Form <b>990-T</b>		cempt Organi							ОМВ М	o 1545-0687	
roiiii 000 I	(and proxy tax under section 6033(e))						1900				
Department of the Treasury	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 201  ▶Go to www.irs.gov/Form990T for instructions and the latest information.						20	<u></u>   ZW 18			
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if	Name of organization ( Check box if name changed and see instructions )  D Employer Identification number (Employees' trust, see instructions )										
address changed								(Cilipio	yees aust, see	mstructions )	
B Exempt under section	Print	_UNITED STATES SQUASH RACQUETS ASSOC., INC.						1, 6	16 6050400		
X 501( C )Q3 )	or	Number, street, and roor	n or suite no l	rapo	box, see instructions	5			Unrelated business activity code		
408(e) 220(e)	1,700								instructions)		
408A530(a)	'	City or town, state or province, country, and ZIP or foreign postal code									
C Book value of all assets	1	NEW YORK, NY 10018-4311 541800									
at end of year	F Gro										
29,580,634.									101(a) trust Other trust		
H Enter the number of	_		les or busine	sses	<b>▶</b> 1		Describe	e the only	(or first) ur	related	
trade or business he					<del> </del>	•	complete Parts I		•	describe the	
•		end of the previous so	entence, cor	nplete	Parts I and II, com	iplete a S	Schedule M for ea	ch additior	nal		
trade or business, th										Yes X No	
		corporation a subsidial identifying number of t				ibsidiary (	controlled group?			Yes X No	
J The books are in car			ne parent con	poratio	DIT	Telephor	ne number ▶ 21	2-268-	-4090		
Part I Unrelated	Trade	or Business Incom	1e		(A) Incom		(B) Exper		1	(C) Net	
1a Gross receipts or							, ,	-			
b Less returns and allow	ances		c Balance	1 c							
2 Cost of goods so	ld (Sched	ule A, line 7)		2			* ***			·/ v.l	
•										<u></u>	
		ttach Schedule D)		4a			3	₹	//		
• , , ,		Part II, line 17) (attach Fo		4b				· /		<del></del>	
•		rusts		4c				/ ;			
, ,	-	r an S corporation (attach state		6							
		come (Schedule E)		7							
		ents from a controlled organizati		8							
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization	n (Schedule G)	9			/		ļ		
10 Exploited exempt	activity i	ncome (Schedule I) .		10		_/					
<del>-</del>		iule J)		11	153	. 80 گور	64	1,082.	ļ	89,898.	
,		tions, attach schedule)		12	1252	000				89,898.	
13 Total. Combine li Part II Deductio		ough 12				,980.		1,082.			
		be directly connec						Except i	or contrib	Julions,	
14 Compensation of	officers	directors, and trustees (	Schedule K)		included Edding	חבר	>C//CD	14			
15 Salaries and wag	es		/	<b>/</b>		.L(E(	ינים עום כ	15		88,779.	
16 Repairs and mair	tenance		<i>[</i> /					)S( 16			
17 Bad debts			. <i>[</i>		၂၉၂.	. JUL	. <b>2 0</b> .2020 .	0 17			
18 Interest (attach s	chedule)	(see instructions).			· .   <u>.</u> .			18	ļ		
19 Taxes and license	es					OGE	DEN, UT	19	ļ	250.	
20 Charitable contri	outions (	see instructions for ilmii	(ation rules)		<del> </del>		<del>-,,,,,,,,,,,,,-</del>	20_	<u> </u>		
21 Depreciation (att	acn Form	4562) on Schedule A and els		· · ·	2	1					
		compensation plans									
		S								15,571.	
		Schedule I)									
28 Other deductions	(attach s	chedule J)						رد 28			
									ļ	104,600.	
		le income before ne								-14,702.	
,		g loss arising in tax ye					//	$\begin{vmatrix} 31 \\ 32 \end{vmatrix}$	<del>                                     </del>	-14,702.	
32 Unrelated busine For Paperwork Reduct		e income Subtract line lotice, see instructions		JU .	<u> </u>	• • • •	<u></u>	N . J/32	For	m <b>990-T</b> (2018)	
8X2740 1,000 0859NW L1				V 1	8-8.6F		323693		. 311		

