UNITED STATES SQUASH RACQUETS ASSOCIATION, INC.

FORM 990

COPY FOR PUBLIC INSPECTION

YEAR ENDED JUNE 30, 2021



PUBLIC DISCLOSURE COPY

Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change UNITED STATES SQUASH RACQUETS ASSOC, INC Name 16-6050490 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 212 268-4090 555 EIGHTH AVENUE 1102 11,214,939. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 10018-4311 NEW YORK, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KEVIN KLIPSTEIN Yes X No for subordinates? 555 EIGHTH AVENUE, NEW YORK, NY 10018 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.USSOUASH.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1957 M State of legal domicile: NY Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: LEAD SQUASH'S GROWTH & DEVELOP. Activities & Governance BY INCREASING ACCESS & AWARENESS AND ACHIEVING COMP. EXCELLENCE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 20,347. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** COPY FOR 6,757,291. 4,103,654. Contributions and grants (Part VIII, line 1h) 8 PUBLIC INSPECTION 3,660,302. 1,749,086. Program service revenue (Part VIII, line 2g) 279,230. 257,205. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 191,005. 3,560,161. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,887,828. 9,670,106. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 42,500. 23,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,888,411. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,559,341. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,196,564. 1,638,858. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,127,475. 4,221,199. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,760,353. 5,448,907. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 26 37,322,425. 39,381,714 Total assets (Part X, line 16) 3,367,728. 4,884,401. 21 Total liabilities (Part X, line 26) 三年 32,438,024. 36,013,986 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Signature of officer Date Sign KEVIN KLIPSTEIN, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name WILLIAM EPSTEIN 05/06/22 P01307171 Paid self-employed Firm's name EISNER ADVISORY GROUP LLC Firm's EIN ▶ 87-1353108 Preparer Firm's address ▶ 733 THIRD AVENUE Use Only Phone no. 212-949-8700 NEW YORK, NY 10017-2703 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-i	for-charities	a-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		,	O-C filers), partnerships,	RE	MICs,	and trusts			
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nu	ımbe	r (TIN)				
orint	UNITED STATES SQUASH RACQUETS	ASSOC.	, INC.	16-605049	0					
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.							
iling your	555 EIGHTH AVENUE									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018-4311									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1			
Application		Return	Application				Return			
s For		Code	Is For				Code			
	r Form 990-EZ	01	Form 990-T (corporat	ion)			07			
Form 990-B		02	Form 1041-A				08			
orm 4720	,	03	Form 4720 (other tha	n individual)	—		09			
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							10			
Form 990-T (trust other than above) 05 Form 8870							12			
Telephon If the orga If this is for the whole	s are in the care of ► 555 EIGHTH AVEN e No. ► 212 268-4090 anization does not have an office or place of or a Group Return, enter the organization's foe group, check this box e names and TINs of all members the extens	business ir ur digit Gro f it is for pa	Fax No. ▶ n the United States, checoup Exemption Number (ck this box			this is			
1 I reque	est an automatic 6-month extension of time u	ntil	05/16_, 20 2	$\frac{22}{2}$, to file the exempt	org	aniza	tion return			
2 If the ta	calendar year 20 or tax year entered in line 1 is for less than 12 m change in accounting period	<u>)1</u> , 20 <u>2</u> 0	0, and ending	06/30_, eturn Final return		<u>21</u> .				
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	O, or 6069, enter the	tentative tax, less any						
nonref	undable credits. See instructions.				За	\$	0.			
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and						
	ted tax payments made. Include any prior yea				3b	\$	0.			
	ee due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS			_			
	onic Federal Tax Payment System). See instru				3с		0.			
	u are going to make an electronic funds withdrawa	II (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Forn	า 887	′9-EO	for payment			
nstructions.						0001				
or Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	1 0000	8 (Rev. 1-2020)			

Га	otatement of Frogram betwee Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	US SQUASH IS THE GOVERNING BODY OF THE GAME OF SQUASH RACQUETS IN THE	
	USA. ITS MISSION IS TO LEAD SQUASH'S GROWTH AND DEVELOPMENT BY	
	INCREASING ACCESS AND AWARENESS, SUPPORTING MEANINGFUL LIFELONG	
	ENGAGEMENT IN THE SPORT, AND ENCOURAGING SPORTSMANSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
42	(Code:) (Expenses \$2,908,647 • including grants of \$23,000 •) (Revenue \$371,22	7. \
4 a	ORGANIZED ACTIVITIES - SEE SCHEDULE 0.	<u>, , , , , , , , , , , , , , , , , , , </u>
	OKGANIZED ACTIVITIED DEE DCHEDOLE 0:	
4b	(Code:) (Expenses \$433,318 •including grants of \$) (Revenue \$1,357,51	2.)
	MEMBERSHIP:	
	BECOMING A US SQUASH MEMBER ENTITLES THE CLUB OR SCHOOL TO A BROAD	
	RANGE OF BENEFITS INCLUDING PROVIDING THE ABILITY TO HOST ACCREDITED	
	ACTIVITES AND SERVICES FOR COACHES, PROFESSIONALS AND PLAYERS.	
	ADDITIONALLY, US SQUASH MAINTAINS CERTIFICATION PROGRAMS FOR COACHES,	
	REFEREES, AND TOURNAMENT DIRECTORS, EACH WITH SEVERAL LEVELS OF	
	CERTIFICATION. THE ASSOCIATION COORDINATES THESE PROGRAMS WITH THE	
	WORLD SQUASH FEDERATION AND THE PROFESSIONAL SQUASH ASSOCIATION.	
	WORLD BEOLDH I DEBILITION THE THE TROT DESIGNAL BEOLDH RESPONSITION.	
4-	(Code:) (Expenses \$ 401,197 • including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$4U1,197. including grants of \$) (Revenue \$) THE OPERATIONS OF THE ARLEN SPECTER US SQUASH CENTER - SEE SCHEDULE O.	— '
	THE OPERATIONS OF THE ARDEN SPECIER OS SQUASH CENTER - SEE SCHEDOLE O.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 124,373 • including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,867,535.	
	Form 990	(2020)

Form 990 (2020) UNITED STATE Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	17		X
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		X
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		X
20 a	The state of the s	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Page 4

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Cohoolida N. Dout II	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			口
	1 1		Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0.5 = 1
032004	‡ 12-23-20	Form	330	(2020)

