how this was done | policy • | ? If "Yes," describe in | 12c | Yes | | | | |
| 13 | Did the orga | nization have a written whistleblower policy? | | | 13 | Yes | | | | |
| 14 | Did the orga | nization have a written document retention and destruction policy? | | | 14 | Yes | | | | |
| 15 | | ess for determining compensation of the following persons include a review annorability data, and contemporaneous substantiation of the deliberation and | | | | | | | | |
| а | The organiza | ation's CEO, Executive Director, or top management official | | | 15a | Yes | | | | |
| b | Other officer | s or key employees of the organization | | | 15b | Yes | | | | |
| | If "Yes" to lir | ne 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| 16a | | nization invest in, contribute assets to, or participate in a joint venture or sir ry during the year? | mılar a | arrangement with a | 16a | Yes | | | | |
| b | | the organization follow a written policy or procedure requiring the organizati ure arrangements under applicable federal tax law, and take steps to safegu | | | | | | | | |
| | status with r | respect to such arrangements? | | | 16b | Yes | | | | |
| <u>Se</u> 17 | ction C. Dis | sclosure es with which a copy of this Form 990 is required to be filed▶ | | | | | | | | |
| 18 | Section 6104 | es with which a copy of this Form 990 is required to be filed. I requires an organization to make its Form 1023 (or 1024 if applicable), 990 public inspection. Indicate how you made these available. Check all that app | | 990-T (501(c)(3)s only) | | | | | | |
| | | · · | | n (O) | | | | | | |
| 19 | Describe in S | bsite $\ \square$ Another's website $\ olimits olimits$ Upon request $\ \square$ Other (explain in Sosciedule O whether (and if so, how) the organization made its governing documents available to the public during the tax year | | | | | | | | |
| 20 | State the na | me, address, and telephone number of the person who possesses the organi DUNTING DEPT 70 WEST RED OAK LANE White Plains, NY 10604 (914) 691 | zation 6-700 | 's books and records 0 | | | | | | |
| | | | | | | | 0 (2010) | | | |

| orm 990 (2 | 2016) | Page 7 | | | | | | | |
|-------------|--|---------------|--|--|--|--|--|--|--|
| Part VII | ompensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, nd Independent Contractors | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | |
| Section | A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
| La Complete | e 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

(A)

• List all of the organization's former officers, key employees, or 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

Deloitte Consulting LLP,

compensation from the organization ▶ 106

4022 Sells Drive HERMITAGE, TN 37076 Wunderman LLC,

3 Columbus Circle NEW YORK, NY 10019 Horizon Media Inc,

75 Varick Street NEW YORK, NY 10013

Name and Title

Average

hours per

Part VII

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

(A) (B) (C) (D) (E) (F)

Estimated

amount of other

Reportable

compensation

Reportable

compensation

Digital Consulting

Marketing

DIGITAL Media

Page 8

| | | week (list any hours | ıs b | | n of | fice | ss pers and a ee) | | organiza | om the from related zation (W- organizations (| | | d compensation W- from the | | |
|--|--|---|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------------|--------------|---|-----------------------------|----------------|---------------------------------------|--|--|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC |) | organızat relat organız | ted | |
| See A | Additional Data Table | | | | | | | | | | | \neg | | | |
| | | | | | | | | | | | | \dashv | | | |
| | | | | | | | | | | | | \top | | | |
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| | | | | | | | | | | | | \top | | | |
| | | | | | | | | | | | | \top | | | |
| 1b Sub-Total | | | | | | | | | | | | | | | |
| _ | otal from continuation sheets to Pa otal (add lines 1b and 1c) | art VII, Sectio | | ٠. | ٠. | • | ▶ _ | | 7,81 | 5,911 | | 0 | | 609,474 | |
| 2 | Total number of individuals (including of reportable compensation from the | but not limited | to thos | | | bov | e) who | rece | eived more | than \$1 | 00,000 | | | | |
| | | | | | | | | | | | | | Yes | No | |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i> | | | ee, k | ey e • | mpl | oyee, | or hi | ghest com | pensated | employee on | 3 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| 4 | For any individual listed on line 1a, is | | | comp | ensa | atıor | n and c | ther | compens | ation fron | n the | 3 | Yes | | |
| | organization and related organization | s greater than \$ | 150,00 | 0? <i>If</i> | "Yes | ," c | omplet | te Sc | chedule J fo | or such | | 4 | Yes | | |
| 5 | Did any person listed on line 1a receiv | ve or accrue cor | npensal | tion fi | rom | any | unrela | ated | organizati | on or ind | ıvıdual for | 4 | res | | |
| | services rendered to the organization | PIf "Yes," compl | ete Sch | edule | J fo | or su | ıch pei | rson | | | | 5 | | No | |
| | ction B. Independent Contract | | - استا | . د | | | | . L 1 | L | | 4100 000 -f | | | | |
| 1 | Complete this table for your five high- from the organization Report comper | nsation for the c | | | | | | | | | n's tax year | npen —— | | | |
| | Name a | (A) and business addre | ess | | | | | | | | (B) cription of services | | Compe | | |
| РО ВС | ennis Media Company, IX 220 | | | | | | | | P | ublishing | | ļ | 2 | 2,090,590 | |
| PACIFIC PALISADES, CA 90272 Alorica Inc, 8151 Peters Road Member Call Center | | | | | | | | | 1 | 1,487,275 | | | | | |
| | ATION, FL 33324 | | | | | | | | | unital Com | laura | | | 1.070.012 | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Position (do not check more

than one box, unless person

4,979,812

2,800,517

1,366,595

| Form 9 | | • | D | | | | | | | Page 9 |
|--|-------------|--|----------------|----------------|---------------------|-------------------|-----------------|--------------------------------|---|---|
| Part \ | <u> </u> | | | | | | | | | |
| | | Check II Schedul | e O contains | a respo | nse or note to any | (A) Total revenue | Rel e> fu | (B) ated or kempt nction venue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 10 | 1a | Federated campaigi | ns | 1a | 1 | | | | | |
| nts ints | ь | Membership dues | | 1b | 18,174,530 | | | | | |
| Grants tmounts | c | Fundraising events | | 1c | | | | | | |
| s. (An | | Related organizatio | | 1d | | | | | | |
| Sift | | Government grants (co | | 1e | | | | | | |
| S, E | | All other contributions, | • | l re | | | | | | |
| ioi | ı | and similar amounts no above | ot included | 1f | 103,000 | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Noncash contribution | ne included | | · · · | | | | | |
| E O | 9 | in lines 1a-1f \$ | ons included | | | | | | | |
| Cont and | h | Total.Add lines 1a-1 | .f | | • | 18,277,530 | | | | |
| | | | | | Business | | Т | | | |
| ž | 2a - | TOURNAMENT RELATED | | | | 234 | ,263,019 | 234,26 | 3,019 | |
| <u>خ</u> | ь : | TENNIS PROGRAM FEES | | | | 1 | ,247,942 | 1,24 | 7,942 | |
| - J | C | BALL TEST FEES | | | | | 14,860 | 1 | 4,860 | |
| Ę. | d- | | | _ | | | | | | |
| SE | е- | | | _ | | | | | | |
| Program Service Revenue | f | All other program se | rvice revenue | : | | | | | | |
| Š. | gТ | otal. Add lines 2a-2f | · | | ≥ 235,! | 525,821 | | | | |
| | 3 Ir | nvestment income (ir | ncluding divid | ends, ı | nterest, and other | 1 | | | | |
| | SII | mılar amounts) . | | | • | 1,506,4 | | 1,506,481 | | |
| | | ncome from investme | | | | 1.646.0 | 0 | | | |
| | 5 R | oyalties | (ı) Rea | | | 1,646,0 | /4 | | | |
| | 6a (| Gross rents | (I) Rea | | (II) Personal | - | | | | |
| | | 0.000.000 | | | | | | | | |
| | b | Less rental expenses | | | | | | | | |
| | c | Rental income or | | 0 | | | | | | |
| | _ | (loss) | | | | | | | | |
| | d | Net rental income of | r (loss) | • | | | 0 | | | |
| | | C | (ı) Securit | ties | (II) Other | _ | | | | |
| | f | Gross amount from sales of | 9,4 | 26,804 | 4,622,61 | 5 | | | | |
| | | assets other than inventory | | | | | | | | |
| | ь | Less cost or | | | | 1 | | | | |
| | | other basis and sales expenses | 7,9 | 22,109 | 3,371,55 | 5 | | | | |
| | | Gain or (loss) | | 04,695 | 1,251,060 | | | | | |
| | | Net gain or (loss) | | | > | 2,755,7 | 55 | | | |
| - 1 | | Gross income from fo (not including \$ | - | ents of | | | | | | |
| 듔 | (| contributions reporte | d on line 1c) | | | | | | | |
| ě | | See Part IV, line 18 | | | 0 | | | | | |
| <u>ہ</u> | | Less direct expense: Net income or (loss) | | b sing evi | onte | _ | 0 | | | |
| Other Revenue | | Gross income from g | | _ | ents | 1 | | | | |
| 0 | | See Part IV, line 19 | | | | | | | | |
| | | | | a | 0 | | | | | |
| | | Less direct expense: Net income or (loss) | | b | | J | 0 | | | |
| | | Gross sales of invent | | activiti | es <u> </u> | | 1 | | | |
| | | returns and allowand | | | | | | | | |
| | | | | а | 0 | | | | | |
| | | Less cost of goods s | | b | 0 | | | | | |
| - | C | Net income or (loss) Miscellaneous | | invent | ory ▶ Business Code | | 4 | | | |
| | 11 a | | Revenue | | Dusiness code | - | | | | |
| | | | | | | | | | | |
| | ь. | | | | • | | | | | |
| | | | | | | | | | | |
| | c. | | | | • | | | | | |
| | - | | | | | | | | | |
| | ď | All other revenue . | | | | | | | | |
| | | Total. Add lines 11a | | | • | | | | | |
| | | Total revenue. See | | | | | 0 | | | |
| | | . Jean revenue. 366 | mad actions | • • | · · · • | 259,711,6 | 51 | 237,032,302 | | Form 000 (2016) |

