(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning	, 20 19), and ending				, 20		
			C Name of organization				D Employer ider	ntificatio	on numbe	er	
B	heck if a	applicable:	UNITED STATES TENNIS A	ASSOCIATION INCORPORAT	ΓED		13-5459	9420			
	Addr chan		Doing business as								
	7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	1	E Telephone nur	mber			
	Initia	l return	70 WEST RED OAK LANE				(914) 69	6-700	00		
		return/	City or town, state or province, country, a	and ZIP or foreign postal code	'						
	Ame		WHITE PLAINS, NY 10604	4			G Gross receipts	\$	349,	478,	,126.
		cation	F Name and address of principal officer:	PATRICK GALBRAITH			H(a) Is this a grou		for	Yes	X No
	_ pend	ing	70 WEST RED OAK LANE,	WHITE PLAINS, NY 1060	04	١,	subordinates' H(b) Are all subordi		ded?	Yes	No
$\overline{}$	Tax-ex	cempt st	atus: 501(c)(3) X 501(c) (6)) or 527		If "No," att				
			WWW.USTA.COM) ()	,	─,	H(c) Group exemp			,	
_				Association Other	I Year of f		on: 1973 M s			nicile.	NY
	art I		ımmary	7.0000.aug.r	1 - 1 - 1 - 1 - 1	011114110		<u> </u>	rogar don		
	1		y describe the organization's mission of	ur most significant activities: TO PR	OMOTE AND	DEV	ELOP THE	GROV	WTH O	F	
ø			NIS AS A MEANS OF HEALTH								
ů					11210112 11						
ž	2	Chook	this box let if the organization d	liscontinued its operations or dispos	and of more than	250/ 6	of its not assets				
Governance	3		per of voting members of the governing	·				3			15.
≪	4		per of independent voting members of t					4			15.
ies	5		number of individuals employed in cale					5			936.
Activities &	_							6			500.
Act	6		number of volunteers (estimate if necess							121	509.
•			unrelated business revenue from Part V					7a			300.
_	D	Net ui	nrelated business taxable income from	Form 990-1, line 39	 			7b	Curre		
		•		COPY FOR	₹	1	Prior Year 18,590,27	-			208.
ne	8	Contr	ibutions and grants (Part VIII, line 1h)	PUBLIC INSPE	CTION		92,420,18		296,9		
Revenue	9	i rogii	ani service revenue (r art vini, inie 29)		• • ⊢		7,488,84				
Re	10		tment income (Part VIII, column (A), line								201.
	11		revenue (Part VIII, column (A), lines 5,				1,840,81				112.
	12		revenue - add lines 8 through 11 (must				20,340,11		332,2		
	13		s and similar amounts paid (Part IX, colu			/	74,502,71		/5,.	LUI,	047.
	14		its paid to or for members (Part IX, colu				0 106 70	0.	60 (2 2 4	0.
ses	15		es, other compensation, employee bene				8,126,78		60,8	334,	891.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.			0.
Α×	b		fundraising expenses (Part IX, column (I		0.				150	7.4.4	1.15
	17		expenses (Part IX, column (A), lines 11				55,277,81		170,		
	18		expenses. Add lines 13-17 (must equal				97,907,31		306,6		
- 10	19	Rever	nue less expenses. Subtract line 18 from	n line 12			22,432,80				114.
Net Assets or Fund Balances							ing of Current Y			of Yea	
sset	20		assets (Part X, line 16)				37,051,40		433,8		
nd A	21		liabilities (Part X, line 26)				72,088,46				688.
			ssets or fund balances. Subtract line 21	from line 20		31	4,962,94	0.	360,8	303,	653.
	rt II		gnature Block								
Und	der pe	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompanying sched	dules and stateme	ents, an	d to the best of	my kno	owledge a	and be	lief, it is
	,	,				,					
Sig	n	-									
He			Signature of officer				Date				
116		_									
			Гуре or print name and title								
Paic		Print/	Type preparer's name	P. harer's signature	Date	0000	Check	if PTII			
	ı parer	PAU	L HAMMERSCHMIDT	CAMMON MATTER (1)	11/11/2		self-employe		P0138		8
	Only		sname ▶BDO USA, LLP			F	Firm's EIN ▶ 1				
	J.11y	Firm's	s address ▶100 PARK AVENUE N	EW YORK, NY 10017-500	1	F	Phone no. 2	12-8	85-80	00	
May	y the	IRS d	iscuss this return with the preparer	r shown above? (see instructions	s) .				X Ye	s	No
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.					Form	990	(2019)

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Pa	rt III	Statement of Program Service A Check if Schedule O contains a r	Accomplishments esponse or note to any line in this Part		Х
1		escribe the organization's mission: CHMENT 1			
	prior Fo		cant program services during the year		Yes X No
3	Did the services	organization cease conducting,	or make significant changes in h		Yes X No
4	Describe expense		vice accomplishments for each of it 4) organizations are required to repo		
	(Code: _US OPI) (Expenses \$	including grants of \$) (Revenue \$)
	(Code: _COMMUN)(Expenses \$_ HITY TENNIS DEVELOPMENT	including grants of \$ SEE SCHEDULE O) (Revenue \$)
	(Code: PROFES)(Expenses \$_ SSIONAL TENNIS OPERATION	including grants of \$ S DIVISION - SEE SCHEDULE) (Revenue \$)
4d	Other p	rogram services (Describe on Sche es \$ including gra	-	\$)	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	37	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	,		Х
7	"Yes," complete Schedule D, Part I.	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	'		21
0	complete 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			
3	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	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		3.7	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	1

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Par	Checklist of Required Schedules (continued)		V	Na
	Pild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00	Х	
04-	employees? If "Yes," complete Schedule J.	23	Λ	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		Х
L				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C		240		
4	to defease any tax-exempt bonds?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	V	
4.	Enter the number reported in Day 2 of Form 4000 Fater 0 if and applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forme W 20 moraded in line 1d. Enter of infortappiecable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0	Х	
	reportable gaming (gambling) winnings to prize winners?	1c	27	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 936			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	Х	
	excess parachute payment(s) during the year?	15	Λ	
46	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		23
	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

Sect	ion A. Governing Body and Management					
	g Dody and management				Yes	No
10	Enter the number of voting members of the governing hady at the and of the toy year	1a	15			
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	- u				
	if the governing body delegated broad authority to an executive committee or similar					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		hin with			
2	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		Х
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 ele					
'a	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval					
b	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under					
Ū	the year by the following:	riano	ii duiliig			
•	The governing body?			8a	Х	
a b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicv?	If "Yes."			
	describe in Schedule O how this was done	-		12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	<u> </u>
	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 simila	r arra	ngement			
	with a taxable entity during the year?			16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	o eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b	Х	<u> </u>
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, FL,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	-	. 0)			
	Own website Another's website X Upon request Other (explain on Sci		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	ients,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bush accounting dept, 70 west red oak lane, white plains, by 10604 914-696-7000	ooks	and record	s 🕨		

Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

		Check this box if neither	the organization nor	r any related organization	on compensated any current office	er, director, or trustee.
--	--	---------------------------	----------------------	----------------------------	-----------------------------------	---------------------------