Form 990 (2020) UNITED STATES SQUASH RACQUETS ASSOC, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[100	110
	filed for the calendar year ending with or within the year covered by this return	2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the constitution become lated to be in a second of \$1,000 and the second of the se			За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		_X_
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		_X_
b	, , , , , , , , , , , , , , , , , , , ,		uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as requ	iirea	7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		1	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		··	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration	or			
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		_X_
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		1
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	KEVIN KLIPSTEIN - 212 268-4090			
	555 EIGHTH AVENUE, SUITE 1102, NEW YORK, NY 10018			

Form **990** (2020)

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

X

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 of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	. gu		((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than c		Reportable	Reportable	Estimated
	hours per week					s both r/trust		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN KLIPSTEIN	38.00	드	드	10	32	E E	3			
PRESIDENT & CEO	2.00	-		Х				232,014.	0.	8,120.
(2) EDWARD EDWARDS	40.00							232,021	•	0,1201
EXECUTIVE DIRECTOR	0.00	-			х			169,466.	0.	5,084.
(3) RYAN RAYFIELD	40.00								•	0,0020
VP OF TECHNOLOGY	0.00					х		157,995.	0.	9,550.
(4) PHILIP LEE	40.00							, = = = =		,
VP FINANCE AND ADMIN.	0.00	1				х		128,455.	0.	12,278.
(5) DAVID POOLMAN	40.00									-
CSA EXECUTIVE DIRECTOR	0.00					Х		125,850.	0.	9,547.
(6) JAMES NEIDERER	40.00									
GENERAL MANAGER	0.00					Х		129,684.	0.	2,585.
(7) KIM CLEARKIN	40.00									
VP OF PROG. AND EVENTS	0.00					X		117,853.	0.	5,027.
(8) AMANDA SOBHY	10.00									
DIRECTOR-ATHLETE REP ALT.	0.00	Х						36,676.	0.	515.
(9) CHRISTOPHER HANSON	10.00									
DIRECTOR-ATHLETE REP USOC	0.00	Х						18,433.	0.	424.
(10) OLIVIA BLATCHFORD-CLYNE	10.00									
DIRECTOR-ATHLETE REP ALT.	0.00	Х						16,021.	0.	481.
(11) TODD HARRITY	10.00							12 22		201
DIRECTOR - ATHLETE REP	0.00	Х						13,021.	0.	391.
(12) OLIVIA FIECHTER	10.00							10 700	_	
DIRECTOR - ATHLETE REP	0.00	Х						12,729.	0.	0.
(13) CHRISTOPHER GORDON	10.00	37						10 405	_	252
DIRECTOR - ATHLETE REP (14) SOO VENKATESAN	1.00	Х						10,405.	0.	253.
CHAIRMAN OF THE BOARD	0.00	Х		х				0.	0.	0.
(15) TIMOTHY J. CONWAY	1.00	Λ		Δ				0.	0.	U•
CHAIR-FINANCE/AUDIT CMTE	0.00	Х						0.	0.	0.
(16) ALBERT G. TIERNEY	1.00	-22	\vdash					0.		- •
CHAIR-NOMINATING & GOV.	0.00	Х						0.	0.	0.
(17) DANIEL D. DOLAN	1.00		\vdash						•	<u> </u>
CO-CHAIR-ADVANCEMENT CMTE	0.00	Х						0.	0.	0.
032007 12-23-20	, 5.55			ı					•	Form 990 (2020)

Form **990** (2020)

Form 990 (2020) UNITED S	TATES SC	ĮUΑ	79H	. к	AC	JŲU	P.T.	S ASSOC, INC	16-6050	490 Page o
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ar	la a a	l a director/trustee)			from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		99/	mpen		(***2/1099*****100)		and related
	below	dualt	utiona	_	nplo,	st co	-ia			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			J
(18) JENNIFER MACKESY	1.00									
CO-CHAIR-ADVANCEMENT CMTE	0.00	Х						0.	0.	0.
(19) ROBERT OSBORNE, JR.	1.00									
CO-CHAIR-ADVANCEMENT CMTE	0.00	Х						0.	0.	0.
(20) JOSEPH DWORETZKY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) PRAVEEN KANKARIYA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) LINDA G. ROBINSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(23) SHANIN SPECTER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) PETER DUNNE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(25) ANDREW FINK	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) NICK LEPORE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal							>	1,168,602.	0.	54,255.
c Total from continuation sheets to Part V	II, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	1,168,602.	0.	54,255.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation	
GILBANE BUILDING COMPANY, 100 PENN SQUARE			
	GENERAL CONTRACTOR	10,723,912.	
IMS TECHNOLOGY SERVICES, 3055 MCCANN FARM			
DR, GARNET VALLEY, PA 19060	TECH. CONSULTING	2,109,540.	
MASON BUILDING GROUP, INC.			
35 ALBE DR, NEWARK, DE 19702	GENERAL CONTRACTOR	1,590,267.	
KAY AND SONS, 2550 BLVD. OF THE GENERAL,			
NORRISTOWN, PA 19403	CONSTRUCTION	716,316.	
MCGOLDRICK ELECTRIC, INC.			
2406 HIRST TERRACE, HAVERTOWN, PA 19083	CONSTRUCTION	621,072.	
2 Total number of independent contractors (including but not limited to those listed			
\$100,000 of compensation from the organization > 5			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

8

								S ASSOC, INC		0490
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	/-1			ition			Reportable	Reportable	Estimated
	hours per	(CI	check all that apply		hat apply)		compensation from	compensation from related	amount of other	
	week					ee		the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	ordire	gu.			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		e e	suedu				and related
	organizations below	dual tr	ıtional	L	nploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SCOTT POIRIER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
			\vdash			\vdash				
_										
			\vdash		_	\vdash				
	I				<u> </u>					
Total to Part VII, Section A, line 1c										
								1	1	<u> </u>