| Form 990 (2016) | | | | Page 10 |
|---|-----------------------|------------------------------------|--|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col | lumns All other orga | nızatıons must com | plete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX | | <u></u> | 🗆 |
| 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) Fundraisingexpenses |
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 72,237,635 | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 606,293 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 5,673,291 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 34,310,640 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,271,785 | | | |
| 9 Other employee benefits | 3,489,697 | | | |
| 10 Payroll taxes | 2,346,719 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 1,973,466 | | | |
| c Accounting | 245,000 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 13,802,192 | | | |
| 12 Advertising and promotion | 2,849,568 | | | |
| 13 Office expenses | 2,204,426 | | | |
| 14 Information technology | 1,721,069 | | | |
| 15 Royalties | 0 | | | |
| | 4,015,337 | | | |
| 17 Travel | 14,184,576 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 456,989 | | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 4,481,820 | | | |
| 23 Insurance | 4,109,019 | | | |
| 24 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) | ,,200,000 | | | |
| a EVENT PRIZE MONEY/OTHER | 46,722,272 | | | |
| b PRINTING & PUBLICATIONS | 3,895,547 | | | |
| c TENNIS EVENT PRODUCTIONS | 11,678,107 | | | |
| d MEMBERSHIP OUTSOURCED SERVICES | 3,309,568 | | | |
| e All other expenses | 17,276,409 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 252,861,425 | | | |
| 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) | | | | |

Page **11**

281,195

0

0

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0

1.249.143

82,414,829

287,718,945

287,718,945

370,133,774 Form **990** (2016)

45,429,415 0

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0 22

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1.255.643

64,250,667

273.248.141

273,248,141

337,498,808

29,667,025

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Form 990 (2016)

18

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21

23

24

26

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28

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31

32

33 34

Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

| | (A) Beginning of year | | (B) End of year |
|--|--------------------------|---|--------------------|
| 1 Cash-non-interest-bearing | 294,031 | 1 | 475,902 |
| 2 Savings and temporary cash investments | 120,173,586 | 2 | 88,119,334 |
| 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| 4 Accounts receivable, net | 15,193,419 | 4 | 10,837,087 |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | 0 | 5 | 0 |
| 6 Loans and other receivables from other disqualified persons (as defined under section 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 | 0 | 6 | 0 |
| 7 Notes and loans receivable net | 7 286 649 | 7 | 6 677 046 |

| | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L | 0 | 6 | | | |
|--------|-----|--|------------------------------------|-------------|------------|-----|-------|
| ets | 7 | Notes and loans receivable, net | | | 7,286,649 | 7 | 6,6 |
| Assets | 8 | Inventories for sale or use | | | 408,618 | 8 | 2 |
| ⋖ | 9 | Prepaid expenses and deferred charges | paid expenses and deferred charges | | | | |
| | 10a | Oa Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | 109,480,767 | | | |
| | b | Less accumulated depreciation | 10 b | 27,813,470 | 23,636,908 | 10c | 81,€ |
| | 11 | Investments—publicly traded securities . | | | 48,600,416 | 11 | 52,7 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | 99,053,278 | 12 | 102,1 |
| | 13 | Investments—program-related See Part IV, line | 13,635,996 | 13 | 16, | | |
| | 14 | Intangible assets | 0 | 14 | | | |
| | 15 | Other assets See Part IV line 11 | | | 3,161,837 | 15 | 4,1 |

| A | 9 | Prepaid expenses and deferred charges | 6,054,070 | 9 | 6,761,436 | | |
|----------|-----|--|-------------|------------|-------------|-----|------------|
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | | | |
| | b | Less accumulated depreciation | 10 b | 27,813,470 | 23,636,908 | 10c | 81,667,297 |
| | 11 | Investments—publicly traded securities . | 48,600,416 | 11 | 52,791,984 | | |
| | 12 | Investments—other securities See Part IV, line | 99,053,278 | 12 | 102,169,476 | | |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | 13,635,996 | 13 | 16,179,145 |
| | 14 | Intangible assets | | | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | 3,161,837 | 15 | 4,173,872 | | |
| | 16 | Total assets.Add lines 1 through 15 (must equ | 337,498,808 | 16 | 370,133,774 | | |
| | 17 | Accounts payable and accrued expenses | | | 33,327,999 | 17 | 35,736,271 |

Consolidated basis Separate basis ☐ Both consolidated and separate basis

2c

3a

3b

Yes

Nο

Form 990 (2016)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Additional Data



Software ID:

Form 990 (2016)

US Open - See Schedule O

Form 990, Part III, Line 4a:

Name: United States Tennis Association Incorporated

Form 990, Part III, Line 4b: Community Tennis Division - See Schedule O

Form 990, Part III, Line 4c: Professional Tennis Division - See Schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

| | | | | Č | | | |
|---------------------------------------|------------|---|---|---|--------|---|--|
| Katrına Adams | 19 0 | × | x | | 38,522 | 0 | |
| Director, President, CEO | 4 0 | | | | 30,322 | | |
| Alexander Andrews IV Director, 1st VP | 5 0 3 0 | × | × | | 25,000 | 0 | |
| Thomas Ho Director, VP | 7 0 4 0 | × | × | | 20,000 | 0 | |
| Donald Tisdel | 7 0 | х | х | | 20,000 | 0 | |

| Director, VP | 4 0 | | | | | | |
|------------------------|-----|-----|---|--|--------|---|--|
| Donald Tisdel | 7 0 | l 🗸 | v | | 20,000 | 0 | |
| Director, VP | 4 0 | ^ | ^ | | 20,000 | | |
| Patrick Galbraith | 7 0 | V | Ų | | 20,000 | | |
| Director, Sec/Treas | 4 0 | l ^ | ^ | | 20,000 | 0 | |
| Fabrizio Alcobe-Fierro | 5 0 | Ų | | | | | |
| Dırector | 3 0 | ^ | | | 10,000 | 0 | |
| | 5.0 | | | | | | |

| Patrick Galbraith | 7 0 | × | x | | 20,000 | 0 | |
|------------------------|-----|----|---|--|--------|---|--|
| Director, Sec/Treas | 4 0 | '' | | | 20,000 | J | |
| Fabrizio Alcobe-Fierro | 5 0 | , | | | 10,000 | 0 | |
| Director | 3 0 | ^ | | | 10,000 | 0 | |
| Joan Baker | 5 0 | V | | | 10.000 | 0 | |
| | | | | | | | |

| Patrick Galbraith | 7 0 | × | х | | 20,000 | 0 | |
|------------------------|-----|---|---|--|--------|---|--|
| Director, Sec/Treas | 4 0 | ^ | ^ | | 20,000 | | |
| Fabrizio Alcobe-Fierro | 5 0 | v | | | 10,000 | 0 | |
| Director | 3 0 | ^ | | | 10,000 | Ĭ | |
| | | | | | | | |

| Director, Sec/Treas | 4 0 | | | | | | |
|------------------------|-----|--|--|--|--------|---|--|
| Fabrizio Alcobe-Fierro | 5 0 | | | | 10,000 | 0 | |
| Director | 3 0 | | | | 10,000 | 3 | |
| Joan Baker | 5 0 | | | | 10,000 | 0 | |

10,000

10,000

10,000

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| | 3 0 | | | | | 1 | |
|-----------------|-------|---|--|--|--------|---|--|
| Joan Baker | 5 0 | | | | | | |
| | ••••• | X | | | 10,000 | 0 | |
| Director | 3 0 | | | | | | |
| Lauren Barnikow | 5 0 | | | | | | |

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......

Lauren Barnikow

Michael J McNulty III

Director

Mark Ein

Director

Director

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensat Former Instr organizations MISC) MISC) related below dotted | organizations employee

14,000

17,900

10,000

1,168,889

810,822

621,409

980,894

796,085

518,805

0

0

140,124

29,874

41,848

46,930

46,930

46,930

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

3 0 35 0

20 0 40 0

0.0 40 0

0.0 40 0

0 0 40.0

0.0 40 0

0 0

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| | line) | ndual trustee rector | tutional Trustee |
|-------------|-------|-------------------------|------------------|
| Todd Martin | 5 0 | × | |
| Director | 2.0 | | |

Chanda Rubin-Hollier

Director

Director

Director

Andrew Valdez

Kathleen Wu

Gordon Smith

Andrea Hirsch

Ed Neppl

Lew Sherr

Executive Director, COO

Chief Administrative Officer

Chief Financial Officer

Chief Revenue Officer

CEO, Community Tennis

Chief Prof Tennis Officer

Kurt Kamperman

David Brewer

......

