DLN: 93493319024209 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable USTA PLAYER DEVELOPMENT INCORPORATED □ Address change 27-1368195 % USTA ACCOUNTING DEPARTMENT ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 70 West Red Oak Lane ☐ Amended return ☐ Application pending (914) 696-7000 City or town, state or province, country, and ZIP or foreign postal code White Plains, NY  $\,$  10604  $\,$ G Gross receipts \$ 20,421,447 Name and address of principal officer H(a) Is this a group return for Patrick Galbraith ☐Yes **☑**No subordinates? 70 West Red Oak Lane H(b) Are all subordinates White Plains, NY 10604 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www playerdevelopment usta com L Year of formation 2009 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF USTA PLAYER DEVELOPMENT INCORPORATED IS TO EDUCATE AND TRAIN YOUNG PEOPLE IN THE SPORT OF TENNIS Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 13 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 22,058,351 20,386,874 Ravenua 34,573 9 Program service revenue (Part VIII, line 2g) . 21,766 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,080,117 20,421,447 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,080,250 1,048,240 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 9,252,142 9,715,560 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 9,897,043 9,961,703 <u>20,2</u>29,435 20,725,503 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,850,682 -304,056 Net Assets or Fund Balances Beginning of Current Year **End of Year** 2,094,562 1,628,393 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,811,552 1,649,440 Net assets or fund balances Subtract line 21 from line 20 283,010 -21,047 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here GORDON SMITH VICE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01384178 Paid self-employed Firm's name BDO USA LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 100 PARK AVENUE Phone no (212) 885-8000 NEW YORK, NY 100175001 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (20	018)				Page <b>2</b>
Pa	rt III	Statement of Program	Service Accomplis	hments		
		Check if Schedule O contains	a response or note to	any line in this Part III .		🗹
1	Briefly	describe the organization's m				
DEFI	NED TRA				LE IN THE SPORT OF TENNIS THROU E IMPLEMENTATION OF A COMPREH	
2	Did the	e organization undertake any	significant program ser	vices during the year wh	nich were not listed on	
	the pri	or Form 990 or 990-EZ? .				🗌 Yes 🗹 No
	If "Yes	s," describe these new service	s on Schedule O			
3	Did the	e organization cease conductii	ng, or make significant	changes in how it condu	cts, any program	
		es?				🗌 Yes 🗹 No
4	Descri Section	be the organization's program	service accomplishmei janizations are required	I to report the amount of	argest program services, as measur f grants and allocations to others, th	
4a	(Code See Ad	) (Expense: ditional Data	5 \$ 19,040,111	including grants of \$	1,048,240 ) (Revenue \$	34,573 )
4b	(Code	) (Expense	5 \$	ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expense	5 \$	including grants of \$	) (Revenue \$	)
4d	Other (Exper	program services (Describe in	Schedule O )	\$	) (Revenue \$	)
4e	Total	program service expenses	<b>▶</b> 19,040,1	.11		

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Par	Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	<b>Yes</b> Yes	No
2	Schedule A	2	Yes	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	103	No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(1)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
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		
c	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		No
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		No
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 instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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267

0

1a

1b

No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm 9	990 (2018)			Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   14		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		4.0	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶  CA , FL , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

**✓** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

organization, more than \$10,000 of reportable compensation from the organization and any related organizations										
List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pers	an one on is	e bo both	t che ox, u h an	eck mo inless i office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Katrına Adams CHAIRMAN & PRESIDENT	1 0	×		×				0	40,949	0
(2) Patrick Galbraith First Vice President	1 0	×		x				0	25,000	0
(3) Joan Baker Vice President	1 0 15 0	×		x				0	20,000	0
(4) Mark Ein Vice President	1 0 12 0	×		x				0	20,000	0
(5) Thomas Ho Secretary & Treasurer	1 0	×		x				0	20,000	0
(6) Fabrizio Alcobe-Fierro Director	1 0	×						0	10,000	0
(7) Jeffery Baill Director	1 0 7 0	×						0	10,000	0
(8) Lauren Barnıkow Director	1 0 7 0	×						0	10,000	0
(9) Laura Canfield Director	1 0 7 0	×						0	10,000	0
(10) Dr Brian Hainline Director	1 0 7 0	×						0	10,000	0
(11) Liezel Huber Director	1 0 7 0	×						0	10,000	0
<b>1</b>						$\overline{}$				

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations 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

1 0 (12) Michael McNulty III Х 0 10,000 0 Director 7 0 10 (13) Brian Vahaly 0 10,000 0 ..... Director 7.0 1 0 (14) Andrew Valdez 10.000 0 Х 0 7 0 5 0 (15) GORDON SMITH Χ 1,265,279 159,593 Vice President 50 0

40 0 (16) MARTIN BLACKMAN . . . . . . . . Χ 564,897 51,746 GENERAL MANAGER 0.0 40 0 (17) ERIK OLA MALMQVIST Х 290.665 0 48.174 DIRECTOR, COACHING 0 0 Form 990 (2018) Name and Title

Part VII

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

Page 8

Name and Title	hours per week (list any hours	than c	ne b oth a	e box, unless person compensation comper from the organization (Woorganization		compensation from related organization	n d s	amount of compen	of other sation the			
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099 MISC)		organizat relat organiz	:ed
(18) KATHY RINALDI	40 0					x		283,588		0		47,034
HEAD, WOMEN'S TENNIS	0 0									1		
(19) BRENT SALAZAR	40 0					×		229,463		o		45,445
DIRECTOR, PERFORMANCE	0 0							<u> </u>		_		
(20) PAUL LUBBERS - SR DIRECTOR COACHING ED & SPORT SCIENCE	40 0 0 0					×		191,819		0		40,166
(21) KENT KINNEAR	40 0									$\dashv$		
HEAD, MEN'S TENNIS	0 0					X		186,885		0		43,278
1b Sub-Total					1	-						
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	•				,	-		1,747,317	1,481,228			435,436
Total number of individuals (including but of reportable compensation from the organization)	not limited to			abov			ceiv	' '	· · · · · ·	<u> 1                                    </u>		+33,+30
or reportable compensation from the orga	anization P 33										Yes	No
3 Did the organization list any <b>former</b> offic	er, director or t	rustee,	key e	emp	loye	e, or h	nighe	est compensated en	nployee on		165	110
line 1a <sup>7</sup> If "Yes," complete Schedule J for						• •	_			3		No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grandividual									ne	_		
			٠.	•	•					4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If '				,			-	•		5		No
Section B. Independent Contractors	1								•			
1 Complete this table for your five highest	compensated in	depend	ent c	ontr	acto	rs tha	t red	ceived more than \$:	100,000 of com	pen	sation	