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c					
fts, r A		Related organizations 1d					
igi Gila		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
ig ig		similar amounts not included above	4,103,654.				
흕		Noncash contributions included in lines 1a-1f	531,407.				
o u		Total. Add lines 1a-1f		4,103,654.			
0 10		Total. Add lines 1a-11	Business Code	2,233,3320			
	2 a	MEMBERSHIP DUES	713990	1,357,512.	1,357,512.		
Ìς	z c	1.660=0.000.000.000	713990	303,248.	303,248.		
ser, Ide		PROGRAM FEES	713990	64,379.	64,379.		
m S			713990	21,365.	1,018.	20,347.	
gra Re		COMMISSIONS AND LICENSING FEES	713990	2,582.	2,582.	20,317.	
Program Service Revenue	-		713330	2,302.	2,302.		
_		All other program service revenue Total. Add lines 2a-2f		1,749,086.			
			ot and	1,745,000.			
	3	Investment income (including dividends, intere		42,384.			42,384.
		other similar amounts)		42,304.			42,304.
	4	Income from investment of tax-exempt bond p	roceeas				
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Fersorial				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	/ a	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 7a 1,759,654.					
	r	Less: cost or other basis					
ther Revenue		and sales expenses 7b 1,544,833.					
eve		Gain or (loss) 7c 214,821.		214 021			214 921
Ä.		Net gain or (loss)		214,821.			214,821.
‡	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events	·····				
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	······				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Dualitation C. 1				
छ		DEVELOPED FEET THOOMS	Business Code	2 400 000			2 400 000
Miscellaneous Revenue		DEVELOPER FEES INCOME	900099	3,480,000.			3,480,000.
llan	t		900099	80,161.			80,161.
Sce.							
Ĕ		All other revenue		3 560 161			
		Total. Add lines 11a 11d	>	3,560,161.	1 700 730	20 245	2 017 266
	12	Total revenue. See instructions		9,670,106.	1,728,739.	20,347.	3,817,366.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nolete column (A)	
<u> </u>	Check if Schedule O contains a respons			ipioto ooidinii (rt).	
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	23,000.	23,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	453,080.	416,834.	36,246.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,732,640.	1,596,505.	133,979.	2,156.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,930.	41,404. 183,652.	3,467. 14,985.	59. 214.
9	Other employee benefits	198,851.		14,985.	214.
10	Payroll taxes	129,840.	119,602.	10,108.	130.
11	Fees for services (nonemployees):				
а	Management	40.70		40.707	
b	Legal	10,797.		10,797.	
	Accounting	81,496.	75,534.	5,962.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	00 011		00 011	
f	Investment management fees	20,211.		20,211.	
g	Other. (If line 11g amount exceeds 10% of line 25,	165 600	160 044	2 112	1.00
	column (A) amount, list line 11g expenses on Sch O.)	165,622.	162,044.	3,112.	466.
12	Advertising and promotion	02.062	04 002	7 160	0.2
13	Office expenses	92,063. 121,708.	84,803. 112,111.	7,168.	92. 122.
14	Information technology	121,700.	114,111.	9,4/5.	122.
15	Royalties	620,209.	571,305.	48,285.	619.
16	Occupancy	44,429.	40,926.	3,459.	44.
17	Travel	44,423.	40,920.	3,433.	44.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	238.		238.	
20 21	Payments to affiliates	250 •		250•	
21	Depreciation, depletion, and amortization	207,511.	191,313.	16,198.	
23		86,715.	79,877.	6,751.	87.
23 24	Other expenses. Itemize expenses not covered	0077231	1370111	077311	<u> </u>
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	134,926.	119,865.	10,038.	5,023.
b	DUES AND SUBSCRIPTIONS	31,444.	28,965.	2,448.	31.
C	REPAIRS AND MAINTENANCE	21,489.	19,795.	1,673.	21.
d		,,		=, 0.00	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,221,199.	3,867,535.	344,600.	9,064.
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)				
_					

Form **990** (2020)

Form 990 (2020) Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1				832,920.	1	1,607,811
2	2					2	
3	3	Pledges and grants receivable, net			447,200.	3	3,987,170
4	4	Accounts receivable, net			149,941.	4	149,940
5	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
6	6	Loans and other receivables from other disqualified	ed per				
		under section 4958(f)(1)), and persons described i	in sec	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹ 9	9	Prepaid expenses and deferred charges			29,792.	9	29,792
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,248,252. 1,079,245.			
	b	Less: accumulated depreciation	10b	1,079,245.	859,864.		1,169,007 2,595,937
11	1	Investments - publicly traded securities			2,642,805.	11	2,595,937
12	2	Investments - other securities. See Part IV, line 11				12	
13	3	Investments - program-related. See Part IV, line 1	1			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			32,359,903.	15	29,842,057
16	6	Total assets. Add lines 1 through 15 (must equal			37,322,425.	16	39,381,714
17	7	Accounts payable and accrued expenses			231,951.	17	1,660,899
18	8	Grants payable			005 050	18	605 040
19	9	Deferred revenue			895,979.	19	625,819
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete Pa				21	
မွ 22	2	Loans and other payables to any current or forme					
≣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			12 420	22	140 000
23		Secured mortgages and notes payable to unrelate			13,432.	23	149,900
24		Unsecured notes and loans payable to unrelated	-		465,555.	24	931,110
25	5	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines		•	3,277,484.	۰.	0
0.0	_	of Schedule D			4,884,401.		3,367,728
26	<u> </u>	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chec			4,004,401.	26	3,301,120
တ္ဆ		and complete lines 27, 28, 32, and 33.	k ner				
ö 27	7				-1,295,341.	27	23,866,974
Bal 28		Net assets without donor restrictions Net assets with donor restrictions			33,733,365.	28	12,147,012
B 20	0	Organizations that do not follow FASB ASC 95			33,733,303.	20	12,147,012
ᇤᅵ		and complete lines 29 through 33.	o, che	ck liefe			
ㅎ 29	۵	Capital stock or trust principal, or current funds				29	
s 30		Paid-in or capital surplus, or land, building, or equ				30	
ASS 31		Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances		Total net assets or fund balances			32,438,024.	32	36,013,986
Ž 32		Total liabilities and net assets/fund balances			37,322,425.	33	39,381,714
		Total habilities and flet assets/fully balances			3.,022,123.		Form 990 (202

Act and OMB Circular A-133?