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation person is both an officer week (list from the from related any hours and a director/trustee) organization organizations for related (W- 2/1099-(W- 2/1099-[요]조[왕포] 팟

(F)

Estimated

amount of other

compensation

from the

organization and

26,310

46,293

44,225

45,811

42,882

45,356

5,961

0

383,037

350,966

372,671

445,940

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| | organizations below dotted line) | ndividual trustee or director | Institutional Trustee | 101 | em | Highest compensated | Former | `MISC) | MISC) | related organizations |
|-----------------------------|--|----------------------------------|-----------------------|-----|----|---------------------|--------|---------|-------|--------------------------|
| Stacey Milkovich | 40 0 | | | | х | | | 397,441 | 0 | 26,31 |
| Chief Executive, Pro Tennis | 0 0 | | | | ~ | | | 337,111 | 3 | 20,51 |
| Deanne Pownall | 40 0 | | | | | | | 274 222 | 0 | 46.20 |

| | | | | 2 | | | |
|-------------------------------|------|--|---|---|---------|---|--|
| Stacey Milkovich | 40 0 | | x | | 397,441 | 0 | |
| Chief Executive, Pro Tennis | 0 0 | | | | 397,441 | 0 | |
| Deanne Pownall | 40 0 | | | × | 374,333 | 0 | |
| Managing Dr Partnership Mrktg | 0 0 | | | | 374,333 | 0 | |
| Lawrence Bonfante | 40 0 | | | × | 270 107 | 0 | |
| Chief Information Officer | 0 0 | | | ^ | 379,197 | | |
| Christian Widmaier | 40 0 | | | | | | |

0.0 40 0

0.0 40 0

0 0

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Managing Dir Corp Communicat

Staciellen Mischel

Daniel Malasky

General Counsel

Chief Marketing Officer

Mary S Hunt

Associate General Counsel

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493319070927

Open to Public

| Intern | al Revenue Service | | | | | | | | |
|--------|--|---|---|--|--------------------------------|--|--------|--|---|
| | | | Form 990, Part IV, Line 3, or Form | | ne 46 (Polit | tical Campaı | gn A | ctivities), the | n |
| | | | nplete Parts I-A and B Do not complet 01(c)(3)) organizations Complete Par | | Do not co | mnlete Part I | _R | | |
| • : | Section 527 organiza | ations Complet | e Part I-A only | | | · | | | |
| | | | Form 990, Part IV, Line 4, or Form | | | | | | _ |
| | | | have filed Form 5768 (election under have NOT filed Form 5768 (election under | | | | | | |
| | | | Form 990, Part IV, Line 5 (Proxy Ta | | | | | | |
| | xy Tax) (see separa | | | | | | | | |
| | Section 50 ((c)(4), (5 me of the organization | <u>,, , , , , , , , , , , , , , , , , , ,</u> | ations Complete Part III | | | Employer is | denti | fication num | |
| | ted States Tennis Assoc | | d | | | | | | |
| Par | t I-A Complete | a if the organ | nization is exempt under secti | on 501(c) or is | a sectio | 13-5459420 | | ntion | |
| Гаі | - | | <u> </u> | | | 11 327 Orga | 111126 | ition. | |
| 1 2 | Provide a descripti Political expenditu | | ızatıon's dırect and ındırect political ca | mpaign activities i | n Part IV | | ¢ | | |
| 3 | Volunteer hours | | | | | , | Ψ | | |
| Par | | e if the organ | nization is exempt under secti | on 501(c)(3). | | | | | |
| 1 | Enter the amount | of any excise ta | x incurred by the organization under s | section 4955 | | > | \$ | | |
| 2 | Enter the amount | of any excise ta | x incurred by organization managers i | under section 4955 | i | > | \$ | | |
| 3 | If the organization | incurred a sect | ion 4955 tax, did it file Form 4720 for | this year? | | | | | □ No |
| 4a | Was a correction r | nade? | | | | | | □ Yes | □ No |
| ь | If "Yes," describe i | n Part IV | | | | | | ⊔ res | □ NO |
| | | | nization is exempt under secti | on 501(c), exc | ept secti | on 501(c)(| (3). | | |
| 1 | Enter the amount | directly expend | ed by the filing organization for section | n 527 exempt func | tion activiti | es 🕨 | \$ | | |
| 2 | Enter the amount function activities | of the filing org | anization's funds contributed to other | organizations for s | ection 527 | exempt | ¢. | | |
| 3 | | tion expenditure | es Add lines 1 and 2 Enter here and o | on Form 1120-POL | , lıne 17b | * | \$ | | |
| 4 | Did the filing organ | nızatıon file Forr | m 1120-POL for this year? | | | | 4 | | |
| 5 | organization made of political contribu | payments For utions received | employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive | nount paid from the red to a separate p | e filing orga political org | anızatıon's fur anızatıon, su | nds A | Also enter the | |
| | | | ee (PAC) If additional space is needed | | 1 | | | | |
| | (a) Name | | (b) Address | (c) EIN | filing | ount paid froi organization's If none, ente -0- | ; | (e) Amount of contributions and prompt directly delived separate programmers and contributions and contributions and contributions and contributions and contributions are contributions and contributions and contributions and contributions are contributions and contributions and contributions are contributions and contributions are contributions and contributions are contributions and contributions are contributions and prompt discount and contributions are contributions and contributions and contributions are contributions and prompt discount and contributions are contributions and contributions are contributions and contributions are contributions and contributions are contributions are contributions and contributions are contributions are contributions are contributions are contributions are contributions are contributed as a contribution and contributions are contributed as a contribution and contributions are contributed as a contribution and contributions are contributed as a contributed and contributed are contributed as a contributed as a contributed are contributed as a contributed as a contributed are contributed as a contributed as a contributed as a contributed are contributed as a contributed as a contributed as a contributed as a contributed are contribu | s received otly and vered to a political If none, |
| | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| For P | aperwork Reduction | Act Notice, see t | he instructions for Form 990 or 990-EZ. | Cat | No 500849 | Schedule | C (Fo | rm 990 or 990 |)-EZ) 2016 |

Grassroots ceiling amount
(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. **2016**

DLN: 93493319070927 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| Na Upd | me of the organization ted States Tennis Association Incorporated | | Em | ployer identification number |
|-----------|---|--|-------------------|---|
| UIII | ed States Tennis Association Incorporated | | 13- | 5459420 |
| Pa | Organizations Maintaining Donor Complete if the organization answere | Advised Funds or Other Similar Fund d "Yes" on Form 990, Part IV, line 6. | ds or Ac | counts. |
| | | (a) Donor advised funds | (b | Funds and other accounts |
| • | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| ļ | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to t | | or advised | ☐ Yes ☐ N |
| • | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | urpose |
| Pa | rt III Conservation Easements. Complet | e if the organization answered "Yes" on l | Form 990 |), Part IV, line 7. |
| | Purpose(s) of conservation easements held by the | e organization (check all that apply) | | |
| | \square Preservation of land for public use (e g , rec | reation or education) 🔲 Preservation o | f an histoi | rically important land area |
| | Protection of natural habitat | ☐ Preservation o | of a certifie | ed historic structure |
| | ☐ Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization heasement on the last day of the tax year | neld a qualified conservation contribution in th | e form of | a conservation Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easemen | ts | 2b | |
| c | Number of conservation easements on a certified | historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) structure listed in the National Register | acquired after 8/17/06, and not on a historic | 2d | |
| 3 | Number of conservation easements modified, trar tax year ▶ | nsferred, released, extinguished, or terminated | l by the or | ganization during the |
| Ļ | Number of states where property subject to conse | ervation easement is located > | | |
| 5 | Does the organization have a written policy regard and enforcement of the conservation easements i | ding the periodic monitoring, inspection, handl t holds? | — ling of viol | ations, |
| i | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, and enforcing | ng conserv | |
| , | Amount of expenses incurred in monitoring, inspe | ecting, handling of violations, and enforcing co | nservation | easements during the year |
| 3 | Does each conservation easement reported on lin and section $170(h)(4)(B)(ii)$? | e 2(d) above satisfy the requirements of section | on 170(h): | (4)(B)(ı) ☐ Yes ☐ No |
|) | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's financial : | | atement, and |
| ar | | tions of Art, Historical Treasures, or | Other Si | milar Assets. |
| .a | If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it. | eld for public exhibition, education, or research | ı ın furthei | |
| b | If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items | | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ |
| (i | ii)Assets included in Form 990, Part X | | | ▶ \$ |
| 2 | If the organization received or held works of art, l following amounts required to be reported under | | financial o | gain, provide the |
| а | Revenue included on Form 990, Part VIII, line 1 | · - | | ▶ \$ |
| b | Assets included in Form 990, Part X | | | ▶ \$ |
| | | | | |