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

(C)

Position (do not check more

Average

(D)

Reportable

Reportable

(B)

Description of services

COACHING

COACHING

COACHING

COACHING

PROF SRVC/TRANSPORT

(C)

Compensation

337,263

208,313

169,702

145,520

133,163

Form **990** (2018)

HIGUERAS TENNIS LLC,

1120 N TOWN CENTER DRÍVE LAS VEGAS, NV 89144 GULF COAST MOBILE LLC,

7950 JONES BRANCH DRIVE MCLEAN, VA 22102 BASELINE TENNIS ACADEMY,

6615 E PACIFIC COAST HIGHWAY LONG BEACH, CA 90803

compensation from the organization ▶ 13

64075 ACANTO DRIVE PALM SPRINGS, CA 92264 AGASSI ENTERPRISES INC,

3 EAST FIRST STREET SYLACAUGA, AL 35150 ROBBY GINEPRI,

Part	VIII	Statement of											
		Check If Schedul	e O contains a	a respo	onse or not	e to any	ine in this Pa (A) Total reven		Rel e:	(B) ated or xempt nction	(C) Unrelated business revenue	Н	(D)  Revenue excluded from ax under sections
	1 a	Federated campaign	ns	1a					re	venue			512 - 514
nts nts		• Membership dues		1b									
Grai nou		: Fundraising events		1c									
ts, (		l Related organizatio		1d	19,8	82,374							
	6	• Government grants (co	ontributions)	1e									
ıns, Sir	f	All other contributions,											
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above		<b>1</b> f	5	504,500							
	٩	Noncash contribution in lines 1a - 1f \$	ons included										
	ı	<b>h Total.</b> Add lines 1a	·1f			<b>&gt;</b>	20,386	5,874					
<u> </u>					E	Business	Code						
Service Revenue	2a	AMATEUR/JUNIOR TOUR	NAMENT RELAT	ED			713990	3	34,573	34,	573		
å.	ь			_									
.MC€	С												
₹	d			_									
Program	e f	All other program se	rvice revenue	_									
<b>Q</b>		<b>Total.</b> Add lines 2a-2			<b>•</b>		34,573						
		investment income (ii			nterest, an	d other	I						
	S	imilar amounts) . Income from investme				<b>&gt;</b>	<u> </u>	0					
			ent of tax-exe		· · ·	ds ► ►	<u> </u>	0					
			(ı) Rea		(II) Per	sonal							
	6a	Gross rents											
	b	Less rental expenses											
	c	Rental income or		0		0							
		(loss)					ļ	•					
	d	Net rental income o	r (loss) .     . (ı) Securit		(11) 01	hor		0					
	7a	Gross amount	(I) Securit	162	(11) (1	.ner							
		from sales of assets other											
		than inventory											
	b	Less cost or other basis and sales expenses											
	С	Gain or (loss)											
		Net gain or (loss)				<b>&gt;</b>		0					
ø	8a	Gross income from for (not including \$	_	ents of									
Other Revenue		contributions reporte See Part IV, line 18	d on line 1c)	a	}	0							
Rev		Less direct expense		b		0							
er		Net income or (loss)		ing ev	ents	<b>&gt;</b>		0					
oth	9a	Gross income from g See Part IV, line 19		es									
		,		а		0							
		Less direct expense		b		0		0					
		Net income or (loss) Gross sales of invent		activit	les	<u> </u>	1						
		returns and allowance			ļ								
	b	Less cost of goods s	old	a b		0							
		Net income or (loss)				<b>•</b>	l	0					
		Miscellaneous			Business								
	11	a											
	b												
	D												
	c												
	d	All other revenue .											
	е	<b>Total.</b> Add lines 11a	-11d			<b>&gt;</b>		0					
	12	Total revenue. See	Instructions			<b>&gt;</b>	20	421,447		34,573			
							20,	,/	<u> </u>	57,575			Form <b>990</b> (2018)

Part IX	Statement of Functional Expenses
C t	(/-)/2)   F01/-)/4)

For	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		<u> <math>\square</math></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	206,000	206,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	842,240	842,240		_
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	616,643	616,643		
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	7,360,687	6,221,748	1,138,939	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	324,524	287,756	36,768	
9	Other employee benefits	893,931	823,085	70,846	
10	Payroll taxes	519,775	471,324	48,451	_
11	Fees for services (non-employees)				
ä	a Management	0			
ı	Legal	0			
	Accounting	0			
	I Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,624,729	1,510,225	114,504	
12	Advertising and promotion	3,742	3,742		
13	Office expenses	350,334	321,499	28,835	
14	Information technology	140,718	136,468	4,250	
15	Royalties	0			_
16	Occupancy	1,547,679	1,546,708	971	
	Travel	3,582,387	3,264,770	317,617	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	6,513	6,088	425	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	329,436	516,573	-187,137	
	Insurance	0	,		
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a NATIONAL COACHING EDUCATION	640,802	640,802		_
	<b>b</b> YOUTH TENNIS CAMP COACHING	278,915	278,915		
	c HOST SITE FEES	238,022	238,022		
	d REGIONAL TRAINING CENTER SUPP	220,553	220,553		
	e All other expenses	997,873	886,950	110,923	
25	Total functional expenses. Add lines 1 through 24e	20,725,503	19,040,111	1,685,392	0
26	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** 

-21,047

1,628,393

Form **990** (2018)

31

32

33

34

283,010

2,094,562

Form 990 (2018)