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 on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNITED STATES SQUASH RACQUETS ASSOC 16-6050490 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to	2020 (f) Total					
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities						
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities						
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities						
or expended on its behalf 3 The value of services or facilities						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e)	2020 (f) Total					
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
organization, check this box and stop here	>					
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	%					
15 Public support percentage from 2019 Schedule A, Part II, line 14	<u>%</u>					
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	ck this box and					
stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
and stop here. The organization qualifies as a publicly supported organization						
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 1	4 is 10% or more,					
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	ne organization					
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b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	line 15 is 10% or					
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶∐					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see in	structions					

Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Gifts, grants, contributions, and membership flees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities threshed in organization's themshold in organization's benefit and either paid to or expended on its behalf 3 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 Total. Add lines 1 through 5 7 Ad Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts included on lines 1, 2, and 3 received from disqualified persons be Amounts received in lines 2 and 1 received from or the through the persons because the greater of \$6,000 x 150 of the mounts of lines 1 through 5 to the series of \$6,000 x 150 of the mount of the 1 through 5 to the series of \$6,000 x 150 of the	alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Membraship fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, mechanides odd or services performed, of facilities furnished in any activity that is related to the organization stax exempt purposa 3 Gross receipts from admissions, methods of the organization stax exempt purposa 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 2339369 2370867 2741276 2098294 371,227 9921033 2370867 2741276 2098294 371,227 9921033 2370867 2741276 2098294 371,227 9921033 2370867 2741276 2098294 371,227 9921033 2370867 2741276 2098294 371,227 9921033 2370867 2741276 2098294 371,227 9921033 2451240 2451240 2451276		_,	3,2511	(-)	(2,72010	(5), 2525	(.,
278323. 15865043. 13754941. 8161383. 5461166. 46024856							
2 Gross receipts from admissions, marchandise soll of services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization without charge 5 Total, Add lines 1 through 5 7 A Amounts included on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 Total, Add lines 11, 2, and 3 received from disqualificel person business and 2 section 513 8 Amounts included on ines 1, 2, and 3 received from disqualificel person business and 2 section 51 to 18 section 51 taxes) from the through 5 7 A Amounts included on ines 1, 2, and 3 received from disqualificel person business and 50 to 18 section 51 to 18		2782323	15865043	13754941	8161383	5461166	46024856
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are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on fits behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on line 1, 2, and 3 received from disqualified persons b Amounts included on line 1, 2, and 3 received from disqualified persons b Amounts included on line 1, 2, and 4 (a) 2, 45, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support. Calentine 2, limited 5 8 Amounts from line 6 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from line 8 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from line 8 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from line 8 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from line 8 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from line 8 5 (a) 245, 1,42, 1,0665000, 1,365061, 2,580000, 2,65,000, 1,5120203 8 Public support from similar sources 5 (merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2339369.	2370867.	2741276.	2098294.	371,227.	9921033
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245,142. 10665000. 1365061. 2580000. 265,000. 15120203 8 Public support. (spikedlies 7 tems line).	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
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(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ection C. Computation of Public Support Percentage 5 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 6 Public support percentage from 2019 Schedule A, Part III, line 15 7 Investment income percentage from 2019 Schedule A, Part III, line 17 8 Investment income percentage from 2019 Schedule A, Part III, line 17 9a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Tax Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Tax Investment and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Tax Investment income than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Tax Investment income than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Tax Investment income than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualif		00,200		,			1 2 7 4 7 7 7
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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10b n 990 or 99	10-F7\	2020

	dule A (Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-60	<u>5049</u>	0 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sac	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type I Supporting Organizations		Vaa	Na
4	Did the governing hady marshay of the governing hady officers esting in their official cancelly, or marshayabin of any ar		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			l
	and or type it cupper unity of guinzations		Yes	No
4	Ware a majority of the expenization's directors or trustees during the tay year also a majority of the directors		162	INO
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 Part VI how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		•	·	
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	nization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Page 7

ection D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2 Amounts paid to perform activity that directly furthers exer	mpt purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	i	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.	•		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which	n the organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2020 from Section C, line 6			9	
0 Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	(Form 990 or 990-EZ) 2020 UNITED STATES SQUASH RACQUETS ASSUC, INC 10-0050490 Page 8
7 4.1 47	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC

OMB No. 1545-0047

2020

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC

Employer identification number

16-6050490

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 700,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,667.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>135,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	- Trainity, data coo, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$60,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and Zir + +	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$ 32,415.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 30,624.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 22	Name, address, and ZIF + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, audi ess, and Zir + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$14,536.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,066.	Person Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$ 8,221.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$6,600.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 5,616.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES SQUASH RACQUETS ASSOC, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,000.	Person X Payroll

Name of organization

Employer identification number

JNITEI	STATES SQUASH RACQUETS ASSOC, INC	16	-6050490
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED STATES SQUASH RACQUETS ASSOC, INC

16-6050490

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED SECURITIES		
<u>17</u>			
		\$10,066.	03/02/21
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED SECURITIES		
26_			
		27 202	04/16/21
		\$ 27,393.	
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	DONATED SECURITIES		
36	BOMILE BECOKITIES		
		\$10,066.	12/31/20
(a) No.	(6)	(c)	/al\
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decempes of management of green	(See instructions.)	24.01.000.104
	DONATED SECURITIES		
<u>52</u>			
		\$ 8,221.	03/19/21
		Ψ <u>σγ221</u>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	DONATED SECURITIES		
<u>54</u>			
			40.404.400
		\$6,600.	12/31/20
(a)			
No.	(b)	(C)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See mediations.)	
	[
		\$	
000450 44 05		· · · · · · · · · · · · · · · · · · ·	200 000 F7 000 PF\ (0000\

Name of organization **Employer identification number** UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC, INC

Employer identification number 16-6050490

Pai	t I Organizations Maintaining Donor Advised I	Funds or Othe	er Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	3.		•
		(a) Donor ad	lvised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ting that the asse	s held in donor advised fun	ds
	are the organization's property, subject to the organization's exc	clusive legal contr	ol?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	isors in writing tha	it grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or fo	or any other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organ	nization answered	"Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that ap	ol <u>y).</u>	
	Preservation of land for public use (for example, recreation	n or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation co	ntribution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	sed, extinguished	or terminated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation easen			
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it ho			
6	Staff and volunteer hours devoted to monitoring, inspecting, har	naling of violation	s, and enforcing conservation	on easements during the year
-	Assumb of aurona incomed in accretion in acception benefits		d	
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, an	d enforcing conservation ea	isements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above s	satisfy the require	nents of section 170/h\/4\/P	\/i\
0				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	easements in its	evenue and evnence staten	nent and
5	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	e to the organizat	on a manda statementa in	at describes the
Pai	t III Organizations Maintaining Collections of A	rt, Historical	Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	·	
	If the organization elected, as permitted under FASB ASC 958, I		revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its financia	•	•	·
b	If the organization elected, as permitted under FASB ASC 958, t			e sheet works of
	art, historical treasures, or other similar assets held for public ex	•		
	provide the following amounts relating to these items:	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
2	If the organization received or held works of art, historical treasu			
	the following amounts required to be reported under FASB ASC	•	•	
а	Revenue included on Form 990, Part VIII, line 1	-		. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2020 UNITED STATES SQUASH RA			Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, lin		ie per neturn.	
		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	اما		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Part XII Reconciliation of Expenses per Audited Financial Sta			
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	l l		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
Part XIII Supplemental Information.		•	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are		Part V, line 4; Part X, line 2; Part XI,	,
PART V, LINE 4:			
US SQUASH'S ENDOWMENT CONSISTS OF DONOR-RE	ESTRICTED FUND	S ESTABLISHED FOR	A
VARIETY OF PURPOSES CONSISTENT WITH US SQU	JASH'S MISSION	•	
PART X, LINE 2:			
US SQUASH IS SUBJECT TO THE PROVISIONS OF	THE FASB'S AS	C TOPIC 740, INCO	ME
TAXES, AS IT RELATES TO ACCOUNTING AND REP	PORTING FOR UN	CERTAINTY IN INCO	ME
TAXES. BECAUSE US SQUASH HAS ALWAYS RECORI	DED THE POTENT	IAL LIABILITY FOR	
UNRELATED BUSINESS INCOME TAXES RELATED TO	ADVERTISING	SALES, AND, DUE TO	0
ITS GENERAL NOT-FOR-PROFIT STATUS, MANAGEM	MENT BELIEVES	ASC TOPIC 740 HAS	
NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A	A MATERIAL IMP	ACT ON US SQUASH'	<u>s</u>