Check this box in heither the organization nor					C)			,	,	
(A)	(B)			-	ition			(D)	(E)	(F)
Name and title	Average	(do r	not ch	neck	more	e than c	one	Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week		er and		direct	or/trust	–	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)GORDON SMITH	35.00									
EXECUTIVE DIRECTOR, CEO	20.00			Х				1,316,173.	0.	37,059
(2)LEWIS SHERR	40.00									
CHIEF REVENUE OFFICER	0.				Х			1,124,469.	0.	42,733
(3)ANDREA HIRSCH	40.00									
CAO & GENERAL COUNSEL	0.			Х				918,339.	0.	20,097
(4)STACEY MILKOVICH	40.00									
CHIEF EXECUTIVE, PRO TENNIS	0.				Х			870,146.	0.	42,783
(5)KURT KAMPERMAN	40.00									
CHIEF EXEC., NATIONAL CAMPUS	0.				Х			718,045.	0.	37,322
(6) AMY WESLY	40.00									
CHIEF MARKETING OFFICER	0.					X		668,110.	0.	47,733
(7) EDWARD NEPPL	40.00									
CHIEF FINANCIAL OFFICER	0.			Х				677,701.	0.	37,891
(8) CRAIG MORRIS	40.00									
CHIEF EXEC., COMM TENNIS&YOUTH	0.				Х			535,766.	0.	34,383
(9) PAUL MAYA	40.00									
CHIEF TECHNOLOGY OFFICER	0.					X		510,093.	0.	42,783
(10) DAVID BREWER	40.00									
CHIEF PRO. TENNIS OFFICER	0.					X		461,148.	0.	42,783
(11) CHRISTIAN WIDMAIER	40.00									
MANAGING DIR. CORP. COMMUNICAT	0.					X		436,002.	0.	42,783
(12) STACIELLEN MISCHEL	40.00									
ASSOC. GEN. COUNSEL & DEP. CLO	0.					Х		406,616.	0.	37,322
(13) PATRICK GALBRAITH	19.00									
PRESIDENT	5.00	Х		Х				35,000.	0.	O
(14) MICHAEL J. MCNULTY, III	10.00									
FIRST VICE PRESIDENT	7.00	Х		Х				25,000.	0.	0

JSA 9E1041 2.000 Form **990** (2019)

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Form 990 (2019)

Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	١,,			sition			Reportable	Reportable		timated	
	hours per	,				e than c is both		compensation	compensation from		ount of other	
	week (list any hours for	office	er and			tor/trust		from the	related organizations		otriei pensatio	on
	related	Individual trustee or director	sul	Officer	Key	Hig	For	organization	(W-2/1099-MISC)		om the	
	organizations	ividu	Institutional trustee	icer	em /	Highest compensated employee	Former	(W-2/1099-MISC)	,	_	anizatio	
	below dotted line)	ual t	iona		employee	ee t co					d related inization	
		rust	l ta		/ee	npe				9-		
		ee	stee			nsa						
						ted						
15) DR. BRIAN HAINLINE	9.00											
VICE PRESIDENT	7.00	X		Х				20,000.	0.			0
16) LAURA F. CANFIELD	9.00											
VICE PRESIDENT	4.00	X		Х				20,000.	0.			0
17) THOMAS HO	9.00											
SECRETARY & TREASURER	4.00	X		Х				20,000.	0.			0
18) KATRINA ADAMS	5.00											
PAST PRESIDENT	3.00	X		Х				10,000.	0.			0
19) JEFFREY M. BAILL	5.00											
DIRECTOR	3.00	X						10,000.	0.			0
20) VIOLET CLARK	5.00											
DIRECTOR	3.00	X						10,000.	0.			0
21) CHARLES GILL	5.00											
DIRECTOR	3.00	X						10,000.	0.			0
22) LIEZEL H. HUBER	5.00											
DIRECTOR	3.00	X						10,000.	0.			0
23) ELENI ROSSIDES	5.00											
DIRECTOR	3.00	X						10,000.	0.			0
24) NEHA UBEROI	5.00											
DIRECTOR	3.00	Х						10,000.	0.			0
25) BRIAN VAHALY	5.00											
DIRECTOR	3.00	Х						10,000.	0.			0
1b Sub-total								8,842,608.	0.	4	165,6	572.
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	20,000.	0.			0.
d Total (add lines 1b and 1c)							>	8,862,608.	0.	4	165,6	572.
2 Total number of individuals (including but no	t limited to t	hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨	154	1									
											Yes	No
3 Did the organization list any former offi	cer, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ind	lividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole c	com	ner	nsatio	n a	nd other compens	sation from the			
organization and related organizations g												
individual										4	Х	
5 Did any person listed on line 1a receive o												
for services rendered to the organization? If "	Yes," comple	te Scł	hedu	ıle J	l for	such	per	rson		5		X

Section B. Independent Contractors

1 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
ATTACHMENT 2		

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 127

Part VII Section A. Officers, Directors, Tru	iotogo Ka	w En	- nla			and L	م:اـ	hoot Component	od Employ	1000 /0			Page 8
, , , , , , , , , , , , , , , , , , , ,		ey En	ъ			and F	ııg			/ees (c	ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	Reporta compensation relate organiza	on from	am	(F) timated ount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatio I related nization	n d
26) SAM WARBURG	5.00	- 37						10.000		0			
DIRECTOR 27) KURT ZUMWALT	3.00	X						10,000.		0.			(
DIRECTOR	6.00	X						10,000.		0.			(
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	20,000.		0.			0
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	eceived more than	 \$100,000 (of			
reportable compensation from the organization	n ►	154	4									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.											3	103	Х
For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab	ole o	com 00?	per	satior <i>"Ye</i> s	n a	nd other compens	sation from	the such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or indivi	dual	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest communication from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C)	ation	

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

(A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 18,964,208 c Fundraising events 1c d Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above ... 83,000 1f g Noncash contributions included in lines 1a-1f 1g \$ 19,047,208 **Business Code** Program Service Revenue TOURNAMENT RELATED 713940 295,535,778. 295,535,778. 713940 1,236,838 TENNIS PROGRAM FEES 1,236,838 h 713940 BALL TEST FEES 142,360 142,360 d е All other program service revenue 296,914,976. Investment income (including dividends, interest, and 4,120,510 4,120,510. 4 Income from investment of tax-exempt bond proceeds . 1,416,603. 5 1,416,603. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 27,497,320. other than inventory 7a b Less: cost or other basis Other Revenue 7b 17,315,629 and sales expenses . . 10,181,691. c Gain or (loss) 7c 10,181,691 10,181,691 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 8a 0. 8b **b** Less: direct expenses Ω c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 9a 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. Net income or (loss) from sales of inventory \triangleright 0. **Business Code** Miscellaneous Revenue ADVERTISING 541800 481,509 481,509 11a b d All other revenue 481,509 Total. Add lines 11a-11d 332,162,497. 296,914,976. 481,509. 15,718,804.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	74,750,970.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	350,077.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	6,632,907.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	44,419,720.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,935,949.			
9	Other employee benefits	4,758,200.			
10		3,088,115.			
11	Fees for services (nonemployees):				
	a Management	0.			
	Legal	539,097.			
	Accounting	265,429.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	542,705.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	13,791,983.			
12	Advertising and promotion	5,302,540.			
13	Office expenses	2,481,823.			
14	Information technology	8,721,448.			
15	Royalties	0.			
16	Occupancy	4,614,176.			
17	Travel	13,910,162.			
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	855,524.			
	Interest	0.			
21	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	11,430,046.			
	Insurance	3,663,107.			
24	Other expenses. Itemize expenses not covered				
	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 O.)	60 161 202			
	EVENT/PLAYER COMPENSATION	60,161,393.			
•	TENNIS EVENT PRODUCTIONS MEMBERSHID CALL CENTER EYD	13,469,398.			
	MEMBERSHIP CALL CENTER EXP	3,530,412.			
	PRINTING & PUBLICATIONS	23,823,223.			
	All other expenses Add lines 1 through 34e	306,680,383.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	500,000,505.			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
	-/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -	3.		I	