31

32

33

34

					<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			78,962	1	183,567
	2	Savings and temporary cash investments .		[	0	2	9,515
	3	Pledges and grants receivable, net			0	0 3	
	4	Accounts receivable, net		[	748,284	4	273,558
	6	Loans and other receivables from current and for trustees, key employees, and highest compensation of the school of the section of the section of the section and other receivables from other disquals section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the section of t	coloyees Complete  cons (as defined under c)(3)(B), and section 501(c)(9) tructions) Complete	0	5	0	
ets	7	Notes and loans receivable, net			0	7	0
SS	8	Inventories for sale or use			0	8	0
⋖	9	Prepaid expenses and deferred charges		49,359	9	75,615	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,314,428			
	Ь	Less accumulated depreciation	10b	1.228.290	1.217.957	10c	1.086.138

•	l	•					
SS	8	Inventories for sale or use			0	8	
A	9	Prepaid expenses and deferred charges	49,359	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,314,428			
	ь	Less accumulated depreciation	<b>10</b> b	1,228,290	1,217,957	<b>10</b> c	
	11	Investments—publicly traded securities .	0	11			
	12	Investments—other securities See Part IV, line	0	12			
	13	Investments—program-related See Part IV, line	11.		0	13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			0	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	2,094,562	16	
	17	Accounts payable and accrued expenses	1,811,552	17			
	18	Grants payable	0	18			
	19	Deferred revenue			0	19	

	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
iabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	0
	26	Total liabilities.Add lines 17 through 25	1,811,552	26	1,649,440
_ <		Organizations that follow SEAS 117 (ASC 958), check here			

Net Assets or Fund Balance complete lines 27 through 29, and lines 33 and 34. 283,010 -21.047 Unrestricted net assets 27 27 28 Temporarily restricted net assets 0 28 0 0 0 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

3a

3b

No

Form 990 (2018)

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

**Software Version:** 

**EIN:** 27-1368195

Name: USTA PLAYER DEVELOPMENT INCORPORATED

Form 990 (2018)

### Form 990, Part III, Line 4a:

WITH PRIVATE SECTOR COACHES AND PROGRAMS PLAYER DEVELOPMENT STRIVES TO BE THE BEST IN THE WORLD, DEVELOPING AND DEPLOYING EDUCATIONAL, TRAINING AND COACHING RESOURCES TO SERVE TEAM USA. THE PLAYER DEVELOPMENT PROGRAM IS BASED AT THE USTA NATIONAL CAMPUS IN ORLANDO. FL. AND ALSO UTILIZES THE USTA TRAINING CENTER WEST - CARSON, CA. AND THE USTA TRAINING CENTER EAST - FLUSHING, NY PLAYER DEVELOPMENT ALSO HAS ESTABLISHED A CERTIFIED REGIONAL TRAINING CENTER PROGRAM AS PART OF ITS EXPANDED EFFORTS TO DEVELOP FUTURE AMERICAN TENNIS CHAMPIONS. THE CERTIFIED REGIONAL TRAINING CENTER PROGRAM HAS EXTENDED PLAYER DEVELOPMENT'S PROGRAM REACH THROUGHOUT THE UNITED STATES BY WORKING WITH ACADEMIES, CLUBS AND TENNIS CENTERS THAT HAVE A PROVEN RECORD OF IDENTIFYING AND DEVELOPING YOUNG TENNIS PLAYERS. AT THE END OF 2018, 5 SUCH TRAINING CENTERS HAD BEEN CERTIFIED. PLAYER DEVELOPMENT HAS HIRED NATIONAL COACHES WHO HAVE CONTACT WITH 10 TO 15 TOP PLAYERS IN ALL AGE. GROUPS AND AN IN-DEPTH KNOWLEDGE OF ANOTHER 20 TO 30 PLAYERS THESE COACHES PROVIDE INFORMATION, ADVICE AND ATTEND TOURNAMENTS WITH THESE PLAYERS THE COACHES ARE REQUIRED TO BE CERTIFIED AND CONTINUE THEIR COACHING EDUCATION IN ORDER TO PROVIDE THE NECESSARY SUPPORT TO THE PLAYERS WITH WHOM THEY WORK FINANCIAL SUPPORT TO THE PLAYERS IS AN INTEGRAL FOCUS OF THIS PROGRAM IN 2018, PLAYER DEVELOPMENT EXCELLENCE GRANTS WERE DISTRIBUTED TO 326 PLAYERS IN COORDINATION WITH THE NATIONAL COACHES, THE PLAYERS USE THESE GRANTS FOR TRAINING THE FUNDS CAN BE USED IN A VARIETY OF WAYS FOR TENNIS DEVELOPMENT (E.G., ACADEMIES/COACHING) IN ADDITION, FOCUS IS PLACED ON SUPPORTING YOUNG TOURING PROS AS WELL AS DEVELOPING EXPOSURE OF YOUNG AMERICAN PLAYERS AT THE INTERNATIONAL JUNIOR AND PROFESSIONAL LEVELS FOR PLAYERS WHO PARTICIPATE IN THIS PROGRAM, EVERY EFFORT IS MADE TO PROVIDE THEM WITH RESOURCES AND SUPPORT TO FOSTER THEIR CONTINUED SUCCESS. AMERICAN TENNIS PLAYERS, AT BOTH THE PROFESSIONAL AND JUNIOR LEVELS, MADE PROMINENT HEADLINES IN 2018 BY THE END OF THE YEAR, 28 U.S. PLAYERS WERE RANKED IN THE TOP 100 JUNIORS, WHILE 4 MEN WERE RANKED IN THE TOP 50 THE U.S. HAD 21 PLAYERS BETWEEN THE AGES OF 18-22 RANKED IN THE TOP 200 AND 16 PLAYERS WHOM WERE 20 YEARS OLD OR YOUNGER IN THE TOP 300 U.S. PLAYERS WERE REPRESENTED AT ALL LEVELS OF THE COMPETITION AT THE 2018 U.S. OPEN WITH A WOMENS FINALIST, MENS DOUBLES CHAMPIONS, A WOMENS DOUBLES CHAMPION, A MIXED DOUBLES CHAMPION, A GIRLS DOUBLES CHAMPIONS AND A WHEELCHAIR DOUBLES CHAMPION CORI "COCO" GAUFF WON FRENCH OPEN JUNIORS TITLE IN AN ALL-AMERICAN FINAL VERSUS CATY MCNALLY WHO WON THE DOUBLES TITLE AT THE END OF 2018, 17 U S GIRLS WERE RANKED IN THE TOP 100 JUNIORS. WHILE 3 WOMEN WERE RANKED IN THE TOP 20 INTERNATIONALLY PLAYER DEVELOPMENT. WHILE SEEKING TO WORK WITH THE PRIVATE SECTOR TO DEVELOP WORLD-CLASS AMERICAN PLAYERS AND SUPPORTING PLAYERS, PARENTS AND COACHES, LEADS THE WORLD IN ESTABLISHING A STANDARD OF EXCELLENCE FOR TENNIS TRAINING AND DEVELOPMENT TO WHICH ALL AMERICAN PLAYERS AND COACHES CAN RALLY BEHIND