| Par | t IIII | Organizations Maintaining (| Collections of | of Art, Hi | stori | cal Tr | reasi | ures, or | Other | Similar A | ssets (| continue | ed) | |
|-----|-----------------|--|--------------------------|---------------|---------------|----------|--------|-------------|------------|---------------|--------------|-----------|-------|---------|
| 3 | | the organization's acquisition, acces (check all that apply) | sion, and other | records, c | heck a | ny of | the fo | ollowing tl | hat are a | significant i | use of its | s collect | ion | |
| а | | Public exhibition | | | d | | Loan | or excha | inge prog | rams | | | | |
| b | | Scholarly research | | | e | | Othe | er | | | | | | |
| С | | Preservation for future generations | | | | | | | | | | | | |
| 4 | Provi Part : | de a description of the organization's XIII | collections and | l explain ho | ow the | y furth | ner th | e organiz | atıon's ex | empt purpo | se in | | | |
| 5 | | g the year, did the organization solic s to be sold to raise funds rather tha | | | | | | | | ıılar | □ Ye | es [|] No | |
| Pa | rt IV | | | | | | | _ | | | | | | |
| | | Complete if the organization as X, line 21. | nswered "Yes | " on Form | า 990, | , Part | IV, I | ine 9, or | reporte | ed an amou | unt on I | Form 9 | 90, P | art |
| 1a | | e organization an agent, trustee, cust ded on Form 990, Part X? | odian or other | ıntermedia | iry for | contril | butior | ns or othe | r assets | not | ☐ Y € | es [|] No | |
| b | If "Y∈ | es," explain the arrangement in Part 1 | XIII and comple | ete the follo | owing | table | | Γ | | Α | mount | | | |
| c | | nning balance | · | | _ | | | Ī | 1c | | | | | |
| d | Addıt | ions during the year | | | | | | Ī | 1d | | | | | |
| е | Dıstrı | butions during the year | | | | | | Ī | 1e | | | | | |
| f | Endır | ng balance | | | | | | | 1f | | | | | |
| 2a | Dıd tl | e he organization include an amount or | Form 990, Pai | t X, line 2 | 1, for e | escrow | or cu | ustodial a | ccount lia | ibility? | | Г | □ No | |
| b | If "Y∈ | es," explain the arrangement in Part) | KIII Check here | e if the exp | olanatio | on has | beer | provided | in Part) | KIII | | _ | | |
| Pā | art V | Endowment Funds. Complete | e if the organ | ızatıon ar | swer | ed "Ye | es" o | n Form 🤄 | 990, Par | t IV, line 1 | LO. | | | |
| | | | (a)Currer | nt year | (b) Pr | ior yea | r | (c)Two ye | ars back | (d)Three ye | ars back | (e)Four | years | back |
| | - | ung of year balance | | | | | | | | | | | | |
| | | outions | | | | | | | | | | | | |
| С | Net inv | estment earnings, gains, and losses | | | | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | | | | |
| f | Admını | strative expenses | | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the c | urrent year end | l balance (| lıne 1g | ı, coluı | mn (a | i)) held as | 5 | | | | | |
| а | Board | d designated or quasi-endowment 🕨 | | | | | | | | | | | | |
| b | Perm | anent endowment 🟲 | | | | | | | | | | | | |
| c | Temp | orarily restricted endowment > | | | | | | | | | | | | |
| | The p | percentages on lines 2a, 2b, and 2c si | hould equal 100 | 0% | | | | | | | | | | |
| 3а | | here endowment funds not in the pos nization by | session of the | organizatio | n that | are h | eld ar | nd admini | stered fo | r the | | □ | es | No |
| | - | nrelated organizations | | | | | | | | | 3 | a(i) | | |
| | | elated organizations | | | | | | | | | | a(ii) | + | |
| b | | es" on 3a(II), are the related organiza | | equired or | Sche | dule R | ? . | | | | | 3b | | |
| 4 | Desci | ribe in Part XIII the intended uses of | the organizatio | n's endowr | ment f | unds | | | | | | 1 | | • |
| Pa | rt VI | Land, Buildings, and Equipm | | | | | | | | | | | | |
| | | Complete if the organization a | | | | | | | | | | | | |
| | Descri | | r other basıs stment) | (b)Cost or | otner t | oasis (d | otner) | (c)Accu | imulated d | epreciation | | (d)Book | value | |
| 1a | Land | | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | | |
| c | Leaseh | nold improvements | | | | 64,48 | 39,492 | | | 2,678,271 | | | 61,8 | 311,221 |
| d | Equipn | nent | | | | 28,91 | 19,756 | | | 19,277,813 | | | 9,6 | 541,943 |
| | Other | | | | | 16,07 | 71,519 | | | 5,857,386 | | | 10,2 | 214,133 |
| | | lines 1a through 1e (Column (d) mus | st equal Form 9 | 90, Part X, | . colun | nn (B), | , line | 10(c)). | | • | | | | 567,297 |

| | Investments—Other Securities. Complete if t See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | (b)Book value | (c)Met | hod of valuation -of-year market value |
|---------------|--|---------------------|---------------------------|--|
| | derivatives | | | , |
| (3)Other | neld equity interests | 45,222,888 | | F |
| (B) ALTERNA | ATIVE INVESTMENTS | 56,946,588 | | F |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | in (b) must equal Form 990, Part X, col (B) line 12) | , , | | |
| Part VIII | Investments—Program Related. Complete if See Form 990, Part X, line 13. | the organization ar | iswered 'Yes' on Form | 990, Part IV, line 11c. |
| | (a) Description of investment | (b) Book value | | thod of valuation -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | in (b) must equal Form 990, Part X, col (B) line 13) | > | | |
| Part IX | Other Assets. Complete if the organization answere (a) Description | | art IV, line 11d See Form | m 990, Part X, line 15 (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | imn (b) must equal Form 990, Part X, col (B) line 15) | | | . • |
| Part X | Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. | answered 'Yes' on F | orm 990, Part IV, line | 11e or 11f. |
| 1. | (a) Description of liability | (b) | Book value | |
| (1) Federal | income taxes | | 0 | |
| POST RETIR | EMENT BENEFITS | | 1,131,143 | |
| LONG TERM | SCHOLARSHIPS PAYABLE | | 118,000 | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | in (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | 1,249,143 | |
| | or uncertain tax positions. In Part XIII, provide the text of | | · · · | atements that reports the |

1

2

e

3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

| Recoveries of prior year grants |
|--|
| Other (Describe in Part XIII) |
| Add lines 2a through 2d |
| Subtract line 2e from line 1 |
| Amounts included on Form 990, Part VIII, line 12, bu |
| Investment expenses not included on Form 990, Part |
| Other (Describe in Part XIII) |
| Add lines 4a and 4b |

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

| | | | | | | Γ |
|---|--|--|------|------|------|---|
| | | | | | | |
| | | | | | | |
| _ | | | | | | ı |

| 2e | |
|----|--|
| 3 | |
| 4c | |
| 5 | |
| | |
| | |

2e

3

| 3 | Subtract line 2e from line 1 . | 3 | | | | |
|------------------------------|--|---|------------------|--|--------|------------------------|
| 4 | Amounts included on Form 990, F | | | | | |
| а | Investment expenses not include | | | | | |
| b | Other (Describe in Part XIII) . | | | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 and 4 | 5 | | | | |
| Par | t XIII Supplemental Info | ormation | | | | |
| | | art II, lines 3, 5, and 9, Part III, lines 1a and 4 nes 2d and 4b, and Part XII, lines 2d and 4b | | | de any | addıtıonal ınformatıon |
| Return Reference Explanation | | | | | | |
| ee A | dditional Data Table | | | | | |
| | | | , and the second | | | |
| | | | | | | |

Schedule D (Form 990) 2015

| Page 5 | Schedule D (Form 990) 2015 |
|---------------|--|
| inued) | Part XIII Supplemental Information (co |
| Explanation | Return Reference |
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Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 13-5459420

Name: United States Tennis Association Incorporated

Supplemental Information

| Return Reference | Explanation |
|-------------------|--|
| FIN 48 Disclosure | The Organization has not taken an unsubstantiated tax position that would require provisio |

n of a liability under ASC 740, "Income Taxes " The Organization believes it is no longer s ubject to income tax examinations for the years prior to 2013

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319070927 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number United States Tennis Association Incorporated 13-5459420 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

| 2 Describe in Part IV the | e organización s procedu | res for monitoring the us | se or grant funds in the or | illeu States | | | |
|--|--|-------------------------------|-----------------------------|--|---|---|---------------------------------------|
| | ther Assistance to Don nore than \$5,000 Part I | | | ents. Complete if the or | ganization answered "Yes" | on Form 990, Part IV, line | 21, for any recipient |
| (a) Name and address of organization or government | of (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| See Addıtıonal Data Table | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
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| (11) | | | | | | | |
| (12) | | | | | | | |
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| Schedule I (Form 990) 2016 | | | | | | Page 2 |
|--|--|--------------------------|---------------------------------------|-----------------------------------|---|--|
| Part III Grants and Other Part III can be dupl | Assistance to | Domestic Individu | als. Complete if the org | ganization answered "Yes" | on Form 990, Part IV, line 22 | |
| (a) Type of grant or ass | | (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 |
| See Additional Data Table | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplementa | al Information | on. Provide the inf | ormation required in | Part I, line 2, Part III | , column (b), and any other ad | ditional information. |
| Return Reference | Explanation | on | | | | |
| Grant Monitoring Process | The Association monitors the use of grant funds paid to the Sections by requiring the Sections to submit their annual audited financial statements and Form 990. The Sections also must file a Section Funding Accountability report annually. Organizations receiving Public Facility Funding grants must complete an extensive application for funding and must receive permission in writing to deviate from the proposed spending plan. Each Organization is also required to submit a written report semi-annually on their project and receives a site visit by an Association representative twice per year. Other grantees are also required to submit grant applications and if awarded, prior to receiving their funds, a budget and detailed spending plan. They are required to submit fiscal and narrative end-of-project reports detailing the results | | | | | |

Schedule I (Form 990) 2016

Additional Data

La Jolla Beach & Tennis Club

2000 Spindrift Dr

La Jolla, CA 92037 Longwood Cricket Club

564 Hammond St

Chestnut Hill, MA 02167

Software ID: **Software Version:**

33-0265921

04-1554270

EIN: 13-5459420

Name: United States Tennis Association Incorporated

7,800

7,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic O

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, |
| or government | | | | assistance | other) |

| Organizations and Domestic Governments | | | | | |
|---|--------------------|----------------------|--|--|--|
| t of cash | (e) Amount of non- | (f) Method of valuat | | | |

| (-) | (-) | () | () | (-) | (1) |
|---------------|-----|---------------|-------|------------|------------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, |
| or government | | | | assistance | other) |
| | | | | | |

501c3

501c7

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Adult Senior

Adult Senior

Championship Grant

Championship Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-0620930 501c7 6.200 Adult Senior Germantown Cricket Club 411 WMainheim St Championship Grant Philadelphia, PA 19144 74-1818176 501c6 56,250 Allied Partner Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

United States Professional Tennis Association Inc. 3535 Briarpark Dr

Houston, TX 77042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 57-0795565 501c6 28.125 Allied Partner Grant Professional Tennis Registry (PTR) PO Box 4739 Hilton Head, SC 29938