Form 990 (2019) Page **11**

Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in the	nis Part X		
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,363,650.	1	12,464,806.
	2	Savings and temporary cash investments	88,506,315.	2	107,572,012.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	45 056 546	4	45,845,712.
	5	Loans and other receivables from any current or former officer, direct	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defin	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
sts	7	Notes and loans receivable, net		7	4,582,053.
Assets	8	Inventories for sale or use		8	1,337,792.
⋖	9	Prepaid expenses and deferred charges	4,595,516.	9	7,161,809.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 136,653,1			
	b	Less: accumulated depreciation		10c	81,046,632.
	11	Investments - publicly traded securities		11	34,918,518.
	12	Investments - other securities. See Part IV, line 11		12	105,779,036.
	13	Investments - program-related. See Part IV, line 11	_	13	33,094,671.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	78,300.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	00 165 560	16	433,881,341.
	17	Accounts payable and accrued expenses		17	34,822,322.
	18	Grants payable		18	0.
	19	Deferred revenue		19	37,065,223.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
ies	22	Loans and other payables to any current or former officer, direct			
ij		trustee, key employee, creator or founder, substantial contributor, or 35			0.
Liabilities	22	controlled entity or family member of any of these persons	• •		0.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	• •	23 24	0.
	25	Other liabilities (including federal income tax, payables to related the	• •	24	· ·
	23	parties, and other liabilities not included on lines 17-24). Complete Part			
		, , ,		25	1,190,143.
	26	of Schedule D		26	73,077,688.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	,,,,,,	20	
lan	27	Net assets without donor restrictions	314,962,940.	27	360,803,653.
Ва	28	Net assets with donor restrictions.	0.	28	0.
Fund Balances	•	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances		32	360,803,653.
ž	33	Total liabilities and net assets/fund balances		33	433,881,341.
_					Form 990 (2019)

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OIIII J	(2010)				ıα	gc • -		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	32,1	62,4	97.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	306,680,383.				
3	Revenue less expenses. Subtract line 2 from line 1	3		25,4	82,1	14.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	14,9	62,9	40.		
5								
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5,9	88,0)11.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	3	60,8	03,6	53.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		l					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:	•						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud							
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	٠ در.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the					
Ja	Single Audit Act and OMB Circular A-133?			3a		X		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao	the					
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(see separate instructions), ther		Tax) (see separate i	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			• •	ntification number
		SSOCIATION INCORPORATED		13-5459	
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see in	structions for
	definition of "political campa				
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Pai		organization is exempt under			
1	Enter the amount of any exc	ise tax incurred by the organization	on under section 495	5	
2	Enter the amount of any exc	ise tax incurred by organization m	nanagers under secti	ion 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	xcept section 501(c)(3	<u>).</u>
1		xpended by the filing organization			
2	527 exempt function activities	g organization's funds contributedes		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, exploit or a political action committee (per (EIN) of all section of the amount paid optly and directly de	on 527 political organiza d from the filing organiz elivered to a separate po	ations to which the filing ation's funds. Also enter ditical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Sch	edule C (Form 990 or 990-EZ) 2019	ONTIEL	SIAIFS	TENNIS ASSOCI	ATION INCOR	PORALED 13-3	439420 Page Z			
Pa	Complete if the org section 501(h)).	janizati	on is exer	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under			
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).									
В	Check ▶ if the filing organiz	ation ch	ecked box /	A and "limited contro	ol" provisions app	oly.				
	Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated			
	(The term "expendit	ures" m	eans amoui	nts paid or incurred.)	organization's totals	group totals			
1 a	Total lobbying expenditures to i	nfluence	public opin	ion (grassroots lobb	ying)					
b Total lobbying expenditures to influence a legislative body (direct lobbying)										
C	: Total lobbying expenditures (ad									
	Other exempt purpose expendit									
	Total exempt purpose expenditure	•		,	-					
f	Lobbying nontaxable amount.	Enter th	e amount	from the following	table in both					
	columns.									
	If the amount on line 1e, column (a) or (b) is:	The lobbyir	ng nontaxable amount	is:					
	Not over \$500,000		20% of the	amount on line 1e.						
	Over \$500,000 but not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000.					
	Over \$1,000,000 but not over \$1,5			lus 10% of the excess						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over					over \$1,500,000.					
	Over \$17,000,000									
	Grassroots nontaxable amount				_					
	Subtract line 1g from line 1a. If									
İ	Subtract line 1f from line 1c. If z									
j	If there is an amount other th									
	reporting section 4911 tax for the					 	Yes No			
	(Sama arganizations the			raging Period Under		ata all of the five column	na halaw			
	(Some organizations tha			te instructions for I	-		ins below.			
		Lohi	ovina Evner	nditures During 4-Yo	ear Averaging Pe	riod				
		LODI	Jyllig Expe	luitures burning 4-11	ai Averaging i e	i iou				
	Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a	Lobbying nontaxable amount									
k	Lobbying ceiling amount (150% of line 2a, column (e))									
_	: Total lobbying expenditures									
_	Grassroots nontaxable amount									
_	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Par	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
	and "Ves." response on lines to through ti helpy, provide in Port IV a detailed	(a	a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912		-				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 $$						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectior	1		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from			year?	3		X
1	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (k				3, is ——	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)						
2	political expenses for which the section 527(f) tax was paid).			20			
а	Current year			2a 2b			
b	Carryover from last year			2c			
С	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du		- 1				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	•	٠ ۱	4			
5	and political expenditure next year?		• • •	5			
Par							
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part	II-A, li	nes 1	and

Schedule C (Form 990 or 990-EZ) 2019

Page 4

Part IV Supplemental Information (continued)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Assets included in Form 990, Part X

Schedule D (Form 990) 2019

▶ \$

Revenue included on Form 990, Part VIII, line 1.

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	s, or	Other	Similar Assets (contin	ued)	
3	Using the organization's acquisition	n, acces	sion, and	other reco	ds, check	c any o	f the	follow	ing that make sig	nificant	use	of its
	collection items (check all that app	ly):		_	_							
а	Public exhibition			d _	Loan	or excha						
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	and expl	ain how t	hey fur	ther	the or	ganization's exemp	ot purp	ose in	Part
	XIII.											
5	During the year, did the organization											_
	assets to be sold to raise funds rath			ained as pa	art of the o	organiza	ation'	s collec	ction?	Ye	s	No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1 a	Is the organization an agent, truste											_
	included on Form 990, Part X?									Ye	s	No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the fo	llowing tab	ole:						
									Amoun	t		
С	Beginning balance					1						
d	Additions during the year											
е	Distributions during the year											
f	Ending balance						1f	- (l' - l			_	T
	Did the organization include an am								•	Ye		No
	If "Yes," explain the arrangement in the arrangemen	n Part XII	I. Check n	ere if the e	xpianation	nas be	en pr	ovided	on Part XIII			
Га	rt V Endowment Funds. Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 F	Part IV	line	10				
	Complete ii the organiza		rrent year	(b) Pric		(c) Two			(d) Three years back	(e) Fo	ur years	hack
	Davissian of seas halossa	(4) 041	Torit your	(2) 1 110	, your	(0)	- ,		(a) Throo yours back	(0) 1 0	ur youro	
1a	9 9 ,											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
	. •											
t ~	Administrative expenses											
g 2	End of year balance Provide the estimated percentage	of the ou	rront voor	and halana	o (lino 1a	column	(2))	hold oc				
a	Board designated or quasi-endown				e (iiile 19,	Column	(a))	neiu as	•			
	Permanent endowment ▶	%										
	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.								
3a	Are there endowment funds not in				ation that	are held	d and	d admir	nistered for the			
	organization by:	·		J							Yes	No
	(i) Unrelated organizations									3a(i))	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi:	zations liste	d as requir	ed on Sch	edule R	?			3b		
4	Describe in Part XIII the intended u			tion's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	wered "V	as" on Ea	 ا ۵۵۸	 Dart I\/	lino	110	See Form 000 D	art V	ine 10	·
	Description of property	alion and		other basis	(b) Cost		_			d) Book		<u>, </u>
				tment)		ther)			eciation	,		
1 a	Land	1					_					
b	Buildings	1			60.0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			07 102	- F A	7.6.6	411
C	Leasehold improvements	1				73,51			07,103.		766,4	
d	Equipment	1				71,65			41,116.		930,5	
e Tota	Other		t agual Fa	m 000 De:-		307,99			58,312.		349,6 046,6	
ı ota	n. Aud iines ta through 16. (Column	ı (u) must	equal Fort	11 990, Part	A, COIUMI	ı (🖒), IIN	ı c 100	<i>(.)</i>	▶	o_{\perp} ,	∪ 0,6	<i>,</i> ∠ ∠ .