THE GOAL OF PLAYER DEVELOPMENT IS TO IMPLEMENT A SYSTEMATIC. PLAYER-CENTRIC APPROACH IN DEVELOPING WORLD-CLASS AMERICAN PLAYERS IN PARTNERSHIP

	m 99	OULE A	Cor	nplete if the org	harity Status anization is a section 947(a)(1) nonexen Attach to Form 9	on 501(c)(3) or npt charitable t 90 or Form 990	ganization or rust. -EZ.	ort a section	2018 Open to Public
nterna	Reven	the Treasury		► Go to <u>и</u>	ww.irs.gov/Form99	90 for the lates	t information.		Inspection
		h <b>e organiza</b> : DEVELOPMEN		ΓED				Employer identifica	ation number
Pai	+ 7	Poscon	for Bublic	Charity Status	(All organizations	must complete	thic part \ C	27-1368195	
					s (All organizations is (For lines 1 throu			ee mstructions.	
1		A church, c	onvention of	churches, or asso	ociation of churches d	escribed in <b>secti</b>	on 170(b)(1)(	(A)(i).	
2	П	A school de	scribed in <b>se</b>	ection 170(b)(1	(A)(ii). (Attach Sche	edule E (Form 99	0 or 990-EZ) )		
3		A hospital o	r a cooperat	ive hospital servi	ce organization descri	bed in <b>section 1</b>	70(b)(1)(A)(i	ii).	
4		A medical r		anization operated	in conjunction with a	hospital describ	ed in <b>section 1</b>	. <b>70(b)(1)(A)(iii).</b> Er	nter the hospital's
5		-	•		of a college or univers	ity owned or ope	rated by a gove	ernmental unit describ	ed in section 170
6	П		( <b>iv).</b> (Compl tate, or loca	•	overnmental unit des	cribed in <b>section</b>	170(b)(1)(A	)(v).	
7					substantial part of its	support from a g	jovernmental ui	nit or from the genera	ıl public described in
				(vi). (Complete F	'art II ) <b>170(b)(1)(A)(vi)</b> ((	Commiste Dank II	`		
8 9			•			,	,		
9	Ц				cribed in <b>170(b)(1)(</b> instructions Enter th				ege or university or a
L <b>O</b>		from activit	ies related to income and	o its exempt funct	1) more than 331/3% cons—subject to certa ss taxable income (les oplete Part III )	in exceptions, ar	nd (2) no more	than 331/3% of its su	pport from gross
.1					exclusively to test for	public safety Se	e section 509(	(a)(4).	
12	<b>✓</b>	more public	ly supported	l organizations de	exclusively for the ber scribed in <b>section 50</b> ne type of supporting	9(a)(1) or sect	ion 509(a)(2)	. See section 509(a	
a	<b>✓</b>	organizatio	n(s) the pow		ed, supervised, or cor point or elect a major				
b		<b>Type II.</b> A manageme	supporting on nt of the sup	organization supei	vised or controlled in ion vested in the same				
c		Type III f	unctionally	integrated. A su	pporting organization				ted with, its
d		Type III n functionally	on-function	nally integrated. The organization	ns) You must comp A supporting organiz generally must satisfy  IV, Sections A and I	ation operated in a distribution re	connection wit	h its supported organ	
e	<b>✓</b>	Check this	box if the or	ganization receive	d a written determina itegrated supporting o	tion from the IRS	5 that it is a Typ	oe I, Type II, Type III	functionally
f	Enter		• • •	d organizations	g.acca supporting t	gameation		_ 1	
g	Provi	de the follow	ıng ınformat	ion about the sup	ported organization(s	)			
		lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
	D STA	TES TENNIS A	SSOCIATION	135459420	10	Yes		0	
otal			1					0	
		work Reduc	tion Act No	tice, see the Ins	tructions for	L I Cat No 11285F	S	ichedule A (Form 99	

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	►□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	* 20V OIL IIIIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	3	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

No

No

No

No

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

8

10a

answer line 10b below

the organization had excess business holdings)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Yes

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3а Yes

No Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Yes

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Yes Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

No organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a No amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 No

6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

	The West State Companies Companies (continued)			aye 3
i k	Supporting Organizations (continued)			
	The the consequence of the first control of the con		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	Section B. Type I Supporting Organizations	<u> </u>	l	
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2	103	No
S	Section C. Type II Supporting Organizations		V	₿1.:
	Wang a manufacture of the annual state of the state of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	!		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a			
	b  The organization is the parent of each of its supported organizations  Complete <b>line 3</b> below			
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	. ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	3h		

3b

Page 6

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

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

chedule A (	FOITH 990 OF 990-EZ)	2016 Page <b>8</b>
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
90 Sched	lule A, Supplemer	ntal Information
Ret	urn Reference	Explanation
DART IV SE	CTION A LINE 3B	LISTA PLAYER DEVELOPMENT INCORPORATED ORTAINED A COPY OF LINITED STATES TENNIS ASSOCIATION I