	Total Unrelated Business Taxable Income	<del>-, -</del> 1			
	otal of unrelated business taxable income computed from all unrelated trades or businesses (se		1.		
ť	nstructions)	. 3		-14	<u>,702</u>
4 /	Amounts paid for disallowed fringes	. 34			
5 1	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	П			
	instructions), , , , ,		: [		
ì6 ·	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	П			
,,	of lines 33 and 34	. 38	1	-14,	702
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37	8	1,	000
	Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36,	H	1		
30	enter the smaller of zero or line 36	.   88	116	-14,	702.
	IV Tax Computation	- 4-		<u>_</u>	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	T		
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	П	1		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)		1		
	Proxy tax. See instructions		<del> </del>		
1 1	Proxy tax. See Instructions	$\rightarrow$	<del>                                     </del>		
3	Alternative minimum tax (trusts only)	13	+-		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		1		
Part		+7			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	$\top$	T		
	Other credits (see instructions)	1 1	í		
	General business credit Attach Form 3800 (see instructions)	1 }	ł		
٠,	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	j		
a .	Fotal credits. Add lines 45a through 45d	45e	}		
	Subtract line 45e from line 44	46	<del> </del>		
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	<del> </del>	·	
	<del>-</del>	48			0.
	Total tax. Add lines 46 and 47 (see instructions)	49	<del>                                     </del>		
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<del>                                       </del>			
ya r	Payments A 2017 overpayment credited to 2018	1			
D 2	ax deposited with Form 8868 · · · · · · · · · · · · · · · · ·	1			
		1 1			
Q F	oreign organizations Tax paid or withheld at source (see instructions)	11			
e B	ackup withholding (see instructions)				
gu	ther credits, adjustments, and payments Form 2439 Total 50g				
		51			
	otal payments. Add lines 50a through 50g	52			
		204			
E		62			
E:	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
E: Ta	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54			
E: Ta O: Er	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55			<u></u>
E: T: O: Er	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55			
Er O Er Al	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55 other			No
E: Ti O Er Erft \	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55 other y hav	re to fi	le	No
Er O O Er art i At ov Fir	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55 other y hav	re to fi	le	
En Till Or En	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	55 other by have	e to fi	le ry	<u>x</u>
Er O Er At Ov Fir he	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	55 other by have	e to fi	le ry	
E: Ti O' Er Al ov Fill he Di	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	55 other by have	e to fi	le ry	<u>x</u>
E: Ti O' Er Al ov Fill he Di	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55 other by have foreign	ve to fin countries	le ry	x x
Errart At over Fire the En	ex due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	54 55 other by have foreign	ve to fin countries	le ry	x x
Al Over Fire hee	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  It is larger than the total of lines 48, 49, and 52, enter amount overpaid  It is larger than the total of lines 48, 49, and 52, enter amount overpaid  Provided   Refunded   Refunded   Refunded   Statements Regarding Certain Activities and Other Information (see instructions any time during the 2018 calendar year, did the organization have an interest in or a signature or the angular account (bank, securities, or other) in a foreign country? If "Yes," the organization manner of the line is a foreign country? If "Yes," enter the name of the larger than the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization that organization may have to file  Under paralled of perior, I declare that I have examined this return, including accompanying schedules and statements, and to the broader provided complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	other oy hav foreign	re to fin countries.	le ry	X X
Eff O Err All Ov Fir hee	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  leter the amount of line 54 you want. Credited to 2019 estimated tax ▶ Refunded  Re	other by have foreign go trus	re to fin countries	dge and bala	X X
Eff Tari O Control of the Control of	verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Inter the amount of line 54 you want. Credited to 2019 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions any time during the 2018 calendar year, did the organization have an interest in or a signature or timer a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mancents from 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the set of the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign yes, "see instructions for other forms the organization may have to file the the amount of tax-exempt interest received or accrued during the tax year.  Under pensity of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the buttine, correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge.  Signature of officer.  Date Title	other by have foreign go trus	re to fin countries	dge and believes this me shown by	X X
ere	werpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Inter the amount of line 54 you want. Credited to 2019 estimated tax  Refunded  Refunded  Refunded  Refunded  Statements Regarding Certain Activities and Other Information (see instruction any time during the 2018 calendar year, did the organization have an interest in or a signature or time a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization manager of the set of the financial Accounts. If "Yes," enter the name of the set of the set of the interest of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization may have to file  Under pensity of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the buttine, correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Title  Print/Type preparer's name  Preparer's signature  Date  Total	other by have foreign trus	re to fin countries	dge and believes this me shown by	X X x, R is eturn elow
Eff Tari O Control of the Control of	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Inter the amount of line 54 you want. Credited to 2019 estimated tax ▶ Refunded ▶  Ref	other by have foreign trus	re to find countries	dge and believes this me shown by	X X x, R is eturn elow