Allied Partner Grant

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c4

46-1432776

Phit America

8505 Fenton St Silver Spring, MD 20910

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 62-0476822 501c3 24.000 The Vanderbilt University College Competition

6,000

Grant

Grant

College Competition

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

2301 Vanderbilt Pl

360 Third St

Nashville, TN 37240
Pac-12 Conference

San Francisco, CA 94107

94-1459048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

University of Illinois 37-6000511 501c3 7.500 Community Involvement 506 S Wright St

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

North Bend, OH 45052

Grant Urbana, IL 61801 Miami Township Hamilton Co 31-6000589 Government 15,000 Court Line Grant 3780 Shadv La

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ine Grant

| Tennessee Tennis Association 1029 17th Ave S | 62-0992696 | 501c4 | 10,000 | | Court Lin |
|---|------------|-------|--------|--|-----------|
| 1029 17th Ave 5 | | | | | |
| Nashville, TN 37212 | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1800 College Ave Quincy, IL 62301

Quincy University 37-0661231 501c3 7,000 Court Line Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-2952274 501c3 6.500 Court Line Grant York Adams Community Tennis Association PO Box 1551 Hanover, PA 17331 Kentucky Tennis Association 61-0916485 501c4 5.375 Court Line Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Inc

8900 Greenway Cmn Pl Louisville, KY 40220

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance National Public Parks Tennis 84-6000580 6.000 Events Grant Government Assoc 8500 Windfield Ave Kansas City, MO 64153 Flathead Valley Community 81-0299199 501c6 28.000 Facility Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

College

777 Grandview Dr Kalispell, MT 59901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-2013645 501c3 22,500 Facility Assistance Program Grant

Mach Academy Inc 4360 Quail Creek Rd Martinez, GA 30907 Van Der Meer Tennis University 94-2290118 22,500 Facility Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 5902

Hilton Head Island, SC 29938

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance City Of Grand Island 47-6006205 Municipality 20,000 Facility Assistance PO Box 1968 Program Grant Grand Island, NE 68802

Facility Assistance

Program Grant

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Municipality

City Of Jacksonville

Jacksonville, FL 32202

117 W Duval St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance First Serve OKC Foundation 46-3499004 501c3 20,000 Facility Assistance 7301 Broadway Ext Program Grant

Facility Assistance

Program Grant

20,000

Oklahoma City, OK 73116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Kalamazoo College

1200 Academy St

Kalamazoo, MI 49006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Shaker Heights City School 34-1083568 20.000 Government Facility Assistance District Program Grant 15600 Parkland Dr Shaker Heights, OH 44120 Kokosing Valley Community 26-4838508 18.000 Facility Assistance Tennis Association Program Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

111 North Concord St Mount Vernon, OH 43050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance West Holmes Local School 34-6005088 School District 18,000 Facility Assistance Program Grant

| District 28 West Jackson St Millersburg, OH 44654 | | | | |
|---|------------|------------|--------|--|
| Town Of Holly Springs | 56-1143973 | Government | 17,000 | |

PO Box 8

Holly Springs, NC 27540

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Facility Assistance
Program Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Independent School District 41-6004776 School District 15.000 Facility Assistance Program Grant

Facility Assistance Program Grant

15.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| 8// 214 First Ave NE Buffalo, MN 55313 | | |
|--|------------|-------|
| Town Of Apex PO Box 250 | 56-6001166 | 501c3 |

Apex, NC 27502

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Penn-Harris-Madison Education 35-1996785 501c3 13.000 Facility Assistance Program Grant

Foundation 55900 Bittersweet Rd Mishawaka, IN 46545 Facility Assistance

Town Of Thomaston 06-6002105 13.000 Government 158 Main St

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Thomaston, CT 06787

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Ellsworth Community School 39-6001902 School District 12.000 Facility Assistance District Program Grant Facility Assistance

300 Hillcrest St. Ellsworth, WI 54011 BOT of The Leland Stanford 94-1156365 501c3 10.000 Junior Univ Program Grant 3145 Porter Dr

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Palo Alto, CA 94304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Murraywood Swim & Racquet 57-0618538 10.000 Facility Assistance Club Program Grant PO Box 336

Facility Assistance

Program Grant

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

22-1494457

Irmo, SC 29063
Raritan Valley YMCA

East Brunswick, NJ 08816

144 Tices La

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Pockingham Community 56-0812577 Educational Inc 10 000 Facility Assistance m Grant

| College | 30 00123// | Eddcational Ins | 10,000 | | Program Grant |
|----------------------------------|------------|-----------------|--------|--|---------------------|
| PO Box 38 Wentworth, NC 27375 | | | | | |
| San Antonio Tennis Association | 38-4014370 | 501c3 | 10,000 | | Facility Assistance |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1503 San Pedro Ave

San Antonio, TX 78212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Spearfish School District 40-2 46-0278406 School District 10.000 Facility Assistance 525 E Illinois Program Grant Spearfish, SD 57783

Facility Assistance

Program Grant

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

United Way of Long Island

Deer Park, NY 11729

819 Grand Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 54-6001758 Educational Ins 10.000 Virginia Commonwealth Facility Assistance University Program Grant PO Box 843035

Facility Assistance

Program Grant

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

YMCA of Central Florida

433 North Mills Ave

Orlando, FL 32803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Harrisburg School District 46-6002218 School District 9.000 Facility Assistance 200 Willow St Program Grant Harrisburg, SD 57032

Facility Assistance Program Grant

8,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Government

Village of Little Chute

108 W Main St Little Chute, WI 54140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance City Of Cedar Rapids 42-6004336 Municipality 8.000 Facility Assistance PO Box 2148 Program Grant Cedar Rapids, IA 52406

Facility Assistance

Program Grant

8,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

City Of Fort Smith

Fort Smith, AR 72902

PO Box 1908

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Schoolcraft College 38-1685740 Educational Ins 8.000 Facility Assistance 18600 Haggerty Rd Program Grant Livonia, MI 48152 Town Of Cornelius 56-6001209 Municipality 8,000 Facility Assistance

PO Box 399

Cornelius, NC 28031

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 02-6000817 Municipality 8.000 Facility Assistance Program Grant City Of La Crescent 41-6005291 Government 7,500 Facility Assistance

Town Of Salem 33 Geremonty Dr Salem, NH 03079

315 Main St

La Crescent, MN 55947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 48-0938061 501c3 7.500 Topeka Tennis Association Facility Assistance 1974 E 300 Rd Program Grant Lecompton, KS 66050 Cook County Tennis 41-1735196 501c3 7,000 Facility Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Association

PO Box 34

Grand Marais, MN 55604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Montgomery County Family 42-1433436 501c3 7.000 Facility Assistance YMCA Program Grant

Facility Assistance

Program Grant

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Government

101 E Cherry St Red Oak, IA 51566 Worcester Township

Worcester, PA 19490

PO Box 767

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 46-1755820 6.250 Jackson West-Tn Tennis Facility Assistance Association Program Grant Facility Assistance

PO Box 10601 Jackson, TN 38308 Boone County Tennis Center 45-5321042 501c7 6.000 Program Grant Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2691 Deer Run Zionsville, IN 46077

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance City Of Watertown 41-6005622 6.000 Government Facility Assistance 309 Lewis Ave S Program Grant Watertown, MN 55388

Facility Assistance Program Grant

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Fairfield Bay Community Club

Fairfield Bay, AR 72031

PO Box 1370

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Wilmington City Schools 31-6001014 School District 6.000 Facility Assistance Program Grant

341 South Nelson Ave Wilmington, OH 45177

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

White Plains, NY 10604

USTA Foundation Inc. 13-3782331 501c3 510,443 Grant to Serves 70 West Red Oak La

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance International Tennis Hall of 13-6144356 501c3 40.000 Hall of Fame Grant Fame 194 Bellevue Ave 52-2114223 501c3 25.000 Junior ITF Event

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Newport, RI 02840 Junior Tennis Champions Center

5200 Paint Branch Pkv College Park, MD 20740

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance City Of Surprise (Surprise 86-6007796 Government 6.796 Leagues Grant

| Tennis&Racquet) 14469 W Paradise La Surprise AZ 85374 | | - , | | |
|---|--|------------|--|--|
| Surprise, AZ 85374 | | | | |
| | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

70 West Red Oak La White Plains, NY 10604

501c3 USTA Foundation Inc. 13-3782331 25,000 Multicultural Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 75-6020581 501c3 10.000 Multicultural Grant Dallas Tennis Association 14679 Midway Rd Addison, TX 75001

Multicultural Grant

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Addison, TX 75001

Legacy Youth Tennis and Education
4842 Ridge Ave

Philapelphia, PA 19129

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Sportsmen's Tennis Club & 23-7037183 501c3 10.000 Multicultural Grant Enrichment Center 950 Blue Hill Ave Dorchester, MA 02124 Multicultural Grant

USTA South Carolina 57-0665261 501c4 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

18 Woodcross Dr Columbia, SC 29212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ticultural Grant

Multicultural Grant

8,000

| Greensboro Tennis Foundation | 56-2040723 | 501c3 | 8,000 | | Multic |
|------------------------------|------------|-------|-------|--|--------|
| 3802 Jaycee Park Dr | | | | | |
| Greensboro, NC 27455 | | | | | Ì |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Mach Academy Inc

4360 Ouail Creek Rd Martinez, GA 30907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 75-2971369 501c3 8.000 Multicultural Grant Mountain View SportsRacquet Club PO Box 152738 San Diego, CA 92110

Multicultural Grant

8.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RBR Sports Management LLC

18400 S Avalon Blvd Carson, CA 90746

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 74-1818176 501c6 7.750 Multicultural Grant United States Professional Tennis Assoc Inc 3535 Briarpark Dr Houston, TX 77042