Page 3 Schedule D (Form 990) 2019

Genedale B (1 dill 330) 2013			1 age C
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990 I	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuatio	
(including name of security)		Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	47 (47 060	TIME 7	
(A) COMMON TRUST & PVT MUTUAL FUND (B) ALTERNATIVE INVESTMENTS	47,647,269. 58,131,767.	FMV FMV	
(C)	30,131,707.	F PIV	
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	105,779,036.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	
		Cost or end-of-year market	value
(1) CINCINNATI TENNIS	28,679,015.	COST	
(2) TRIDENTS LTD. LAVER CUP	4,415,656.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	33,094,671.		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, F	Part X, line 15.
(a) Des	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)	4F \		
Part X Other Liabilities. Complete if the organization answered line 25.			990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes	•		•
(2) POST RETIREMENT BENEFITS			1,131,143.
(3) LONG TERM SCHOLARSHIPS PAYABLE			59,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 100 142
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			1,190,143.

Schedule D (Form 990) 2019

X

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants		
d e	Other (Describe in Part XIII.)	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с 5	Add lines 4a and 4b	4c 5	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
c C	Other losses		
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNITED STATES TENNIS ASSOCIATION INCORPORATED (THE "REPORTING ORGANIZATION") IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER THE CODE, EXCEPT FOR IMMATERIAL AMOUNTS OF INCOME CONSIDERED BY THE INTERNAL REVENUE SERVICE (IRS) TO BE UNRELATED BUSINESS TAXABLE INCOME, FOR WHICH INCOME TAXES HAVE BEEN PROVIDED. THE REPORTING ORGANIZATION HAS FILED ALL APPLICABLE RETURNS WHEN REQUIRED. THE REPORTING ORGANIZATION'S SHARE OF INCOME TAXES FOR CINCINNATI TENNIS LLC HAS BEEN PROVIDED, PURSUANT TO THE OPERATING AGREEMENT WITH THE OTHER MEMBERS OF THESE ORGANIZATIONS. FOR THE YEAR ENDED DECEMBER 31, 2019, THERE WERE NO INTEREST OR PENALTIES REQUIRED TO BE RECORDED OR DISCLOSED IN THE CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE REPORTING ORGANIZATION HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY. THE REPORTING ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2016.

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) USTA PLAYER DEVELOPMENT, INC. PROG. SUPPORT/YOUTH 70 W RED OAK LANE, WHITE PLAINS, NY 10604 27-1368195 501(C)(3) 19,143,137. TEAM TENNIS GRANT (2) USTA/SOUTHERN SECTION 5685 SPALDING DR., NORCROSS, GA 30092 58-1190935 501(C)(4) 11,739,829. SECTION GRANT (3) USTA/MIDWEST SECTION 1310 EAST 96TH ST., INDIANAPOLIS, IN 46240 23-7417933 501(C)(4) 5,684,272. SECTION GRANT (4) USTA/TEXAS TENNIS ASSOCIATION 8105 EXCHANGE DR., AUSTIN, TX 78754 74-2182392 501(C)(4) 3,700,594. SECTION GRANT (5) USTA/EASTERN 70 W RED OAK LANE, WHITE PLAINS, NY 10604 13-5042070 501(C)(4) 3,586,514. SECTION GRANT (6) USTA/NORTHERN CALIFORNIA 1920 N LOOP ROAD, ALAMEDA, CA 94502-8014 94-1057590 501(C)(3) 3,361,915. SECTION GRANT (7) USTA/FLORIDA SECTION 12005 PERFORMANCE DR., ORLANDO, FL 32827 23-7161642 501(C)(4) 3,231,722 SECTION GRANT (8) USTA/SOUTHERN CALIFORNIA P.O. BOX 240015, LOS ANGELES, CA 90024-9115 95-1243600 501(C)(4) 3,161,448 SECTION GRANT (9) USTA/INTERMOUNTAIN TENNIS SEC 9145 E. KENYON AVE., DENVER, CO 80237 84-0726651 501(C)(4) 2,960,187. SECTION GRANT (10) USTA/MID-ATLANTIC SECTION INC 620 HERNDON PARKWAY, HERNDON, VA 20170 54-1472806 501(C)(3) 2,709,344. SECTION GRANT (11) USTA/MIDDLE STATES P.O. BOX 987, VALLEY FORGE, PA 19482 23-1688212 501(C)(4) 2,435,742. SECTION GRANT (12) USTA NEW ENGLAND 110 TURNPIKE ROAD, WESTBOROUGH, MA 01581 04-6006570 501(C)(4) 2,335,493. SECTION GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

2019

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number	
UNITED STATES TENNIS ASSOCIATION I	NCORPORA'	ΓED				13-5459420		
Part I General Information on Grants and	d Assistanc	е				'		
 Does the organization maintain records to surthe selection criteria used to award the grants Describe in Part IV the organization's proced Part II Grants and Other Assistance to Domain and Other Assistance to	s or assistand lures for mor omestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organization	ation answered "Y	X Yes No	
Part IV, line 21, for any recipient the 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) USTA/MISSOURI VALLEY SECTION								
4121 W. 83RD ST., PRAIRE VILLAGE, KS 66208	23-7416298	501(C)(4)	2,103,624.				SECTION GRANT	
(2) USTA/PACIFIC NORTHWEST								
9746 SW NIMBUS AVE., BEAVERTON, OR 97008	93-0853818	501(C)(3)	1,930,376.				SECTION GRANT	
(3) USTA/NORTHERN SECTION								
1001 W. 98TH ST., BLOOMINGTON, MN 55431	41-1675510	501(C)(3)	1,359,793.				SECTION GRANT	
(4) USTA/SOUTHWEST SECTION								
7010 E. ACOMA DRIVE, SCOTTSDALE, AZ 85254	85-0254477	501(C)(4)	1,239,507.				SECTION GRANT	
(5) USTA/HAWAII PACIFIC SECTION								
1888 KALAKAUA AVE., HONOLULU, HI 96815	23-7297012	501(C)(4)	912,859.				SECTION GRANT	
(6) USTA/CARIBBEAN SECTION								
P.O. BOX 190740, SAN JUAN, PR 00919	66-0413224	N/A	748,371.				SECTION GRANT	
(7) USTA FOUNDATION INC.								
70 W RED OAK LANE, WHITE PLAINS, NY 10604	13-3782331	501(C)(3)	424,443.				GRANT TO SERVES	
(8) TENNIS INDUSTRY ASSOCIATION								
35 E. WACKER DRIVE, CHICAGO, IL 60601-2106	51-0162283	501(C)(6)	400,000.				ALLIED PARTNER GRAN	
(9) UNITED STATES PROFESSIONAL TENNIS ASSOC.								
11961 PERFORMANCE DRIVE, ORLANDO, FL 32872	74-1818176	501(C)(6)	100,000.				ALLIED PARTNER GRAN	
(10) INTERNTL. TENNIS HALL OF FAME							ADULT SENIOR	
194 BELLEVUE AVE., NEWPORT, RI 02840	13-6144356	501(C)(3)	82,200.				CHAMPIONSHIP GRANT	
(11) YOUTH TENNIS SAN DIEGO							FACILITY ASSISTANCE	
4490 W. P LOMA BLVD, SAN DIEGO, CA 92107	95-6095644	501(C)(3)	70,000.				PROGRAM GRANT	
(12) AMES FITNESS CENTER							FACILITY ASSISTANCE	
3600 UNIVERSITY BLVD., AMES, IA 50010	42-1362609	N/A	50,000.				PROGRAM GRANT	
2 Enter total number of section 501(c)(3) and g3 Enter total number of other organizations list	-	•						