NCORPORATED'S ("USTA") IRS DETERMINATION LETTER FOR 501(C)(6) STATUS AND REVIEWED THE RESULTS OF USTA'S PROFORMA PUBLIC SUPPORT TEST

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
PART IV, SECTION A, LINE 3C	USTA PLAYER DEVELOPMENT INCORPORATED DOES NOT PROVIDE FUNDING TO ITS SUPPORTED ORGANIZATIO  N, USTA THE ORGANIZATION RECEIVES FUNDING FROM THE USTA TO PERFORM THE PLAYER DEVELOPMENT MISSION, WHICH IS A PART OF THE USTA MISSION					

**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

# **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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493319024209

Open to Public **Inspection** 

	me of the organization TA PLAYER DEVELOPMENT INCORPORATED				Emplo	yer identificatio	on number
J 3 1	A FLATER DEVELOPMENT INCORPORATED				27-136	58195	
Pā	rt I Organizations Maintaining Donor Advi				or Acco	unts.	
	Complete if the organization answered "Ye						
	Tatal acceptant and afficient	(a) Dono	r advis	ea runas	(	<b>b)</b> Funds and othe	r accounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
i	Aggregate value of grants from (during year)						
•	Aggregate value at end of year						
i	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ts held in donor ac	lvised fur	_	☐ Yes ☐ No
,	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					g impermissible	☐ Yes ☐ No
2 a	rt III Conservation Easements. Complete if th	he organization a	nswer	ed "Yes" on Fori	n 990. I		_ 163 110
	Purpose(s) of conservation easements held by the orga				,	<u> </u>	
	Preservation of land for public use (e.g., recreation	·		Preservation of an	historica	ally important land	d area
		ii or education)					ı area
	☐ Protection of natural habitat		Ш	Preservation of a	certified I	historic structure	
	☐ Preservation of open space						
	Complete lines 2a through 2d if the organization held a	qualified conservat	ion cor	tribution in the fo	rm of a <u>c</u>		
	easement on the last day of the tax year  Total number of conservation easements					Held at the End	of the Year
a					2a		
b	Total acreage restricted by conservation easements		J (-)		2b		
c	Number of conservation easements on a certified histori		` '		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after //25/06,	and no	t on a nistoric	2d		
ı	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished,	or terminated by	the orga	nızatıon durıng th	e
	Number of states where property subject to conservation	on easement is loca	ted ▶_				
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ins	pection, handling	of violati	ons,	□ No
i	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolation	s, and enforcing c	onservatı		ring the year
,	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	. handling of violati	ons, an	d enforcing conser	vation ea	asements during t	he year
	Does each conservation easement reported on line 2(d)	) above catisfy the	roguiro	ments of section 1	70/h)/4)	(B)(ı)	
•	and section $170(h)(4)(B)(II)$ ?	above satisfy the	equire	ments of section 1	70(11)(4)	Yes	□ No
ı	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				ement, and	□ N0
'nТ	t III Organizations Maintaining Collections		al Tre	asures, or Oth	er Sim	ilar Assets.	
	Complete if the organization answered "Ye					na. Assetsi	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducation	on, or research in t			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items						
(	i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$	
C	i)Assets included in Form 990, Part X					<b>▶</b> \$	
	If the organization received or held works of art, histori following amounts required to be reported under SFAS	· ·			ncıal gaıı	n, provide the	
a	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$	

**b** Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations Maintainin	g Collections	of Art, Hist	orical T	reasu	ires, or Ot	her Similar .	Assets (	(continued)
3		the organization's acquisition, ac (check all that apply)	cession, and other	r records, che	ck any of	the fol	llowing that a	are a significan	t use of it	s collection
а		Public exhibition		•	<b>1</b>	Loan	or exchange	programs		
b		Scholarly research		•		Other	r			
С		Preservation for future generation	ns							
4	Provid Part >	de a description of the organizatio	n's collections and	d explain how	they furt	her the	e organizatio	n's exempt pur	pose in	
5		g the year, did the organization s s to be sold to raise funds rather							□ <b>Y</b> €	es 🗌 No
Pa	rt IV	Escrow and Custodial Arr Complete if the organization X, line 21.		" on Form 9	90, Part	IV, lii	ne 9, or rep	ported an am	ount on	Form 990, Part
1a		e organization an agent, trustee, o ded on Form 990, Part X?	custodian or other	ıntermediary	for contri	butions	s or other as	sets not	□ <b>Y</b> €	es 🗆 No
ь	If "Y∈	es," explain the arrangement in Pa	art XIII and compl	ete the follow	ng table				Amount	
С	Begin	ining balance			_		10	:		
d	Addıtı	ions during the year					1d			
е	Dıstrı	butions during the year					1e			
f	Endın	ig balance					1f			
<b>2</b> a	Did th	ne organization include an amoun	t on Form 990, Pa	rt X, line 21, f	or escrov	v or cu	stodial accou	ınt lıabılıty?	. 🗆 Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Pa	rt XIII Check her	e if the explar	ation ha	s been	provided in	Part XIII	. $\square$	
Pa	rt V	Endowment Funds. Comp	lete if the organ	iization ansv	vered "Y	es" or	n Form 990	, Part IV, line	10.	
			(a)Curre	nt year (I	Prior yea	ır	(c)Two years l	back (d)Three y	ears back	(e)Four years back
1a	Beginn	ing of year balance	•							
b	Contrib	outions								
С	Net inv	estment earnings, gains, and loss	ses							
d	Grants	or scholarships								
е		expenditures for facilities ograms								
f	Admını	strative expenses								
g	End of	year balance								
2 a		de the estimated percentage of th d designated or quasi-endowment		d balance (line	g, colu	mn (a)	)) held as			
b	Perm	anent endowment ▶								
С	Temp	orarily restricted endowment <b>&gt;</b>								
_	The p	percentages on lines 2a, 2b, and 2	c should equal 10	0%						
3a		nere endowment funds not in the nization by	possession of the	organization t	hat are h	eld and	d administer	ed for the	_	Yes No
	<b>(i)</b> ur	rrelated organizations							_	Ba(i)
Ь		elated organizations es" on 3a(ii), are the related organ		required on S	 Thedule R					a(ii) 3b
4	Descr	ribe in Part XIII the intended uses	of the organization	n's endowme	nt funds					<u> </u>
Pa	rt VI	Land, Buildings, and Equ								
	Descri		st or other basis	" on Form 9 (b) Cost or ot				e Form 990, F ated depreciation		ne 10. (d) Book value
		(11	nvestment)							
	Land									
	Buildin	•								
С	Leaseh	old improvements								
d	Equipm	nent			-	21,791		804,078		617,713
	Other			<u> </u>		92,637		424,21	2	468,425
Tota	ıl. Add	lines 1a through 1e (Column (d) i	must equal Form 9	990, Part X, co	lumn (B)	, line 1	10(c))	<b>&gt;</b>		1,086,138