South Atlanta CTA 58-1885686 501c3 6.000 Multicultural Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2881 Wright Dr Atlanta, GA 30311

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance USTASouthern Section 58-1190935 501c4 10.774.243 Section Grant 5685 Spalding Peachtree Corns, GA 30092 USTAMidwest Section 23-7417933 501c4 5,228,543 Section Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1310 East 96th St Indianapolis, IN 46240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance USTATexas Tennis Association 74-2182392 501c4 3.387.339 Section Grant

8105 Exchange Dr Austin, TX 78754

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

White Plains, NY 10604

USTAEastern Section 13-5042070 501c4 3,289,345 Section Grant 70 West Red Oak La

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance HSTANorthern California 94-1057590 50163 2 102 /10 Section Grant

Section Grant

| Section 1920 North Loop Rd Alameda, CA 94502 | 94-103/390 | 30103 | 3,102,410 | | Section G |
|--|------------|-------|-----------|--|------------|
| USTAFlorida Section | 23-7161642 | 501c4 | 2,992,164 | | Section Gr |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

USTAFlorida Section 23-7161642 1 Deuce Ct

Daytona Beach, FL 32124

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 95-1243600 501c4 2.897.340 Section Grant USTASouthern California Section PO Box 240015 Los Angeles, CA 90024

Section Grant

2.702.364

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c4

USTAIntermountain Tennis

9145 E Kenyon Ave Denver, CO 80237

Section

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 54-1472806 501c3 2.488.331 Section Grant USTAMid-Atlantic Section

11410 Isaac Newton Sq N Reston, VA 20190

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

USTAMiddle States Section 23-1688212 501c4 2,239,685 Section Grant PO Box 987 Valley Forge, PA 19482

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

USTATennis New England 04-6006570 501c4 2,165,038 Section Grant 110 Turnpike Rd Westborough, MA 01581

USTAMissouri Valley Section 23-7416298 501c4 1,915,458 Section Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6400 W 95th St Overland Park, KS 66212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance USTAPacific Northwest Section 93-0853818 501c3 1.804.138 Section Grant

Section Grant

1,259,269

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

4840 SW Western Ave Beaverton, OR 97005 USTANorthern Section

1001 W 98th St Bloomington, MN 55431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 85-0254477 501c4 1.169.080 Section Grant

USTASouthwest Section 7010 E Acoma Dr Scottsdale, AZ 85254

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Honolulu, HI 96815

USTAHawaii Pacific Section 23-7297012 501c4 827,700 Section Grant 1888 Kalakaua Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance USTACaribbean Section 66-0413224 688.926 Section Grant PO Box 40439

Tennis on Campus

400,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c6

San Juan, PR 00940
Tennis Industry Association

117 Executive Ctr Hilton Head Is, SC 29928 54-0162283

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 93-1090612 501c3 85.660 Nirsa Services Corporation Tennis on Campus 4185 SW Research Way Corvallis, OR 97333 Professional Tennis Registry 57-0795565 501c6 28.125 Tennis on Campus

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(PTR) PO Box 4739

Hilton Head, SC 29938

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 37-1380800 501c3 42.000 Wheelchair Grant Gateway Confluence Wheelchair Sports Fdn 1806 Fast D St

Wheelchair Grant

22.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

1806 East D St Belleville, IL 62221 City Of Mission Viero

200 Civic Center Mission Viejo, CA 92691

33-0283448

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Tennis 4 Everyone Inc 59-3697411 501c3 22.500 Wheelchair Grant 3710 Mendendez Dr

3710 Mendendez Dr
Pensacola, FL 32503

West Coast Wheelchair Tennis 27-1100973 501c3 22,500

Association

Wheelchair Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7825 Ethel Ave

North Hollywood, CA 91605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Baton Rouge Wheelchair 58-1934935 501c3 15.225 Wheelchair Grant Tennis Assoc 19037 Epernay Ct Baton Rouge, LA 70817 Baseline Wheelchair Tennis 03-0578203 501c3 10.000 Wheelchair Grant Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7290 Millbrook Oaks Dr Lakeland, FL 33813

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Guam National Tennis 66-0514446 10.000 Wheelchair Grant Federation 57-0795565 501c6 10.000 Wheelchair Grant

PO Box 2312 Hagatna, GU 96932 Professional Tennis Registry (PTR)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 4739

Hilton Head, SC 29938

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Wheelchair Tennis Of Indiana 47-4187695 501c3 10.000 Wheelchair Grant 4717 Boulevard Pl

Wheelchair Grant

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Indianapolis, IN 46208

2 Bounce Tennis Inc

36915 Cook St Palm Desert, CA 92211 46-2662957

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Adaptive Athletics Univ of 32-0295267 Educational Ins 6.000 Wheelchair Grant Arizona Club Sport 1224 F Lowell St Tucson, AZ 85721 Mary Free Bed Hospital & 38-1359265 501c3 6.000 Wheelchair Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Rehab Center 235 Wealthy St SE Grand Rapids, MI 49503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-3764354 305.000 World Team Tennis Recreational Team Tennis 1776 Broadway Suite 600 New York, NY 10019 Manhattanville College Ctr 13-1740469 501c3 17,000 Youth Team Tennis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Career Development 2900 Purchase St Purchase, NY 10577

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-1368195 501c3 20.248.021 USTA PLAYER DEVELOPMENT Operating Support INCORPORATED Grant 70 West Red Oak Lane

White Plains, NY 10604

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

(f) Description of non-cash assistance

| Adult Senior Championship Grant | 6 | 15,400 | | |
|---------------------------------|---|--------|--|--|
| Court Line Grant-Youth | 2 | 604 | | |
| | | | | |

40.187

85.250

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

148

Junior ITF Event Grant

Multicultural Grant

NJTL Grant

(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)

Parent Training Grant 1 250 (d)Amount of non-cash assistance (e)Method of valuation (book, FMV, appraisal, other)

| Program Excellence Grant | 107 | 57,250 | | |
|---------------------------------|-----|---------|--|--|
| Senior International Play Grant | 79 | 158,057 | | |

234,550

10,145

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Wheelchair Grant

Youth Team Tennis Grant

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. (a)Type of grant or assistance (b)Number of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance (c)Amount of recipients cash grant non-cash assistance FMV, appraisal, other)

4.000

Zonal Competition Grant

DLN: 93493319070927

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Employer identification number Name of the organization United States Tennis Association Incorporated 13-5459420

| Pa | rt I | Questions Regarding Compensation | | | | | |
|------------|-------|--|-------|--|----|-----|----|
| | | | | | | Yes | No |
| 1 a | | | | ny of the following to or for a person listed on Form ride any relevant information regarding these items | | | |
| | ا ا | First-class or charter travel | Г | Housing allowance or residence for personal use | | | |
| | Ľ. | Travel for companions | Г | Payments for business use of personal residence | | | |
| | Г | Tax idemnification and gross-up payments | Г | Health or social club dues or initiation fees | | | |
| | Г | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | | y of the boxes in line 1a are checked, did the organ pursement or provision of all of the expenses desc | | | 1b | Yes | |
| 2 | | he organization require substantiation prior to rein tors, trustees, officers, including the CEO/Executi | | | 2 | Yes | |
| | | | | | | | |
| 3 | orgai | ate which, if any, of the following the filing organiza nization's CEO/Executive Director Check all that by a related organization to establish compensati | appl | | | | |
| | F (| Compensation committee | Ŀ | Written employment contract | | | |
| | F : | Independent compensation consultant | Ľ | Compensation survey or study | | | |
| | Ľ | Form 990 of other organizations | Ľ | Approval by the board or compensation committee | | | |
| 4 | | ng the year, dıd any person listed on Form 990, Pa related organization | rt VI | I, Section A, line 1a with respect to the filing organization | | | |
| а | Rece | ive a severance payment or change-of-control pay | ymen | nt? | 4a | Yes | |
| b | Parti | cipate in, or receive payment from, a supplementa | l non | qualified retirement plan? | 4b | | Νo |
| c | Parti | cipate in, or receive payment from, an equity-base | d co | mpensation arrangement? | 4c | | Νo |
| | If"Y | es" to any of lines 4a-c, list the persons and provi | de th | ne applicable amounts for each item in Part III | | | |
| | Only | 501(c)(3), 501(c)(4), and 501(c)(29) organization | ns mı | ust complete lines 5-9. | | | |
| 5 | Forp | ersons listed on Form 990, Part VII, Section A, li pensation contingent on the revenues of | | - | | | |
| а | The | organization? | | | 5a | | |
| b | Any | related organization? | | | 5b | | |
| | If"Y | es," on line 5a or 5b, describe in Part III | | | | | |
| 5 | | ersons listed on Form 990, Part VII, Section A, li pensation contingent on the net earnings of | ne 1a | a, did the organization pay or accrue any | | | |
| а | The | organization? | | | 6a | | |
| b | Any | related organization? | | | 6b | | |
| | If"Y | es," on line 6a or 6b, describe in Part III | | | | | |
| 7 | Forp | ersons listed on Form 990, Part VII, Section A, li nents not described in lines 5 and 67 If "Yes," des | | | 7 | | |
| В | | any amounts reported on Form 990, Part VII, pai | | | | | |
| - | | | | ations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Pa | rt III | | | 8 | | |
| 9 | | es" on line 8, did the organization also follow the re on 53 4958-6(c)? | ebutt | table presumption procedure described in Regulations | 9 | | |

| Page 2 | | | | | | Page Z | |
|---|--|---|---|--------------------------------|----------------------------|------------|--|
| Part III Officers, Directors | 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 are not 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 | | | | | | | |
| (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation | | | | | (F) Compensation in | | |
| | Base (1) compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Supplemental Information Part III 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 Return Reference Explanation