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

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization						Employer identificat	ion number
UNITED STATES TENNIS ASSOCIATION	INCORPORA'	ΓED				13-545942	20
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?				s or assistance, and	X Yes No
Part II Grants and Other Assistance to D	Oomestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	oe duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DON'T EVER GIVE UP INC.							
14600 WESTON PARKWAY, CARY, NC 27513	47-5304184	501(C)(3)	50,000.				PROGRAM SUPPORT
(2) THE RECREATION WISH LIST COMMITTEE							
701 MISSISSIPPI AVE., WASHINGTON, DC 20032	52-1939752	501(C)(3)	50,000.				PROGRAM SUPPORT
(3) ZINA GARRISON TENNIS ACADEMY							
1333 OLD SPANISH TRAIL, HOUSTON, TX 77054	76-0371254	501(C)(3)	50,000.				PROGRAM SUPPORT
(4) LONGFELLOW NEW HAMPSHIRE							FACILITY ASSISTANCE
140 LOCK ST., NASHUA, NH 03064	83-1226575	N/A	46,200.				PROGRAM GRANT
(5) GATEWAY CONFLUENCE WHEELCHAIR SPORTS FDN							
402 W. OAK ST., MILLSTADT, IL 62260	37-1380800	501(C)(3)	45,000.				WHEELCHAIR GRANT
(6) NIRSA SERVICES CORPORATION							TENNIS ON CAMPUS
4185 SW R. WAY, CORVALLIS, OR 97333-8284	93-1090612	501(C)(3)	40,000.				GRANT
(7) LAKE NONA INSTITUTE INC							
6900 T. LAKES BLVD, ORLANDO, FL 32827	27-3346737	501(C)(3)	35,000.				PROGRAM SUPPORT
(8) KALAMAZOO COLLEGE							FACILITY ASSISTANCE
1200 ACADEMY STREET, KALAMAZOO, MI 49006	38-1358014	501(C)(3)	32,000.				PROGRAM GRANT
(9) CITY OF SHREVEPORT							FACILITY ASSISTANCE
505 TRAVIS STREET, SHREVEPORT, LA 71101	72-6001326	GOVERNMENT	30,000.				PROGRAM GRANT
(10) CITY OF POCAHONTAS							FACILITY ASSISTANCE
410 N. MARR ST., POCAHONTAS, AR 72455	71-6010432	GOVERNMENT	26,000.				PROGRAM GRANT
(11) PANAMA CITY RACQUET CLUB							FACILITY ASSISTANCE
3505 W HGHWY 390, PANAMA CITY, FL 32405	59-3658509	N/A	25,500.				PROGRAM GRANT
(12) GREATER NY MARCH OF DIMES							
233 PARK AVE. S, 3RD FL, NEW YORK, NY 10003	13-1846366	501(C)(3)	25,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole		. •	
3 Enter total number of other organizations lis	ted in the line	1 table					

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

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

UNITED STATES TENNIS ASSOCIATION	INCORPORA'	ГED				13-545942	20
Part I General Information on Grants and	d Assistanc	е				<u>'</u>	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proces 	ts or assistand dures for mor	e? nitoring the use o	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		•					'es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) XS TENNIS & EDUCATION FOUNDATION							
5336 S STATE, CHICAGO, IL 60643	26-1734791	501(C)(3)	25,000.				PROGRAM SUPPORT
(2) PHIT WORLD FOUNDATION							
1032 15TH ST NW, WASHINGTON, DC 20005-1503	46-3861749	501(C)(3)	25,000.				ALLIED PARTNER GRANT
(3) JR TENNIS CHAMPIONS CENTER							JUNIOR ITF EVENT
5200 CAMPUS DRIVE, COLLEGE PARK, MD 20740	52-2114223	501(C)(3)	25,000.				GRANT
(4) SOUTH ATLANTA CTA							
6320 COLONIAL VIEW, FAIRBURN, GA 30213	58-1885686	501(C)(3)	25,000.				PROGRAM SUPPORT
(5) LAKESHORE FOUNDATION							
4000 RIDGEWAY DR., BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	24,075.				WHEELCHAIR GRANT
(6) BATON ROUGE WHEELCHAIR TA							
19037 EPERNAY COURT, BATON ROUGE, LA 70817	58-1934935	501(C)(3)	22,500.				WHEELCHAIR GRANT
(7) UTAH TENNIS ASSOCIATION							
2469 E UNION BLVD, SALT LAKE CITY, UT 84121	87-0335459	501(C)(4)	20,185.				WHEELCHAIR GRANT
(8) ARAPAHOE WARRIOR BOOSTER ORG.							FACILITY ASSISTANCE
2201 E DRY CREEK RD, LITTELON, CO 80122	20-3388320	501(C)(3)	20,000.				PROGRAM GRANT
(9) TUNICA NATIONAL GOLF & TENNIS							FACILITY ASSISTANCE
1 CHAMPIONS LANE, ROBINSONVILLE, MS 38664	33-1059760	N/A	20,000.				PROGRAM GRANT
(10) THE PARK DISTRICT LIBERTY							FACILITY ASSISTANCE
TOWNSHIP HARDIN COUNTY OH, ADA, OH 45810	34-4417241	GOVERNMENT	20,000.				PROGRAM GRANT
(11) CITY OF EUCLID							FACILITY ASSISTANCE
585 E 222ND STREET, EUCLID, OH 44123	34-6000965	GOVERNMENT	20,000.				PROGRAM GRANT
(12) PORTAGE PUBLIC SCHOOLS							FACILITY ASSISTANCE
8107 MUSTANG DRIVE, PORTAGE, MI 49002	38-6001950	SCHOOL DISTRICT	20,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	•					

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

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

2019

OMB No. 1545-0047

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

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Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
UNITED STATES TENNIS ASSOCIATION	INCORPORA	ΓED				13-545942	20
Part I General Information on Grants ar	nd Assistanc	е				•	
the selection criteria used to award the gran 2 Describe in Part IV the organization's proce	nts or assistand edures for mor	e?	of grant funds in th	assistance, the grantees' eligibility for the grants or assistance, and X Yes No nds in the United States. **tic Governments.** Complete if the organization answered "Yes" on Form 990, Il can be duplicated if additional space is needed. **tof cash (e) Amount of non- cash assistance (f) Method of valuation (book, FMV, appraisal, other) **pacility assistance program grant facility assistance program grant f			
		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		
(1) EAST CHINA SCHOOL DISTRICT							FACILITY ASSISTANCE
1585 MEISNER RD., EAST CHINA, MI 48054	38-6003547	SCHOOL DISTRICT	20,000.				PROGRAM GRANT
(2) GREATER MADISON TENNIS ASSOC							FACILITY ASSISTANCE
7821 STRATTON WAY, MADISON, WI 53719	39-1505768	501(C)(3)	20,000.				PROGRAM GRANT
(3) UNIFIED SCHOOL DISTRICT OF DE PERE							FACILITY ASSISTANCE
1700 CHICAGO ST., DE PERE, WI 54115	39-6001687	SCHOOL DISTRICT	20,000.				PROGRAM GRANT
(4) CITY OF WILLMAR							FACILITY ASSISTANCE
333 6TH STREET SW, WILLMAR, MN 56201	41-6005645	GOVERNMENT	20,000.				PROGRAM GRANT
(5) CITY OF MENDOTA HEIGHTS							FACILITY ASSISTANCE
1101 V. CURVE, MENDOTA HEIGHTS, MN 55118	41-6008695	GOVERNMENT	20,000.				PROGRAM GRANT
(6) LENNY SIMPSON TENNIS & EDUCATION FDN							FACILITY ASSISTANCE
P.O. BOX 3112, WILMINGTON, NC 28406	46-1952014	501(C)(3)	20,000.				PROGRAM GRANT
(7) BAY COMMUNITY TENNIS ASSOC.							FACILITY ASSISTANCE
112 BOEHRINGER CT, BAY CITY, MI 48707	47-4662969	501(C)(3)	20,000.				PROGRAM GRANT
(8) FORT GREENE TENNIS ASSOCIATION							FACILITY ASSISTANCE
1732 1ST AVENUE, NEW YORK, NY 10128	47-5212189	501(C)(3)	20,000.				PROGRAM GRANT
(9) TOWN OF SELMA							FACILITY ASSISTANCE
114 N RAIFORD ST., SELMA, NC 27576	56-6001331	GOVERNMENT	20,000.				PROGRAM GRANT
(10) CITY OF PALM COAST							FACILITY ASSISTANCE
160 LAKE AVENUE, PALM COAST, FL 32164	59-3614294	GOVERNMENT	20,000.				PROGRAM GRANT
(11) SCOTT COUNTY FISCAL COURT							FACILITY ASSISTANCE
101 EAST MAIN ST., GEORGETOWN, KY 40324	61-6000775	GOVERNMENT	20,000.				PROGRAM GRANT
(12) CITY OF PADUCAH, KY							FACILITY ASSISTANCE
300 SOUTH 5TH ST., PADUCAH, KY 42002	61-6001891	GOVERNMENT	20,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