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13 )					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column  Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15  (b) Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization a	n				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Part XI

2

b

5

1

2

b

c

d

3

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

217,688 20,266,047

155,400

20,421,447

20,787,791

217,688

155,400

20.725.503

Schedule D (Form 990) 2018

20,570,103

3	Suptract line <b>2e</b> from line <b>1</b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$
а	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIII )

d	Other (Describe in Part XIII )
е	Add lines 2a through 2d
3	Subtract line <b>2e</b> from line <b>1</b>
4	Amounts included on Form 990, Part VIII, li
а	Investment expenses not included on Form
b	Other (Describe in Part XIII )
С	Add lines 4a and 4b

Recoveries of prior year grants . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

•			
		155,	400

2a

2b

2c 2d

4a 4b

2a

2b

2c

2d

4a 4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Return Reference

	2e
	3
100	
	4с
	5

2e

3

4c

5

217.688

217,688

155.400

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN**: 27-1368195

Name: USTA PLAYER DEVELOPMENT INCORPORATED

**Supplemental Information** 

- appremental zimenimation	
Return Reference	Explanation
PART X, LINE 2	USTA Player Development Incorporated has filed all applicable returns when required For t he year ended December 31, 2018, there were no interest or penalties required to be record ed or disclosed in the financial statements. In addition, the organization has not taken a n unsubstantiated tax position that would require provision of a liability. The organization believes it is no longer subject to income tax examinations for the years prior to 2015.

ipplemental Information				
Return Reference			Explanation	
ART XI, LINE 4B	CONTRIBUTIONS	\$155,400		

Su

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upplemental Information				
Return Reference		Explanation		
PART XII, LINE 4B	GRANTS	\$155,400		

Sι

DLN: 93493319024209 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number USTA PLAYER DEVELOPMENT INCORPORATED 27-1368195 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

(6)

(7)

Part IV

PART I, LINE 2

Return Reference







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

Schedule I (Form 990) 2018

Page 2

- SPENT INDIVIDUALS RECEIVING DEVELOPMENT GRANTS ARE SELECTED BY ACHIEVING VARIOUS GOALS AND/OR MEETING CERTAIN CRITERIA INDIVIDUALS ARE REQUIRED TO PARTICIPATE IN USTA PLAYER DEVELOPMENT (PD) PROGRAMS AND MEET REGULARLY WITH PD STAFF TO EVALUATE DEVELOPMENT PROGRESS AND
- CONTINUING PROGRAM ELIGIBILITY SEMINAR AND EVENT PARTICIPATION GRANTS ARE AWARDED TO INDIVIDUALS MEETING CERTAIN CRITERIA AND ARE PAID AFTER PARTICIPATION IN THE SPECIFIC SEMINAR OR EVENT

ORGANIZATIONS RECEIVING YOUTH DEVELOPMENT GRANTS ARE SELECTED THROUGH A PRE-SCREENING AND APPLICATION PROCESS THESE ORGANIZATIONS SIGN

A THREE YEAR YOUTH DEVELOPMENT AGREEMENT AND ARE REQUIRED TO RAISE MATCHING FUNDS TO RECEIVE THEIR GRANTS EACH ORGANIZATION IS VISITED ANNUALLY AND CONTACTED QUARTERLY THEY ALSO UNDERGO AN ANNUAL EVALUATION PROCESS AND MUST SCORE ABOVE A CERTAIN LEVEL TO REMAIN ELIGIBLE TO RECEIVE MATCHING GRANTS ORGANIZATIONS RECEIVING TOURNAMENT GRANTS ARE REQUIRED TO SUBMIT DETAILED REPORTS OF HOW GRANT FUNDS WERE

## **Additional Data**

Junior Tennis Champions

Center Inc 5200 Campus Drive College Park, MD 20740 Tennis Outreach Programs of

Puget Sound 10822 117th Place NE Kırkland, WA 98033

## Software ID: **Software Version:**

52-2114223

32-0047494

**EIN:** 27-1368195

Name: USTA PLAYER DEVELOPMENT INCORPORATED

50,000

15,000

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

501(c)(3)

501(c)(3)

orini 330/Ochicadic z/ rare	zz/ Granco ana	Other Assistance to	bonnesere organiza	cionis ana Bonicsci	C COVCIII
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Metho (book, FM

: <b>G</b>	overnments.
(f)	Method of valuatio

a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuat (book, FMV, apprais other)

(g) Description of (h) Purpose of grant non-cash assistance

or assistance High Performance

Youth development

(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 74-6002248 15.000 High Performance Texas State University edu institution 601 University Drive

601 University Drive
San Marcos, TX 78666

Junior Tennis Champions 52-2114223 501(C)(3) 14,100

Center Inc

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

5200 Campus Drive 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 (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

High Performance

Usta Eastern Inc 70 West Red Oak Lane	13-5042070	501(c)(4)	6,500		High Performance
White Plains, NY 10604					

6,500

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

501(c)(3)

Usta Mid-Atlantic Section Inc

11410 Isaac Newton Sq N Reston, VA 20190 54-1472806

(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 Usta-Middle States Section 23-1688212 501(c)(4) 6.500 10 and under grant Po Box 987 Valley Forge, PA 19482