Form 990-T (2018)

JSA

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Total dividends-received deductions included in column 8.

Schedule F-Interest, Annu	iities, Royalties	s, and Re	ents Fro	m Contro	lled Or	ganiza	tions (see	= instruction	ons)	Tage 4	
				ntrolled Org			· · · · ·		<u> </u>		
Name of controlled organization	2. Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	5 Part of column 4 that is included in the controlling organization's gross incom		6. Deductions directly connected with income in column 5	
(1)			•								
(2)											
(3)								-			
(4)					L					<u> </u>	
Nonexempt Controlled Organiz	ations						<del></del>				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		Total of specific payments made			ncluded ii				11 Deductions directly onnected with income in column 10	
(1)											
(2)											
(3)			<del></del> .								
(4)							f columns 5 a		<u> </u>	dd columns 6 and 11	
Totals	come of a Sec	 ction 50	 I(c)(7),	 (9), or (17	▶ ) Orga	Ente Part	r here and on I, line 8, colu	page 1, mn (A)	Ent	ter here and on page 1, rt 1, line 8, column (B)	
1. Description of income	2. Amount of income		3. Deductions directly connected (attach schedule)		4 Se		f-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)									_		
(2)											
(3) (4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ther Th	an Adverti	sina Ir	ncome	(see instru	ictions)		Enter here and on page 1, Part I, line 9, column (B)	
DOMOGRAPIC EXPLORED EXC	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						(000				
1. Description of exploited activity	Gross     unrelated     business income     from trade or     business	3. Exp dire connect produc unrel business	ctly ed with tion of ated	from unrelat or business 2 minus col If a gain, co	s (column solumn 3) (sompute solumn 4) (sompute solumn 4)		6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)											
(2)											
(3)											
(4)						-					
	Enter here and on page 1, Part I, line 10, col (A)	e 1, Part I, page 1, Part I,					Enter here and on page 1, Part II, line 26				
Totals ▶ Schedule J-Advertising In	come /sec instr	uctions)		I		<u>-</u>	<u> </u>			<u> </u>	
Part I Income From Peri			Consol	idated Ras							
modile Fidili Peri	Calcals Reput	ou on a	2011301							T	
1 Name of periodical	2 Gross advertising income	ng advertising co		4 Advertigain or (los 2 minus co a gain, cor cols 5 thro	ss) (col bl 3) If mpute 5. Cin inc		irculation come			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				]						]	
(3)										_	
(4)										<u> </u>	
Totals (carry to Part II, line (5))											
										Form <b>990-T</b> (2018)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)US SQUASH MAGAZINE	65,144	64,082	1,062			
(2)ONLINE ADVERTISEMENT	88,836		88,836			
(3)						
(4)						
Totals from Part I ▶						,
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	153,980.	64,082.			-	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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