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

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization						Employer identificat	
UNITED STATES TENNIS ASSOCIATION		13-5459420					
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	e duplicated if	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF LITTLE ROCK							FACILITY ASSISTANCE
500 WEST MARKHAM ST., LITTLE ROCK, AR 72201	71-6014465	GOVERNMENT	20,000.				PROGRAM GRANT
(2) CITY OF ENTERPRISE							FACILITY ASSISTANCE
375 S. 200 E., ENTERPRISE, UT 84725	87-6011342	GOVERNMENT	20,000.				PROGRAM GRANT
(3) FIVE SEASONS COUNTRY CLUB							FACILITY ASSISTANCE
4425 POSSUM RUN RD, DAYTON, OH 45440	99-9999999	N/A	19,000.				PROGRAM GRANT
(4) CENTER COURT AT MARLBORO, LLC							FACILITY ASSISTANCE
185 AMBOY RD, MORGANVILLE, NJ 07751	45-3784999	N/A	17,700.				PROGRAM GRANT
(5) TOWN OF BEDFORD							FACILITY ASSISTANCE
215 E. MAIN ST., BEDFORD, VA 24523	54-6001138	GOVERNMENT	17,000.				PROGRAM GRANT
(6) DENVER TENNIS PARK INC.							FACILITY ASSISTANCE
1560 S. FRANKLIN ST., DENVER, CO 80210	82-0620668	501(C)(3)	17,000.				PROGRAM GRANT
(7) CITY OF SURPRISE							
16000 N C. CTR PLAZA, SURPRISE, AZ 85374	86-6007796	GOVERNMENT	16,360.				LEAGUES GRANT
(8) CITY OF ROME							
P.O. BOX 1433, ROME, GA 30162-1433	58-6000653	MUNICIPALITY	16,000.				WHEELCHAIR GRANT
(9) SCARBOROUGH EAST TENNIS							FACILITY ASSISTANCE
5641 ALSHIRE RD, COLUMBUS, OH 43232	99-9999999	N/A	16,000.				PROGRAM GRANT
(10) NORTH CAROLINA TENNIS ASSOC.							FACILITY ASSISTANCE
2709 HENRY ST., GREENSBORO, NC 27405	56-1121513	501(C)(4)	15,550.				PROGRAM GRANT
(11) NORTH YARMOUTH ACADEMY							FACILITY ASSISTANCE
148 MAIN ST., YARMOUTH, ME 04096	01-0211536	501(C)(3)	15,000.				PROGRAM GRANT
(12) WOMEN'S SPORTS FOUNDATION							
247 WEST 30TH ST., NEW YORK, NY 10001	23-7380557	501(C)(3)	15,000.				PROGRAM SUPPORT

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

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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Open to Public Inspection

Employer identification number

IITED STATES TENNIS ASSOCIATION INCORPORATED						13-5459420		
Part I General Information on Grants an	d Assistanc	е				•		
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		_					es" on Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) GULL LAKE COMMUNITY SCHOOL							FACILITY ASSISTANCE	
10100 EAST D AVE., RICHLAND, MI 49083	38-1685940	501(C)(3)	15,000.				PROGRAM GRANT	
(2) LOGAN MARTIN TENNIS ASSOC.							FACILITY ASSISTANCE	
P.O. BOX 30, PELL CITY, AL 35125	72-1395866	501(C)(3)	15,000.				PROGRAM GRANT	
(3) NOVAK DJOKOVIC FOUNDATION								
BULEVAR MIHAILA PUPINA 10 A BELGRADE RI	45-4219615	501(C)(3)	15,000.				PROGRAM SUPPORT	
(4) RAFA NADAL FOUNDATION INC								
655 3RD AVE., STE 1400, NEW YORK, NY 10017	37-1832779	501(C)(3)	15,000.				PROGRAM SUPPORT	
(5) CENTRAL FLORIDA SPORTS COMMISSION, INC.								
400 W CHURCH ST., ORLANDO, FL 32801	59-3152788	501(C)(3)	14,167.				PROGRAM SUPPORT	
(6) CITY OF COLUMBIA, MISSOURI							FACILITY ASSISTANCE	
701 E. BROADWAY, COLUMBIA, MO 65201	43-6000810	GOVERNMENT	14,000.				PROGRAM GRANT	
(7) ARTHUR ASHE INSTITUTE FOR URBAN HEALTH INC.								
450 CLARKSON AVE., BROOKLYN, NY 11203	11-3185372	501(C)(3)	13,936.				PROGRAM SUPPORT	
(8) SPORTSMEN'S TENNIS CLUB ENRICHMENT CTR							FACILITY ASSISTANCE	
950 BLUE HILL AVE., DORCHESTER, MA 02124	23-7037183	501(C)(3)	13,800.				PROGRAM GRANT	
(9) CARY TENNIS PARK, TOWN OF CARY							FACILITY ASSISTANCE	
316 NORTH ACADEMY ST., CARY, NC 27512-8005	56-6001196	MUNICIPALITY	13,000.				PROGRAM GRANT	
(10) CITY OF ALTUS							FACILITY ASSISTANCE	
509 S MAIN ST., ALTUS, OK 73521	73-6005064	GOVERNMENT	12,500.				PROGRAM GRANT	
(11) GEORGIA TENNIS ASSOCIATION								
116 MARBLE MILL RD, MARIETTA, GA 30060	58-1309245	501(C)(4)	12,040.				MARKETING GRANT	
(12) CITY OF MISSOURI CITY							FACILITY ASSISTANCE	
1522 TEXAS PARKWAY, MISSOURI CITY, TX 77489	74-6029035	GOVERNMENT	10,800.				PROGRAM GRANT	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	J						

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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Open to Public Inspection