CONSOLIDATED FINANCIAL STATEMENTS.

Schedule Difform 989) 2020 UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 9	990) 2020	UNITED	STATES	SQUASH	RACQUETS	ASSOC,	INC 16-	-6050490	Page 5
	Part XIII Supp	plemental Inforn	nation _{(cont}	tinued)						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 16-6050490 UNITED STATES SQUASH RACQUETS ASSOC, INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CITY SQUASH INC P.O. BOX 619 FORDHAM STATION 42-1535583 501(C)3 BRONX, NY 10458 8,000. 0 SCHOLARSHIPS RACQUET UP DETROIT P.O. BOX 11404 DETRIOT, MI 48211 27-2620275 501(C)3 0. SCHOLARSHIPS 6,000.

•	Enter total number of section $EO1(a)(0)$ and government argonizations listed in the line 1 table	
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

_ . . .

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

2.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANT MONITORING					
NORTH AMERICAN OPEN/GREENWICH OPEN	("NAO/GO	") PURPOSE	:		
GRANTS FROM THE NAO/GO SCHOLARSHIP	FUND ARE	MEANT TO	SUPPLEMENT	AND ENHANCE	
THE SCHOLARSHIP FUNDING THAT URBAN	SQUASH P	ROGRAM PAR	RTICIPANTS	RECEIVE FROM	
THE URBAN SQUASH PROGRAM, THE BENE	FICIARY'S	SCHOOL AN	ID OTHER SO	URCES.	
SPECIFICALLY, THE FUNDING IS INTEN	DED TO OF	FSET THE T	UITION, RO	OM OR BOARD	
COSTS THE STUDENT WILL INCUR, BUT	HAS NOT R	ECEIVED AD	EQUATE FUN	DING FROM	
200400 44 00 00					Sahadula I (Farm 000) 2020

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

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

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		77
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
Q	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Tailing and the strength of the disc Developing of the FO 4050 4(-)/000 If IIV and the strength of the Developing	8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ů		-23
Ð	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) KEVIN KLIPSTEIN	(i)	232,014.	0.	0.	8,120.	0.	240,134.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) EDWARD EDWARDS	(i)	169,466.	0.	0.	5,084.	0.	174,550.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RYAN RAYFIELD	(i)	157,995.	0.	0.	4,550.	5,000.	167,545.	0.	
VP OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

Par	t I	Types o	f Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	 S
1	Art -	Works of art								
2			asures							
3			terests							
4			ations							
5			sehold goods							
6			ehicles							
7										
8		lectual proper								
9	Seci	urities - Public	cly traded	Х	18	531,407.	COMPARABLE :	SALI	ES .	
10			ly held stock							
11			ership, LLC, or							
	trust	interests								
12	Seci		llaneous							
13			ation contribution -							
	Histo	oric structure:	s							
14	Qua	lified conserva	ation contribution - Other							
15	Real	estate - Resid	dential							
16	Real	estate - Com	mercial							
17	Real	estate - Othe	er							
18	Colle	ectibles								
19	Food	d inventory								
20	Drug	gs and medica	al supplies							
21										
22			3							
23			ens							
24			facts							
25)							
26		er 🕨 (_)							
27)							
28		er 🕨 ()							
29			8283 received by the organiz	-	•					
	tor v	which the orga	anization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		Т	,,	
20-	Di		lial Mara a			antari in Dant I. linaa 4 Manassa			Yes	No
30a			lid the organization receive by							
			east three years from the date					20-		X
h			for the entire holding period? the arrangement in Part II.	·				30a		
31			trie arrangement in Part II. ation have a gift acceptance p	nolicy that re	acuires the review (of any nonstandard contribut	tions?	31	х	
			ation have a gift acceptance parties					31		
JEG		ributions?	auorrine or use trinu parties					32a	х	
b		es," describe								
33	If the	e organization	n didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	cked,			
	desc	cribe in Part II								

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC, INC

Employer identification number 16-6050490

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING FISCAL-YEAR 2021, US SQUASH SUBSTANTIALLY COMPLETED THE

CONSTRUCTION OF THE ARLEN SPECTER US SQUASH CENTER (THE "SPECTER

CENTER") AND THE SPECTER CENTER WAS PLACED-IN-SERVICE IN DECEMBER 2020.

SEE PROGRAM SERVICE LINE 4C: THE OPERATIONS OF THE ARLEN SPECTER US

SQUASH CENTER.

<u> FORM 990, PART III - PROGRAM SERVICE, LINE 4A</u>

ORGANIZED ACTIVITIES:

ORGANIZED PLAY, ACCREDITATION AND RANKINGS:

US SQUASH IS RESPONSIBLE FOR ACCREDITING TOURNAMENTS AND LEAGUES

NATIONALLY, SETTING THE BASIC STANDARDS AND GUIDELINES FOR COMPETITION.

SEVERAL HUNDRED TOURNAMENTS ARE ACCREDITED ANNUALLY, ALONG WITH CITY

LEAGUES IN TWO DOZEN MARKETS, AND NUMEROUS LADDERS AND LEAGUES AT LOCAL

FACILITIES. US SQUASH WORKS WITH OVER 200 TOURNAMENT DIRECTORS AND

LEAGUE COORDINATORS TO SUPPORT THE MANAGEMENT OF THESE COMPETITIONS.