Page 3

Schedule J (Form 990) 2015

Employee Expenses First Class Travel In accordance with the travel policy, Board Members and employees above Director level are entitled to business class airfares for Iflights greater than five hours. The President and First VP are entitled to business class airfares for all flights. In the event business class airfare is not lavailable, the above individuals are entitled to first class under the Association's accountable expense reimbursement plan. Travel for Companions

Schedule J (Form 990) 2015

Mary Sue Hunt received a payment pursuant to a contract \$317,308

Software ID: Software Version:

EIN: 13-5459420

Name: United States Tennis Association Incorporated

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (i) Base Compensation | | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
|---|------------------------------------|---------|---------|---------|--|---------------------------------|--|--|--|
| 1 Gordon Smith Executive Director, COO | (1) | 791,378 | | 15,294 | 117,005 | 23,119 | 1,309,013 | 103,561 | |
| | (11) | 0 | 0 | 0 | 0 | - | | 0 | |
| 1Andrea Hirsch Chief Administrative Officer | (I) (II) | | 258,412 | 11,170 | 18,503 | 11,371 | 840,696 | | |
| 2 Ed Neppl Chief Financial Officer | (1) | 408,042 | 213,056 | 311 | 18,503 | 23,345 | 663,257 | | |
| 3Lew Sherr Chief Revenue Officer | (I) (II) | 413,398 | 555,625 | 11,871 | 18,503 | 28,427 | 1,027,824 | | |
| 4 Kurt Kamperman CEO, Community Tennis | (I) (II) | 561,079 | 225,932 | 9,074 | 18,503 | 28,427 | 843,015 | | |
| 5 David Brewer Chief Prof Tennis Officer | (I) (II) | 388,683 | 128,751 | 1,371 | 18,503 | 28,427 | 565,735 | | |
| 6 Mary S Hunt Chief Marketing Officer | (I) (II) | 8,608 | 120,000 | 317,332 | | 5,961 | 451,901 | | |
| 7 Deanne Pownall Managing Dr Partnership Mrktg | (I) (II) | 245,342 | 128,711 | 280 | 17,935 | 28,358 | 420,626 | | |
| 8 Lawrence Bonfante Chief Information Officer | (I) (II) | 289,732 | 88,661 | 804 | 18,503 | 25,722 | 423,422 | | |
| 9 Chnstian Widmaier Managing Dir Corp Communicat | (I) (II) | | 94,088 | 804 | 18,503 | 27,308 | 428,848 | | |
| 10Staciellen Mischel Associate General Counsel | (I) | 265,917 | 84,619 | 430 | 18,503 | 24,379 | 393,848 | | |
| 11Stacey Milkovich Chief Executive, Pro Tennis | (I) (II) | 391,528 | | 5,913 | | 26,310 | 423,751 | | |
| 12Daniel Malasky General Counsel | (I) (II) | 274,706 | 97,785 | 180 | 18,503 | 26,853 | 418,027 | | |
| | | | | | | | | | |

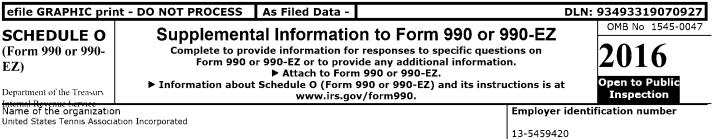
| efile GRAPHI | C print - DO NO | T PROCESS | S As Fi | iled Data - | ta - DLN: 934933190709 | | | | | 70927 | | | |
|--|---|---|---|--|------------------------|----------------|---------|--------|------------------------|--------------------------------------|----------------|---------------------------|---------|
| Schedule L (Form 990 or 990 | Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. | | | | | | | | | | | | |
| | | | ► Attac | h to Form 99 | 0 or Form 99 | 0-EZ. | | | | | 20 | <i>,</i> | U |
| Department of the Tre Internal Revenue Serv | asurv | ormation abo | out Schedu | ıle L (Form 99 <u>www.irs.gov</u> | |) and its inst | ructio | ns is | at | (| Open Ins | to P pecti | |
| Name of the org United States Tenn | anization iis Association Incorpo | orated | | | | | | • | yer id 19420 | entifica | ation r | numb | er |
| | ss Benefit Trar | | | | | | | | | | | | |
| |) Name of disquali | | | Relationship be | | | | | Descrip | | (d |) Cor | rected? |
| | · ' | ' | | | organization | • | | | ansact | | _ ` | es | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| Part II Lo Cor rep (a) Name of | mount of tax, if and ans to and/or I implete if the organiorted an amount of the Relationship with organization | From Interestivation answer n Form 990, P | ested Per red "Yes" or Part X, line : (d) Loan | r sons. n Form 990-EZ 5, 6, or 22 | | | 90, Pai | rt IV, | (Appro | 5, or if h) byed by rd or nittee? | (| ganıza i)Writ greem | ten: |
| | | | То | From | - | | Yes | No | Yes | No | Yes | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | - | | | |
| Total | | | | <u> </u> | <u> </u> | | + | | | | | | |
| Part IIII Gra | ints or Assistar | | | ested Perso | ns. | | | | | | | | |
| | nplete if the orga rested person (b int | | between n and the | es" on Form 9 | | (d) Type | of assı | stano | ce | (e) Pu | rpose (| of ass | stance |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | + | | | | |
| For Paperwork Red | fuction Act Notice. | see the Instruc | tions for Fo | rm 990 or 990-l | F 7 . (2 | at No. 500564 | | Sel | hadula | I (Form | 000.0 | - 000 | F7\ |

Explanation

Part V

Return Reference

Schedule I (Form 990 or 990-FZ) 2016



| Return Reference | Explanation |
|-------------------------------------|--|
| Part III, Lines 4A, 4B and 4C | Line 4(a) US Open United States Tennis Association Incorporated("USTAthe "Association") o rganizes and conducts the United States Open Tennis Championships—the US Open-which is the one of the world's highest-attended annual sporting events and one of its premier sport ing attractions. The US Open is held each year at the USTA Billie Jean King National Tennis Center Staging the US Open requires the dedication and talents of numerous USTA volunte ers, USTA staff, and seasonal help to run this tennis tournament efficiently and effective ly. The US Open helps fulfill several of the USTA's major purposes, including to promote the development of tennis as a means of healthful recreation and physical fitness, to orga nize tennis tournaments and competitions for all tennis athletes without regard to gender, race, creed, color, or national origin, and under the best conditions possible, and to promote the game of tennis to the general public. It is a major expectation of the US Open that the fans enthusiasm and excitement for the event will encourage their interest in tennis and drive participation in the sport. As the premier showcase for tennis in the United States, the US Open uses its world-wide stage to help grow the game. The 2016 US Open kick ed off with the 21st annual Arthur Ashe Kids Day, the worlds largest single-day, grass-roo ts tennis and entertainment event, held in honor of Arthur Ashe, the event continues Ashes mission of using tennis as a means to instill in children the values of humanitarianism, leadership, and excellence. The morning Grounds Festival of the 2016 Arthur Ashe Kids Day featured kidfinedly tennis programming throughout the grounds and was free to the public, and was followed by a stadium show featuring a lineup of tennis greats and musical guests. A new chapter in tournament history got underway as the 2016 US Open nivelled a series of physical improvements and upgrades throughout the grounds of the USTA Billie Jean King National Tennis Center, including a retractable roof operational o |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|--|
| Part III, Lines 4A, 4B and 4C | tournament's comprehensive "green" initiatives and continued to make the US Open one of the easiest places to be eco-friendly and environmentally sensitive, from recycling to energ y management. Line (4b) Community Tennis Development Community Tennis strives to grow ten ins at every level with a goal of making the game accessible to everyone. It supports a winder range of tennis programs designed to help people learn the game, play the game, and take advantage of its many health, fitness, and social benefits. Youth Tennis, Junior Tennis, and Adult Tennis are all managed within Community Tennis, which covers every step along the play pathway—from starting out with youth tennis, no-cut high school programs, local junior tournaments and junior competition, college tennis (collegiate varsity tennis and US TA Tennis On Campus), USTA league, and USTA sanctioned tournaments for all ages up to 90 and over. Community Tennis works with the USTA's 17 independently governed geographical sec tions across the U.S., along with more than two dozen national USTA committees (made up of leading volunteers and staff) as well as with thousands of local volunteers nationwide and with tennis industry partners on numerous grass-roots efforts to grow the game. This includes the largest initiative ever to strengthen the tennis infrastructure in public parks and schools, including the building and/or renovation of more than 30,000 public tennis courts. Other initiatives include developing, strengthening, and growing a nationwide network of self-sufficient Community Tennis Associations to increase tennis participation at the local level, promoting and providing development and play opportunities for people in whee Ichairs to be involved in the sport of tennis as both players and volunteers, introducing tennis to youth through in school physical education classes and after-school tennis programs, and promoting and providing recreational and competitive league team opportunities for players age 18 to 90+ in the country's largest recreationa |

Return Explanation
Reference

Part III, Lines bles the USTA to have a greater impact on programming for the sport and growing the game a t all levels 4A, 4B and