Employer identification number

UNITED STATES TENNIS ASSOCIATION	INCORPORA'	ΓED				13-545942	20
Part I General Information on Grants ar	nd Assistanc	е				'	
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistand dures for mor	e?	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF ASHEVILLE							FACILITY ASSISTANCE
70 COURT PLAZA, ASHEVILLE, NC 28801	56-6000224	GOVERNMENT	10,500.				PROGRAM GRANT
(2) USTA NATIONAL TENNIS CENTER							
F. MEADOWS CORONA PK, FLUSHING, NY 11368	13-2946690	501(C)(3)	10,200.				WHEELCHAIR GRANT
(3) COLBY COLLEGE							FACILITY ASSISTANCE
4800 MAYFLOWER HILL, WATERVILLE, MA 04901	01-0211497	501(A)	10,000.				PROGRAM GRANT
(4) MIDDLEBURY COLLEGE							FACILITY ASSISTANCE
152 MAPLE ST., MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	10,000.				PROGRAM GRANT
(5) NEW JERSEY INSTITUTE OF TECHNOLOGY							FACILITY ASSISTANCE
323 DR MLK JR BLVD, NEWARK, NJ 07102-1982	22-1714037	EDUCATIONAL INS	10,000.				PROGRAM GRANT
(6) RUTGERS THE STATE UNIVERSITY							
33 KNIGHTSBRIDGE RD, PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	10,000.				MULTICULTURAL GRANT
(7) SCHOOL DISTRICT OF LANCASTER							FACILITY ASSISTANCE
1020 LEHIGH AVE., LANCASTER, PA 17602	23-1726414	SCHOOL DISTRICT	10,000.				PROGRAM GRANT
(8) THE OHIO STATE UNIVERSITY							FACILITY ASSISTANCE
2020 BLANKENSHIP HALL, COLUMBUS, OH 43210	31-6025986	501(C)(1)	10,000.				PROGRAM GRANT
(9) CHILDREN'S MUSEUM OF INDIANAPOLIS INC.							FACILITY ASSISTANCE
P.O. BOX 3000, INDIANAPOLIS, IN 46208	35-0867985	501(C)(3)	10,000.				PROGRAM GRANT
(10) EVANSVILLE AREA TENNIS PATRONS							
5428 DAVIS LANT DR., EVANSVILLE, IN 47715	35-1385692	501(C)(3)	10,000.				MULTICULTURAL GRANT
(11) LINCOLN PARKS & RECREATION FDN							FACILITY ASSISTANCE
3131 O ST., LINCOLN, NE 68510	36-3853746	501(C)(3)	10,000.				PROGRAM GRANT
(12) UNIVERSITY OF ILLINOIS							FACILITY ASSISTANCE
506 S. WRIGHT ST, URBANA, IL 61801	37-6000511	501(C)(3)	10,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and	government	organizations list	ed in the line 1 tab	ole			
3 Enter total number of other organizations lis	sted in the line	1 table					

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

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

OMB No. 1545-0047 2019

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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. Name of the organization Employer identification number UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) CALVIN COLLEGE FACILITY ASSISTANCE 3201 BURTON ST. SE, GRAND RAPIDS, MI 49546 38-3071514 501(C)(3) 10,000. PROGRAM GRANT (2) OTSEGO COUNTY SPORTSPLEX FACILITY ASSISTANCE 1250 GORNICK AVE., GARYLORD, MI 49734-5886 38-3216381 501(C)(3) 10,000. PROGRAM GRANT (3) SCHOOL DISTRICT OF BARABOO COURT LINE GRANT 423 LINN ST., BARABOO, WI 53913 39-6000842 SCHOOL DISTRICT 10,000. YOUTH (4) TENNIS AND LEARNING INC. FACTLITY ASSISTANCE 100 FEDERAL DRIVE, ST. PAUL, MN 55111 41-1965977 501(C)(3) 10,000. PROGRAM GRANT (5) DRAKE UNIVERSITY FACILITY ASSISTANCE 2507 UNIV. AVE., DES MOINES, IA 50311-4505 42-0680460 501(C)(3) 10,000. PROGRAM GRANT (6) TOWN OF ELKIN FACILITY ASSISTANCE P.O. BOX 857, ELKIN., NC 28621 56-6001218 GOVERNMENT 10,000 PROGRAM GRANT (7) PTR-PROFESSIONAL TENNIS REGIST P.O. BOX 4739, HILTON HEAD, SC 29938 57-0795565 501(C)(6) 10,000 WHEELCHAIR GRANT (8) CLEMSON UNIVERSITY FACILITY ASSISTANCE 284A LEHOTSKY HALL, CLEMSON, SC 29634 57-6000254 501(C)(3) 10,000 PROGRAM GRANT (9) YMCA OF FLORIDA'S FIRST COAST INC. FACILITY ASSISTANCE 40 EAST ADAMS ST., JACKSONVILLE, FL 32202 59-0638514 501(C)(3) 10,000. PROGRAM GRANT (10) CITY OF LAKELAND FACILITY ASSISTANCE 10001 HWY 70, LAKELAND, TN 38002 62-1056632 GOVERNMENT 10,000. PROGRAM GRANT (11) CITY OF KINGSPORT FACILITY ASSISTANCE 62-6000323 10,000. 225 WEST CENTER ST., KINGSPORT, TN 37660 GOVERNMENT PROGRAM GRANT (12) MUNICIPALITY OF BARCELONETA FACILITY ASSISTANCE P.O. BOX 2049, BARCELONETA, PR 00617 66-0434377 GOVERNMENT 10,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

2019

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization						Employer identificat	ion number
UNITED STATES TENNIS ASSOCIATION 1	NCORPORA'	ΓED				13-545942	20
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the		_					, , , , , , , , , , , , , , , , , , , ,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF PINE BLUFF							FACILITY ASSISTANCE
200 EAST 8TH AVE., PINE BLUFF, AR 71601	71-6009954	GOVERNMENT	10,000.				PROGRAM GRANT
(2) TUCSON TENNIS MANAGEMENT LLC							ZONAL COMPETITION
50 S. ALVERNON WAY, TUCSON, AZ 85711	81-4462857	N/A	10,000.				GRANTS
(3) TENNIS CLUB OF ALBUQUERQUE INC.							FACILITY ASSISTANCE
2901 I. SCHOOL RD NE, ALBUQUERQUE, NM 87106	85-0126723	501(C)(7)	10,000.				PROGRAM GRANT
(4) WHITMAN COLLEGE							FACILITY ASSISTANCE
345 BOYER AVE., WALLA WALLA, WA 99362	91-0567740	501(C)(3)	10,000.				PROGRAM GRANT
(5) SANTA CLARA UNIVERSITY							FACILITY ASSISTANCE
400 EL CAMINO REAL, SANTA CLARA, CA 95053	94-1156617	501(C)(3)	10,000.				PROGRAM GRANT
(6) THE UCLA FDN							FACILITY ASSISTANCE
10889 WILSHIRE BLVD, LOS ANGELES, CA 90024	95-2250801	501(C)(3)	10,000.				PROGRAM GRANT
(7) INTERNATIONAL TENNIS FEDRATION							
BANK LANE, ROEHAMPTON LONDON UK SW15 5XZ	75-2183557	501(C)(6)	10,000.				ALLIED PARTNER GRAN
(8) UCF ATHLETICS ASSN, INC.							
4465 KNIGHTS VICTORY WAY, ORLANDO, FL 32816	56-2334448	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) NYJTL							
58-12 QUEENS BLVD, WOODSIDE, NY 11377	23-7442256	501(C)(3)	9,750.				PROGRAM SUPPORT
(10) WHEELCHAIR TENNIS OF INDIANA							
4717 BLVD PLACE, INDIANAPOLIS, IN 46208	47-4187695	501(C)(3)	9,570.				WHEELCHAIR GRANT
(11) MARY FREE BED HOSPITAL & REHAB CENTER							
235 WEALTHY ST. SE, GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	9,000.				WHEELCHAIR GRANT
(12) PLAYER'S INTERNATIONAL MANAGEMENT							
30 NW 1 ST. AVE., DELRAY BEACH, FL 33444	65-0489437	N/A	8,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>			<u> </u>	