10 and Under Grant

8,500

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

501(c)(4)

Usta Midwest Section

1310 East 96th St Indianapolis, IN 46240 23-7417933

(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 23-7416298 501(c)(4) 9.500 High Performance

High Performance

6,500

Usta Missouri Valley Section 6400 W 95th St overland park, KS 66212

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

501(c)(3)

Usta Northern California

1920 North Loop Rd Alameda, CA 94502 94-1057590

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 501(c)(4) 6.000 Southern California Tennis 95-1243600 High Performance Association Po Box 240015 los angeles, CA 90024

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 934	9331	9024	209
Sch	edule J	Con	npensati	ion Information	OM	IB No	1545-(	0047
(For	n 990)	For certain Officers	, Directors, T	rustees, Key Employees, and Hig	hest			
		➤ Complete if the organ	Compensa ization answ	ated Employees vered "Yes" on Form 990, Part IV,	. line 23.	20	18	}
_			▶ Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>гогтээо</u> тог	instructions and the latest inform	nation.		ectio	
	me of the organiza	ation MENT INCORPORATED			Employer identificat	ion nu	ımber	
051	A PLATER DEVELOP	MENT INCORPORATED			27-1368195			
Pa	rt I Questi	ons Regarding Compensatio	n					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				
	LI Discretion	ary spending account	ш	Personal services (e g , maid, chauf	reur, cher)			
b		kes in line 1a are checked, did the all of the expenses described above		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1?	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked in line	e la?			
3		if any, of the following the filing or, EO/Executive Director Check all th		ed to establish the compensation of the	ne			
	_	•		CEO/Executive Director, but explain i	n Part III			
	<b>✓</b> Compensa	ation committee	П	Written employment contract				
		ent committee	✓	Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensa	tion committee			
4			), Part VII, Se	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
	related organiza							
a		ance payment or change-of-control				4a		No
b c	•	receive payment from, a supplem receive payment from, an equity-	•	·		4b 4c		No No
·				blicable amounts for each item in Part	: III	40		INO
		), 501(c)(4), and 501(c)(29) o	_	-				
5		ed on Form 990, Part VII, Section A contingent on the revenues of		the organization pay or accrue any				
а	The organization					5a		No
b	Any related orga					5b		No
_	-	5a or 5b, describe in Part III	التاسم المسالة	the eventuation never access and				
6		ontingent on the net earnings of	a, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III				<b>6</b> b		No
7	•		Line 15 ded	the organization provide any nonfixe	d			
•		escribed in lines 5 and 6? If "Yes,"			u	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follow t	the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danarwark Badu	ction Act Notice, see the Instru	etions for Ec	orm 990 Cat No 5	50053T Schedule 1	/Earn	2001	2018

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

							D) and (E) amounts for that individual						
(A) Name and Title			of W-2 and/or 1099-MISC	•	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported					
		(i) Base compensation	(ii) Bonus & incentive compensation			Denents		as deferred on prior Form 990					
1 GORDON SMITH Vice President	(i)	0	0	0	0 0		0	0					
	(ii) 838,173 414,361 12,745		132,299	27,294	1,424,872	86,219							
2 MARTIN BLACKMAN GENERAL MANAGER	(i)	438,617	125,984	296	19,031	32,715	32,715 616,643						
(ii) 0 0		0	0	0									
3 ERIK OLA MALMQVIST DIRECTOR, COACHING	(i)	217,483	71,880	1,302	16,878	31,296	338,839	0					
·	(ii)	0	0	0	0	0	0	0					
4 KATHY RINALDI HEAD, WOMEN'S TENNIS	(i)	228,158	55,000	430	16,969	30,065	330,622	0					
·	(ii)	0	0	0	0	0	0	0					
<b>5</b> BRENT SALAZAR DIRECTOR, PERFORMANCE	(i)	216,976	12,325	162	15,380	30,065	274,908	0					
' '	(ii)	0	0	0	0	0	0	0					
6 PAUL LUBBERS - SR	(i)	168,290	22,755	774	12,664	27,502	231,985	0					
DIDECTOR	(ii)	0	0	0	0	0	0	0					
7 KENT KINNEAR HEAD, MEN'S TENNIS	(i)	154,648	20,883	11,354	10,740	32,538	230,163	0					
·	(ii)	0	0	0	0	0	0	0					
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							Schedule	J (Form 990) 2018					

Schedule J (Form 990) 2018	Page 3								
Part III Supplemental Inform	nation								
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									
Return Reference	Explanation								

ACCOUNTABLE EXPENSE REIMBURSEMENT PLAN

Return Reference	Explanation
,	UNITED STATES TENNIS ASSOCIATION INCORPORATED (USTA), AN AFFILIATE OF THE REPORTING ORGANIZATION PAID COMPENSATION TO THE REPORTING ORGANIZATION'S TOP MANAGEMENT OFFICIAL USING COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANIZATIONS, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PAI

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efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493319024209
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to speci Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ.	fic questions on nformation.	OMB No 1545-0047  2018  Open to Public Inspection
	enization ELOPMENT INCORPORATED  e O, Supplemental Information	Employer identi 27-1368195	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B	THE UNITED STATES TENNIS ASSOCIATION IS THE SOLE MEMBER OF THE ORPORATED ("PLAYER DEVELOPMENT") AND ELECTS THE DIRECTORS TO PLAYER DEVELOPMENT"S BYLAWS, THE SOLE MEMBER HAS THE RIGHTHOUT CAUSE, TO FILL VACANCIES IN THE BOARD OF DIRECTORS, A FINCORPORATION AND THE BYLAWS OF PLAYER DEVELOPMENT IN AERIGHT TO APPROVE OR RATIFY CERTAIN DECISIONS OF THE BOARD OF ENT (SUCH AS THE DECISION TO MERGE OR DISSOLVE) PURSUANT TO PROFIT CORPORATION LAW	OF PLAYER DEVELOPMEN GHT TO REMOVE DIRECTO ND TO AMEND THE CERTII DITION, THE SOLE MEMBE F DIRECTORS OF PLAYER I	T PURSUANT RS WITH OR FICATE O ER HAS THE DEVELOPM