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part III, Lines 4A, 4B and 4C Cont'd | Line (4c) Professional Tennis Operations Division The USTA Professional Tennis Operations Division consists of the US Open Series, Pro Tournaments, and Team Events and includes the Olympics, Davis Cup and Fed Cup, professional competitions, the USTA Pro Circuit, and the Officiating department Together, they manage the game at the highest levels in the Unit ed States, with an eye toward providing a manageable pathway to the elite levels of tennis competition for aspiring pro tennis players and officials. The activities managed by the Professional Tennis Operations Division represent tennis competition for athletes at its u litimate level. The events staged by the division are leveraged to showcase the fun, excite ment, and athletic excellence of the sport and to encourage participation at all levels. As the recognized National Governing Body of the sport of tennis, the USTA is a member of the US Olympic Committee. The USTA coordinates the United States tennis participation in the Olympic Games and the Paralympic Games, as well as the Pan-American Games. In the 2016 Summer Olympics in Rio, the United States won three medals in tennis, led by Jack Sock, who was the only player to capture more than one medal at the 2016 Olympics —bringing the United States 'total of Olympic medals in tennis to 23, including 14 gold, since the sport was reinstated in the Olympics in 1988. This is the highest total of any nation. The United States also posted a solid showing in 2016 at the Paralympic Games, capturing two medals. The United States has now won 17 medals (six gold) since the Paralympic Games began in 1992. Davis Cup and Fed Cup are the elite international team competitions in professional tennis for men and women, respectively, with more than 130 nations competing in these eve nts annually. The United States has won the Davis Cup championship on 32 occasions, more than any other nation, while the United States Fed Cup team has won the Fed Cup title more than any other nation, a record 17 times. The US Open Series links |

990 Schedule O, Supplemental Information

Return Explanation

| Reference | |
|-----------------|--|
| Part III, Lines | lons of Professional Tennis By training and certifying quality officials who know the rul es and regulations for their on-court and off- |
| 4A, 4B and | court tournament responsibilities, the USTA seeks to ensure smooth-running tournaments which are essential to growing the |
| 4C Cont'd | game Each y ear, the USTA certifies approximately 3,500 tennis officials, with the majority of them se rving in a volunteer |
| | capacity |

Return Explanation
Reference

Part VI, Lines
6, 7A & 7B
The voting members of the Association are the Sectional Associations and Direct Member Clubs & Organizations who have a weighted vote based on actual members in their geographic area. The voting members approve the slate of Officers and Board Members as submitted by the Nominating Committee. In addition, their rights include approving amendments to the By-laws and other voting rights pursuant to New York State not-for-profit corporation law.

Return Explanation

| Reference | |
|------------|---|
| Part VI, | Upon completion by the staff, the Form 990 is reviewed by internal and external counsel. The Form 990 is reviewed by USTA's |
| Section A, | Audit Committee The Form 990 is also distributed to the full Board of Directors in advance of filing |
| Line 11 | |

Return Explanation

Part VI. USTA has a Conflict of Interest and Disclosure Policy that applies to all employees, National volunteers and Board Members The Conflict of Interest and Disclosure Policy requires an employee, National volunteer and Board Member to report interests or Section B. Line 12C relationships that could present a potential conflict of interest. The USTA obtains annual certifications from employees. National volunteers and Board Members The Ethics Officer reviews the completed disclosure statements for employees and the Audit Committee reviews the completed disclosure statements for the volunteers at the National Governing Body level and Board Members The Ethics Officer and the Chair of the Audit Committee have the discretion to share the disclosure statements with the Board of Directors and/or The Executive Director & Chief Operating Officer The Ethics Officer and the Audit Committee determine whether a conflict exists and so mark their decision on the disclosure statement, also indicating the required corrective action should they determine that a conflict exists (which may include, but is not limited to, prohibition in participating, deliberating and deciding issues and/or in transactions)

990 Schedule O, Supplemental Information

Return

| Reference | |
|-----------------------------------|--|
| Part VI, Section B, Line 15 | The Compensation Committee has responsibility for establishing a compensation strategy and setting the compensation of the Executive Director, his/her direct reports, and any other highly compensated individuals designated by the Compensation Committee, part of which includes the Executive Director and Chief Operating Officer, Chief Administrative Officer and General Counsel, the Chief Financial Officer, Chief Officer of Pro Tenis, the Chief Executive Officer, Community Tennis & USTA National Campus, the Chief Revenue Officer, the Chief Marketing Officer, the Chief Professional Tennis Officer, US Open Tournament Director, and the Chief Diversity and Inclusion Officer The Compensation Committee meets a minimum of four times per year and contemporaneously maintains minutes of its meetings Compensation and incentive plan levels are set by the Committee following review of appropriate comparability data Appropriate comparability data includes, but is not limited to, (i) information regarding compensation paid by similar organizations for similar services, (ii) the availability of similar services in the organization's geographic area, and (iii) compensation surveys compiled by independent firms. The review described above was conducted, with respect to compensation for the above-noted individuals, in 2016 |

Explanation

Return Explanation

| Reference | |
|------------|--|
| Part VI, | The Association's Bylaws are located on its website (USTA com) Upon request the public is provided copies of the Association's |
| Section C, | Information return on Form 990 Lastly, the conflict of interest policy can be found at www ethicspoint com under the website |

Line 19 designed for the Association and is also available upon request from the Association's legal department

Return Explanation
Reference

| Part XI, Lines | The amount on line 5 represents the net change in unrealized loss on investments which is included in the Association's audited |
|----------------|---|
| 5 and 9 | consolidated financial statments but not in the Form 990. The amount on line 9 represents the USTA's noncontrolling interest in a |
| | tennis tournament that was sold in 2015 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number

13-5459420

DLN: 93493319070927 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United States Tennis Association Incorporated

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (e) (f) Total income Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity End-of-year assets Primary activity or foreign country) entity (1) US Open Series LLC Tennis DE 3,018,362 186,766 USTA 70 W Red Oak Lane White Plains, NY 10604 20-0984914 (2) Tennis Rendezvous LLC 0 USTA Tennis DE 10,290 70 W Red Oak Lane White Plains, NY 10604 46-5566771 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (d) (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)USTA National Tennis Center Inc Tennis NY 501(c)(3) 10 **USTA** No 70 W Red Oak Lane White Plains, NY 10604 13-2946690 (2)USTA Foundation Inc NY USTA Grant Giving 501(c)(3) No 70 W Red Oak Lane White Plains, NY 10604 13-3782331 (3)USTA Player Development Incorporated Youth Develop NY 501(c)(3) 12a USTA No 70 W Red Oak Lane White Plains, NY 10604 27-1368195 Schedule R (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

| (a) | : | (b) | (c) | (d) | (e) | (f | | (g) | | h) | (i) | (: | j) | (k | |
|---|--|------------------------------|--|---------------------------------|--|---|------------------------|--------------------------------|--------|------------------------------------|---|--------------------------|------|-----------------------------|-------------|
| Name, address, and EIN of related organization Cincinnati Tennis LLC | | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Predomina income(related unrelated excluded fro tax under sections 51 514) | ted, total inco , om r | Share of tal income | | alloca | ortionate itions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | | Percer owner | |
| | | Tennis Tourna | DE | USTA | | | 80 | 80 | Yes | No No | | Yes | No | 80 (| 000 |
| Oak Lane ins, NY 10604 80 | | | | | | | | | | | | | | | |
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| Identification of Related Organ because it had one or more relate | lizations Taxable as a d organizations treated | Corporation as a corporat | or Tru | ı st Compl ust durin | ete if the org the tax yea | janizatior r. | n ans | wered "Ye | es" on | Form | 990, Part 1 | V, lın | e 34 | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | de (state | (c) Legal omicile or foreigi ountry) | | (d) irect controlling entity | (e) Type of en (C corp, S o or trust | orp, | (f) Share of tota Income | al Sha | (g) are of er year assets | ov | (h) centag nership | | Section (13) coi enti | 512 ntro |
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r Other transfer of cash or property to related organization(s)

1r

Schedule R (Form 990) 2016

No

| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
|---|--------|--------|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | П | | |
| a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | \neg | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |

1n Yes Yes 10 No 1q Yes

| S | Other transfer of cash or property from related organization(s) | | | | ıs | NO | | | | | |
|-------|---|---|------------------------|--------------------------------|--------------|----|--|--|--|--|--|
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | | | |
| See / | Additional Data Table | | | | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount involv | ed | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| 1 | | | | | | | | | | | | | |
|--|--------------------------------|----------|--|-----|---|------------------------------------|--|--------------------------------------|----|--|------------|---------|---------------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) | or | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | ng ? | (k) Percentage ownership |
| | | | 514) | Yes | No | ! i | | Yes | No | | Yes | No | |
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| | | | | | | | | | | Schedul | le R (Form | 1 99 | 0) 2016 |

Schedule R (Form 990) 2016 Page **5** Part VII **Supplemental Information** Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation Transactions with Related Line 1n - Pursuant to the NTC Certificate of Incorporation, City of New York Lease and US Open Agreement, NTC makes the Facility available to USTA for holding Organizations the US Open Under the US Open agreement, NTC has the right to collect ticket and other US Open related revenue Line 10 - Executive and Administrative staff of USTA provide assistance to USTA National Tennis Center Inc. at no charge. Line 10 - Executive and Administrative staff of USTA provide assistance to USTA Player.

Development Inc at no charge

Schedule R (Form 990) 2016

Additional Data

Cincinnati Tennis LLC

Foundation

Foundation

Foundation

(1)

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

Software ID: **Software Version:**

USTA Player Development Incorporated (PD)

USTA National Tennis Center Inc (NTC)

NTC - See Schedule R - Part VII

PD - See Schedule R - Part VII

USTA Foundation Incorporated Foundation

EIN: 13-5459420

Name: United States Tennis Association Incorporated

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20,248,021

6,677,046

1,854,816

452,118

1,629,252

535,443

593,780

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| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | |
|--|--------------------|------------------------|---------------------------------------|
| (a) Name of related organization | (b) Transaction | (c) Amount Involved | (d) |
| ······································ | type(a-s) | | Method of determining amount involved |