THE ASSOCIATION RUNS AND MAINTAINS THE OFFICIAL NATIONAL RANKING SYSTEM

FOR JUNIOR AND ADULT PLAYERS BASED OFF ACCREDITED PLAY RESULTS.

GRASSROOTS DEVELOPMENT:

US SQUASH IS RESPONSIBLE FOR GRASSROOTS DEVELOPMENT OF THE SPORT AND

ACHIEVES THIS THROUGH MULTIPLE PROGRAMS. THE ASSOCIATION ACCREDITS

LOCAL COMPETITIONS TO LOWER THE BAR FOR ENTRY TO THE SPORT, PROVIDES

SOFTWARE TOOLS TO HELP CLUBS AND PROGRAMS MANAGE PLAY AND BRING IN NEW

PLAYERS, PARTNERS WITH AND SUPPORTS COMMUNITY PROGRAMS TO BUILD BEST

PRACTICES FOR EXISTING AND NEW FACILITIES, AND OPERATES THE ARLEN

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC, INC

SPECTER US SQUASH CENTER TO HOST COMMUNITY SQUASH PROGRAMS, NATIONAL

CHAMPIONSHIPS AND OTHER PROGRAMMING. THE ASSOCIATION PROVIDES GRANTS

FOR THE CONVERSION OF NEW COURTS. US SQUASH WORKS IN CLOSE PARTNERSHIP

WITH THE SQUASH & EDUCATION ALLIANCE TO PROVIDE MORE THAN \$100,000 IN

CASH AND IN-KIND SUPPORT FOR URBAN SQUASH NATIONALLY, AND PARTNERS WITH

THE COLLEGE SQUASH ASSOCIATION TO SUPPORT AND GROW NEW PROGRAMS AT

COLLEGES AND UNIVERSITIES.

NATIONAL CHAMPIONSHIPS AND EVENTS:

US SQUASH MANAGES AND RUNS MORE THAN 20 NATIONAL CHAMPIONSHIPS EACH

YEAR FOR JUNIORS AND ADULTS IN SINGLES AND DOUBLES PLAY, WITH THE

EVENTS HOSTING MORE THAN 5,000 PARTICIPANTS. THE ASSOCIATION OWNS AND

RUNS THE U.S. OPEN PROFESSIONAL CHAMPIONSHIP DIRECTLY AND LICENSES THE

NORTH AMERICAN OPEN.

NATIONAL TEAMS AND HIGH PERFORMANCE DEVELOPMENT:

US SQUASH OPERATES THE NATIONAL TEAMS AND HIGH-PERMFORMANCE DEVELOPMENT

PROGRAMS IN THE U.S. THE ASSOCIATION IS A MEMBER ORGANIZATION OF THE

U.S. OLYMPIC & PARALYMPIC COMMITTEE AND COORDINATES WITH THEM TO

DEVELOP AND IMPLEMENT HIGH-PERFORMANCE ATHLETE PROGRAMS. THESE INCLUDE

FOUR PRIMARY TEAMS - THE JUNIOR WOMEN'S AND MEN'S TEAMS, AND ADULT

WOMEN'S AND MEN'S TEAMS. THESE TEAMS REPRESENT THE U.S. IN

INTERNATIONAL COMPETITIONS INCLUDING THE WORLD TEAM CHAMPIONSHIPS,

JUNIOR WORLD TEAM CHAMPIONSHIPS, THE PAN-AMERICAN JUNIOR AND ADULT

CHAMPIONSHIPS AND THE QUADRENNIAL PAN-AMERICAN GAMES WHICH IS ONE LEVEL

BELOW THE OLYMPIC GAMES. OTHER ACTIVITIES INCLUDE THE MULTI-WEEK US

SQUASH CAMPS, REGIONAL AND NATIONAL SQUAD TRAINING, THE HIGH

PERFORMANCE PROGRAM PROVIDING SUPPORT FOR TOP U.S. TOURING

032212 11-20-20

Name of the organization

UNITED STATES SQUASH RACQUETS ASSOC, INC

16-6050490

PROFESSIONALS, MANY OF THESE PROGRAMS OCCURRING AT THE NATIONAL CENTER

THE ARLEN SPECTER US SQUASH CENTER. THE PROGRAMS INVOLVE WORKING WITH

MORE THAN 10 NATIONAL COACHES AND MORE THAN 40 REGIONAL COACHES.

GOVERNANCE AND STANDARDS:

US SQUASH IS RESPONSIBLE FOR THE OVERALL GOVERNANCE AND STANDARDS OF

THE SPORT AND REPRESENTS THE U.S. AS A MEMBER OF THE WORLD SQUASH

FEDERATION. US SQUASH HAS FIVE STANDING COMMITTES NOMINATING &

GOVERNANCE, FINANCE & INVESTMENT, INSTITUTIONAL ADVANCEMENT, JUDICIAL,

AND AUDIT & RISK AND NUMEROUS ADDITIONAL COMMITTEES TO ASSIST WITH ITS

PROMOTION OF THE SPORT IN MEMBER OF THE U.S. CENTER FOR SAFESPORT, AND

US SQUASH ESTABLISHES AND ENFORCES THE CODE OF CONDUCT.

THE OPERATIONS OF THE ARLEN SPECTER US SQUASH CENTER:

THE ARLEN SPECTER US SQUASH CENTER OPENED IN 2021 AS THE NEW HOME OF

THE SPORT IN THE U.S. THE SPECTER CENTER IS HOUSED IN THE HISTORIC

PENNSYLVANIA STATE ARMORY BUILDING ON DREXEL UNIVERSITY'S CAMPUS AND

PHILADELPHIA'S BURGEONING UNIVERSITY CITY. THE FACILITY FEATURES 18

SINGLES COURTSINCLUDING 2 ALL-GLASS EXHIBITION COURTS AND 2 NORTH

AMERICAN DOUBLES COURTS. THE SPECTER CENTER HOUSES THE U.S. SQUASH HALL

OF FAME, A HIGH-PERFORMANCE TRAINING CENTER FOR TEAM USA ATHLETES, THE

US SQUASH NATIONAL HEADQUARTERS, AND A LEARNING & INNOVATION CENTER

THROUGH WHICH SQUASHSMARTS WILL EXPAND ITS INTENSIVE OUT-OF-SCHOOL

ACADEMIC AND ATHLETIC MENTORING PROGRAM. THE SPECTER CENTER WILL HOST

NUMEROUS LOCAL, NATIONAL AND INTERNATIONAL COMPETITIONS THROUGHOUT THE

YEAR, AND FIELDS THE COUNTRY'S FIRST URBAN, SCHOOL DISTRICT SUPPORTED

PUBLIC SCHOOL SQUASH LEAGUE. THE SPECTER CENTER ANCHORS THE US SQUASH

Schedule O (Form 990 or 990-EZ) 2020

UNITED STATES SQUASH RACQUETS ASSOC, INC

Employer identification number 16-6050490

COMMUNITY AFFILIATE NETWORK AND JOINS EXISTING COMMUNITY AFFILIATE

PARTNERS ACROSS THE COUNTRY THAT SHARE BEST PRACTICES AND MODELS TO

WELCOME AND INTEGRATE PEOPLE OF ALL PLAYING ABILITIES, AGES, FAITHS,

AND MULTICULTURAL AND SOCIOECONOMIC BACKGROUNDS. THE MISSION OF THE

SPECTER CENTER IS TO ENVISION PEOPLE OF ALL AGES, ABILITIES AND

BACKGROUNDS ENJOYING SQUASH, PLAYING THE GAME WITH A POSITIVE SPIRIT,

AND PARTICIPATING IN PROGRAMS THAT FOSTER CAMARADERIE, FACILITATE

COMPETITION, AND ENCOURAGE HEALTHY LIFESTYLES. US SQUASH CREATES AND

PROMOTES OPPORTUNITIES TO BECOME PART OF AN EVER-BROADENING SQUASH

COMMUNITY, ONE WIDELY KNOWN TO VALUE EXCELLENCE, DIVERSITY, FAIR-PLAY

AND SPORTSMANSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MARKETING AND PROMOTION:

US SQUASH IS RESPONSIBLE FOR MARKETING AND PROMOTION OF THE SPORT, AND

MAINTAINS SEVERAL WEBSITES INCLUDING WWW.USSQUASH.COM. THE ASSOCIATION

PUBLISHES SQUASH MAGAZINE FOUR TIMES ANNUALLY, MANAGES SOCIAL MEDIA

PLATFORMS, PUBLISHES REGULAR NEWS ARTICLES, AND SENDS A BI-WEEKLY

E-NEWSLETTER AND DIRECT CONSTITUENT COMMUNICATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

ANY INDIVIDUAL PERSON MAY BECOME AN ANNUAL MEMBER, A LIFE MEMBER, AN HONORARY LIFE MEMBER OR A MEMBER OF SUCH OTHER CLASS OF INDIVIDUAL MEMBERSHIP AS MAY, FROM TIME TO TIME, BE ESTABLISHED BY THE BOARD OF DIRECTORS (HEREINAFTER REFERRED TO AS "MEMBERS"). INDIVIDUAL PERSONS MAY BECOME HONORARY LIFE MEMBERS UPON ELECTION BY THE BOARD. ANY PERSON,

INCLUDING, BUT NOT LIMITED TO, ANY PERSON WHO IS AN ATHLETE, COACH,

EXPENSES \$ 124,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

032212 11-20-20

Name of the organization

Employer identification number

UNITED STATES SQUASH RACQUETS ASSOC, INC | 16-6050490

TRAINER, MANAGER, ADMINISTRATOR, OR OFFICIAL ACTIVE IN THE SPORT OF SQUASH,

MAY BECOME AN ANNUAL MEMBER, LIFE MEMBER OR HONORARY LIFE MEMBER OF THE

ASSOCIATION AS PROVIDED IN THE BY-LAWS. ANNUAL MEMBERS, LIFE MEMBERS AND

HONORARY LIFE MEMBERS SHALL BE ENTITLED TO VOTE AT THE ANNUAL MEETING AND

FORM 990, PART VI, SECTION B, LINE 11B:

SPECIAL MEETINGS OF THE MEMBERS OF THE ASSOCIATION.

THE FORM 990 IS PREPARED BY THE OUTSIDE INDEPENDENT ACCOUNTANTS AND IT IS

REVIEWED BY THE PRESIDENT/CEO AND VP OF FINANCE AND ADMINISTRATION BEFORE

DISTRIBUTION TO THE BOARD. THE BOARD IS GIVEN A COMMENT PERIOD, PRIOR TO

ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE, HOWEVER, NO FORMAL

ACTION BY THE BOARD IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 12C:

THOSE WHO SERVE US SQUASH, WHETHER AS VOLUNTEERS OR PAID PROFESSIONALS, ARE REQUIRED TO READILY DISCLOSURE ANY CONFLICTING INTERESTS WHENEVER THEY ARISE, AS WELL AS PHYSICAL ABSENCE FROM AND STRICT NONPARTICIPATION IN ANY EVALUATION OR DECISION MAKING PROCESS RELATING TO MATTERS IN WHICH THE INDIVIDUAL HAS A REAL OR APPARENT CONFLICT OF INTEREST. AS PART OF THE BOARD OF REVIEW'S COMMITTEE CHARTER, ITS AUTHORITY AND PROCEDURES INCLUDE INVESTIGATING ANY MATTERS INVOLVING A CONFLICT OF INTEREST, ELECTION IMPROPRIETY, VIOLATION OF THE CODE OF CONDUCT OR ETHICS, PRINCIPLES & CONFLICT OF INTEREST POLICY, OR ANY PERTINENT MATTER SUBMITTED FOR REVIEW AND RECOMMEND ACTION FOR REVIEW AND FINAL APPROVAL BY THE BOARD OF DIRECTORS. IN SUMMARY, BOARD MEMBERS, OFFICERS AND KEY STAFF MEMBERS ARE REQUIRED TO DISCLOSE EVEN THE APPEARANCE OF A CONFLICT OF INTEREST, AND THE BOARD OF REVIEW IS TASKED WITH INVESTIGATIONS AND REVIEWS, IN ADDITION TO PROVIDING CLEARANCES, IF APPLICABLE, WHEN POTENTIAL CONFLICTS ARE BROUGHT