Return Explanation
Reference

FORM 990,	FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORG
PART VI,	ANIZATION'S FINANCIAL DEPARTMENT DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S INTERN
SECTION B,	AL COUNSEL AND THE AUDIT COMMITTEE FORM 990 IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD
LINE 11B	OF DIRECTORS IN ADVANCE OF FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	USTA PLAYER DEVELOPMENT INCORPORATED ("PLAYER DEVELOPMENT") HAS A CONFLICT OF INTEREST AND DISCLOSURE POLICY THAT APPLIES TO ALL EMPLOYEES AND A SEPARATE CONFLICT OF INTEREST POLIC Y FOR BOARD MEMBERS, EACH OF THE POLICIES ARE SUBSTANTIALLY THE SAME THE CONFLICT OF INTEREST AND DISCLOSURE POLICY REQUIRES AN EMPLOYEE AND BOARD MEMBER TO REPORT ALL INTERESTS O R RELATIONSHIPS THAT COULD PRESENT A POTENTIAL CONFLICT OF INTEREST PLAYER DEVELOPMENT OB TAINS ANNUAL CERTIFICATIONS FROM EMPLOYEES AND BOARD MEMBERS THE ETHICS OFFICER OF PLAYER DEVELOPMENT'S SOLE MEMBER, USTA, REVIEWS THE COMPLETED DISCLOSURE STATEMENTS FOR EMPLOYEES AND THE AUDIT COMMITTEE REVIEWS THE COMPLETED DISCLOSURE STATEMENTS FOR BOARD MEMBERS THE ETHICS OFFICER OF PLAYER DEVELOPMENT'S SOLE MEMBER, USTA, AND THE CHAIR OF THE AUDIT COMMITTEE HAVE THE DISCRETION TO SHARE THE DISCLOSURE STATEMENTS WITH THE ENTIRE BOARD OF DIRECTORS AND/OR VP. THE ETHICS OFFICER AND THE AUDIT COMMITTEE DETERMINE WHETHER A CONFLICT EXISTS AND SO MARK THEIR DECISION ON THE DISCLOSURE STATEMENT, ALSO INDICATING THE REQUIR ED 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 INTRANSACTIONS)

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	The Compensation Committee has responsibility for establishing a compensation strategy and setting the compensation of the key employees of Player Development. 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 organizations geographic area, and (III) compensation surveys compiled by independent firms. The review described above is conducted in the fourth quarter of each year with respect to all noted individuals a bove as it relates to their compensation.

Return Explanation

LINE 19

FORM 990, PART VI, c upon request The organizations bylaws and conflict of interest policy are available upo

SECTION C. In request from the organizations legal department

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

Open to Public Inspection

2018

DLN: 93493319024209 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** USTA PLAYER DEVELOPMENT INCORPORATED 27-1368195 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity or foreign country) entity 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) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No (1)UNITED STATES TENNIS ASSOCIATION INC NY Tennis 501(c)(6) n/a na 70 West Red Oak Lane White Plains, NY 10604 13-5459420 (2) USTA NATIONAL TENNIS CENTER INC NY 501(c)(3) 10 **USTA** No 70 West Red Oak Lane White Plains, NY 10604 13-2946690 NY (3) USTA FOUNDATION INC 501(c)(3) USTA No Grant Giving 70 West Red Oak Lane White Plains, NY 10604 13-3782331 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling		(f) Share of d, total income		( <b>h</b> Dispropi allocat	rtionate	amount in	Gene	agıng	(k Percer owner	tage	
			(state or foreign country)	entity	unrelated, excluded fron tax under sections 512 514)		assets		T	box 20 of Schedule K-1 (Form 1065)		ner?		
(1) CINCINNATI TENNIS LLC		Tennis	DE	USTA				Yes	No		Yes	No		
. 7 250 E Fifth Street Suite 1310 Cincinnati, OH 45202 26-4273680		Tournament												
Part IV Identification of Related Organizate because it had one or more related organizate.	<b>tions Taxable as a</b> ganızatıons treated	Corporation as a corporation	or Tru	<b>st</b> Complete ust during th	of the organ	nization ans	wered "Ye	s" on f	orm 9	990, Part I\	/, lın	e 34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Lo doi (state o	(c) egal micile or foreign	Direc		(e) ype of entity corp, S corp, or trust)	(f) Share of tota Income	ıl Shar	(g) re of end year assets	d-of- Perc	(h) entag ership	e )	(ı Section (13) cor enti	itrolle
		cou	intry)										Yes	No

(1)United States Tennis Association (USTA)

(2)USTA - Facilities

(3)USTA - See Part VII

(a) Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

Schedule K (Form 350) 2010				Га	iye <b>J</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	, 35b, or 36	5.			
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?				T	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			. 1c	Yes	
f d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			<b>1</b> f		No
g Sale of assets to related organization(s)			<b>1</b> g	$\top$	No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		•	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k	$\vdash$	No
l Performance of services or membership or fundraising solicitations for related organization(s)			. 11	1	No
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes	
o Sharing of paid employees with related organization(s)			10	Yes	$\vdash$

Dage 3

No

No

No

No

**1**q

1r

1s

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(d)

Method of determining amount involved

f Dividends from related organization(s)	 1f	No
g Sale of assets to related organization(s)	 <b>1</b> g	No
f h Purchase of assets from related organization(s)	 1h	No
i Exchange of assets with related organization(s)	 1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	 1j	No
		T
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)	 1k	No
l 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

(b)

Transaction

type (a-s)

C

Ν

0

(c) Amount involved

19,578,474

1,117,213

Cash

COST

Cash

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
													_						
													_						
	•								•	Schedul	e R (Forn	1 99	0) 2018						

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Part VII	Supplemental Info	olemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)			
Return Reference		Explanation	
PART V, LINE 2(3)		USTA provides executive and administrative staff to Player Development at no charge	

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