55

Name of the organization
UNITED STATES SQUASH RACQUETS ASSOC, INC

| Employer identification number | 16-6050490 |

TO THE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE, AND TWO OTHER INDEPENDENT BOARD MEMBERS TO REVIEW THE COMPENSATION OF THE CEO ANNUALLY. THE COMPENSATION COMMITTEE CONSIDERS ANNUAL SURVEYS OF COMPENSATION LEVELS OF COMPARABLE EXECUTIVES TO ENSURE THE US SQUASH CEO'S COMPENSATION IS CONSISTENT WITH THE MARKET. THE BOARD CONDUCTS FORMAL WRITTEN PERFORMANCE REVIEWS OF THE CEO AT A MINIMUM ANNUALLY. EACH BOARD MEMBER IS ASKED TO PROVIDE A WRITTEN EVALUATION BASED UPON PRE-AGREED CRITERIA IN ORDER TO DETERMINE THESE REVIEWS. EACH REVIEW ALSO INCLUDES A REVIEW OF THE EXECUTIVE'S COMPENSATION WHICH CONSIDERED THE PARAMETERS SET FORTH ABOVE. IN ADDITION, THE BOARD CHAIR PERIODICALLY REVIEWS THE CEO'S TRAVEL AND ENTERTAINMENT REIMBURSEMENT PRACTICES AND AMOUNTS TO ENSURE THEY ARE IN ACCORDANCE WITH CUSTOMARY AND REASONABLE BEST PRACTICES. THE FINANCE AND AUDIT COMMITTEE AND THE COMPENSATION COMMITTEE, COLLECTIVELY HAVE THE RESPONSIBILITY TO DETERMINE WHETHER OR NOT IT WILL RECOMMEND TO THE ENTIRE BOARD, FOR ITS REVIEW AND CONSIDERATION, AN ANNUAL DISCRETIONARY COMPENSATION BONUS BASED ON THE RESULTS OF THE PERFORMANCE REVIEW. THE COMPENSATION SUB-COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE AND COMPENSATION COMMITTEE AND TWO OTHER INDEPENDENT BOARD MEMBERS. IN CONSIDERING WHETHER OR NOT A BONUS IS WARRANTED, THE FINANCE, AUDIT AND COMPENSATION COMMITTEE AND BOARD AS A WHOLE WILL CONSIDER WHETHER THE ASSOCIATION HAS MET THE FINANCIAL EXPECTATIONS SET FORTH IN THE ANNUAL BUDGET AND OTHER PRE-AGREED UPON PERFORMANCE CRITERIA SUCH AS MEMBERSHIP GROWTH, EFFECTIVE PROGRAM IMPLEMENTATION, IMPROVEMENT, AND OVERSIGHT, KNOWN AS KEY TACTICAL INDICATORS. THE ANTICIPATED RANGE OF THE CEO'S DISCRETIONARY BONUS IS TO BE

Schedule O (Form 990 or 990-EZ) 2020

UNITED STATES SQUASH RACQUETS ASSOC, INC 16-6050490
BETWEEN 5% AND 25% OF BASE COMPENSATION IN YEARS WITH OVERALL SATISFACTORY
JOB PERFORMANCE.
THE CEO REVIEWS AND MAKES RECOMENDATIONS TO THE COMPENSATION COMMITTEE FOR
OFFICER AND KEY EMPLOYEE COMPENSATION AND THE COMPENSATION COMMITTEE
APPROVES IT FOR RECOMMENDATION TO THE BOARD IN THE CONTEXT OF THE ANNUAL
BUDGET PROCESS.
FORM 990, PART VI, SECTION C, LINE 19:
US SQUASH MAKES ALL DOCUMENTS AVAILABLE TO THE PUBLIC THAT ARE REQUIRED BY
LAW.
FORM 990, PART VII, LINES 8, 9, 10, AND 11
CHRISTOPHER GORDON, OLIVIA BLATCHFORD CLYNE, OLIVIA FIECHTER,
CHRISTOPHER HANSON, AND AMANDA SOBHY WERE COMPENSATED FOR THEIR
COMPETITION AND TRAINING SERVICES PROVIDED THROUGH THE US SQUASH HIGH
PERFORMANCE PROGRAM, AND NOT FOR SERVING AS A MEMBER OF THE BOARD OF
DIRECTORS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
LOSS ON UNCOLLECTIBLE PLEDGES -18,000.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

16-6050490

UNITED STATES	SQUASH RACQUETS AS	SSOC, INC					16-60504	190	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total income		(e) ne End-of-year ass				9
RECIPROCITIE, LLC - 83-4033635 555 EIGHTH AVE, SUITE 1102 NEW YORK, NY 10018	SOFTWARE	DELAWARE		0.		0.	US SQUASH		
GLOBAL SQAUSH COLLABORATIVE - 83-4048712 555 EIGHTH AVE, SUITE 1102 NEW YORK, NY 10018	SUPPORT USSRA	DELAWARE		0.		0.	US SQUASH		
Part II Identification of Related Tax-Exempt Organizations during the tax year.		n answered "Yes" on Form 990), Part IV, line 34, b	pecause	it had one o	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ	tus (if section		(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				50	11(c)(3))			Yes	No

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

imary activity Leg	aal		(e)	(f)	(g)	(h)		(i)	(j	,	(k)
	te or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		amount in box 20 of Schedule		ging ner?	Percentage ownership
cour	ntry)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
ING PA	A t	US SQ DEV CO	EXCLUDED	43,587.	4,215,299.		X	N/A		X	10.00%
TAX											
EASE PA	A t	US SQ DEV CO	EXCLUDED	4,928.	21,169.		X	N/A		x	1.00%
r.	NG P2	AX	NG PA US SQ DEV CO	NG PA US SQ DEV CO EXCLUDED AX	NG PA US SQ DEV CO EXCLUDED 43,587.	NG PA US SQ DEV CO EXCLUDED 43,587. 4,215,299.	NG PA US SQ DEV CO EXCLUDED 43,587. 4,215,299.	NG PA US SQ DEV CO EXCLUDED 43,587. 4,215,299. X	NG PA US SQ DEV CO EXCLUDED 43,587. 4,215,299. X N/A	NG PA US SQ DEV CO EXCLUDED 43,587. 4,215,299. X N/A	excluded from tax under sections 512-514) No PA US SQ DEV CO EXCLUDED A3,587. 4,215,299. X N/A X AX

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
US SQUASH DEVELOPMENT CORPORATION - 83-1432987, 555 EIGHTH AVE, SUITE 1102, NEW YORK, NY 10018	REAL ESTATE DEV.		US SQUASH	C CORP	0.	25,824,351.	100%		No X
		141	ob byenon	C COM	,	25,021,551.	1000		21

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
	Performance of services or membership or fundraising solicitations for related organi				11		X
m	Performance of services or membership or fundraising solicitations by related organizations	ization(s)			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X	
					10		X
р	Reimbursement paid to related organization(s) for expenses				1 p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	nis line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) :	3205 MASTER TENANT, LLC	K	973,768.	FMV			
2)							
3)							
4)	+						
5)							
5)							
6)							
	3 10-29-20			Schedule	R (For	n 990	2020

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 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000