JSA

9E1288 1.000

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

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) BASELINE WHEELCHAIR TENNIS FON 7290 MILLBROOK OAKS DR, LAKELAND, FL 33813 03-0578203 501(C)(3) 7,696. WHEELCHAIR GRANT (2) AMERICAN HEART ASSOCIATION 125 EAST BETHPAGE RD, PLAINVIEW, NY 11803 13-5613797 501C3 7,600. PROGRAM SUPPORT (3) AMERICAN SPORTS BUILDERS ASSOC 9 NEWPORT DRIVE FOREST HILL, MD 21050 13-2561230 501(C)(6) 7,500. PROGRAM SUPPORT (4) WASHINGTON TENNIS & EDUCATION FDN NW CAMPUS 16TH ST., WASHINGTON, DC 20011 52-6046504 501(C)(3) 7,500 GENERAL SUPPORT (5) SONOMA VALLEY TENNIS ASSOC. FACILITY ASSISTANCE P.O. BOX 766, EL VERANO, CA 95433-0766 73-1639035 501(C)(3) 7,500. PROGRAM GRANT (6) LA JOLLA BEACH & TENNIS CLUB ADULT SENIOR 2000 SPINDRIFT DR., LA JOLLA, CA 92037 33-0265921 CORPORATION 7,200 CHAMPIONSHIP GRANT (7) MOBILE AREA TENNIS ASSOCIATION COMMUNITY 851 GAILLARD DR, MOBILE, AL 36608 20-0116253 501(C)(4) 7,000 INVOLVEMENT GRANT (8) CITY OF MILTON, GEORGIA FACILITY ASSISTANCE 2006 HERITAGE WALK, MILTON, GA 30004 51-0608862 GOVERNMENT 7,000 PROGRAM GRANT (9) LONGWOOD CRICKET CLUB ADULT SENIOR 564 HAMMOND ST., CHESTNUT HILL, MA 02167 04-1554270 501(C)(7) 6,600 CHAMPIONSHIP GRANT (10) NORTHWEST WHEELCHAIR TENNIS ASSOC. 910 PLAYER DRIVE N, KEIZER, OR 97303 93-1063041 501(C)(3) 6,500 WHEELCHAIR GRANT (11) WISCONSIN TENNIS ASSOCIATION W6860 ROGERSVILLE RD, FOND DU LAC, WI 54937 39-6283503 501(C)(4) 6,000 MARKETING GRANT (12) NJTL OF TRENTON FACTLITY ASSISTANCE 949 W. STATE ST., TRENTON, NJ 08618 52-1260470 501(C)(3) 6,000 PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2019)

9E1288 1.000

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

Department of the Treasury

Internal Revenue Service

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

2019

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization Employer identification number UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) TODD MARTIN DEVELOPMENT FUND 200 N FOSTER AVE., LANSING, MI 48912 81-0583592 501(C)(3) 6,000 10 AND UNDER GRANT (2) THE CLAREMONT CLUB COMMINITY 1777 MONTE VISTA, CLAREMONT, CA 91711 95-3627414 6,000. INVOLVEMENT GRANT (3) ACADEMIA SANCHEZ-CASAL FLORIDA ADILT SENTOR 4995 AIRPORT PULLING RD N, NAPLES, FL 34105 99-9999999 5,800. CHAMPTONSHIP GRANT (4) UNIVERSITY OF WYOMING 83-6000331 5,650 1000 E UNIVERSITY AVE., LARAMIE, WY 82071 501(C)(1) 10 AND UNDER GRANT (5) SAN ANTONIO TENNIS ASSOCIATION 1503 SAN PEDRO AVE., SAN ANTONIO, TX 78212 74-6062875 501(C)(3) 5,600 10 AND UNDER GRANT (6) JVTENNIS CORPORATION FACILITY ASSISTANCE 14850 LUDLAM RD, MIAMI, FL 33158 45-0589102 5,500 PROGRAM GRANT (7) MALIVAI WASHINGTON KIDS FDN 1096 WEST 6TH ST., JACKSONVILLE, FL 32209 59-3559150 501(C)(3) 5,500 PROGRAM STIPPORT (8) GERMANTOWN CRICKET CLUB ADULT SENIOR 411 W MAINHEIM ST., PHILADELPHIA, PA 19144 23-0620930 501(C)(7) 5,400 CHAMPIONSHIP GRANT (9) (10)(11)(12)89. 51.

JSA

9E1288 1.000

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADULT SENIOR CHAMPIONSHIP GRANT	46.	92,300.			
2 MULTICULTURAL GRANT	65.	90,375.			
3 SR. INT'L PLAY GRANT	52.	75,150.			
4 WHEELCHAIR GRANT	28.	46,727.			
5 GRANTS - OTHER	6.	14,500.			
6 LEAGUES GRANT	26.	10,625.			
7 ZONAL COMPETITION GRANTS	2.	6,000.			

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

Schedule I (Form 990) (2019)

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4.	4,000.			
11.	3,700.			
2.	2,300.			
1.	2,000.			
1				
1				
1.	400.			
	4.	4. 4,000. 11. 3,700.	4. 4,000. 11. 3,700. 2. 2,300. 1. 2,000.	4. 4,000. 11. 3,700. 2. 2,300. 1. 2,000.

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

PART I, LINE 2:

THE ASSOCIATION MONITORS THE USE OF GRANT FUNDS PAID TO THE SECTIONS BY REQUIRING THE SECTIONS TO SUBMIT THEIR ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990. THE SECTIONS ALSO MUST FILE A SECTION FUNDING ACCOUNTABILITY REPORT ANNUALLY. ORGANIZATIONS RECEIVING PUBLIC FACILITY FUNDING GRANTS MUST COMPLETE AN EXTENSIVE APPLICATION FOR FUNDING AND MUST RECEIVE PERMISSION IN WRITING TO DEVIATE FROM THE PROPOSED SPENDING PLAN. GRANTEES MUST SUBMIT A GRANT APPLICATION WHICH REQUIRES SUBMISSION OF THE TOTAL PROJECT BUDGET AND DETAILED SPENDING PLAN. SUCCESSFUL COMPLETION OF THE GRANT PROCESS INCLUDES TECHNICAL REVIEWS WITH USTA

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_3					
_4					
_5					
_6					
7					

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

CONSULTANTS FOR PROJECTS REQUIRING RECONSTRUCTION OR NEW CONSTRUCTION OF

A FACILITY. IF AWARDED, PRIOR TO RECEIVING THEIR FUNDS, FACILITY GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN ACCOUNTABILITY FORM THAT IS REVIEWED BY STAFF AND/OR USTA CONSULTANTS TO ENSURE THE PROJECT HAS BEEN COMPLETED AS APPROVED. THE ACCOUNTABILITY PROCESS REQUIRES GRANTEES TO SUBMIT FISCAL AND NARRATIVE END-OF-PROJECT REPORTS DETAILING THE RESULTS OF THEIR PROJECTS. RECIPIENTS OF TOURNAMENT/CHAMPIONSHIP GRANTS ARE REQUIRED TO SUBMIT REPORTS FOLLOWING THE COMPLETION OF THEIR EVENTS DETAILING THE RESULTS OF THE EVENTS AND ALL EXPENDITURES.

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation InformationFor 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.

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES TENNIS ASSOCIATION INCORPORATED

Employer identification number

13-5459420

Part	Questions Regarding Compensation			
			Yes	No
1a	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. X First-class or charter travel Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Payments for business use of personal residence 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	Х	
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	Х	
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. X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		
b	Any related organization?	5b		
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:			
а	The organization?	6a		
b	Any related organization?	6b		
	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 not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GORDON SMITH	(i)	863,127.	441,154.	11,892.	8,400.	28,659.	1,353,232.	98,502.
1 EXECUTIVE DIRECTOR, CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREA HIRSCH	(i)	654,133.	251,902.	12,304.	8,400.	11,697.	938,436.	0.
2CAO & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD NEPPL	(i)	483,510.	193,769.	422.	8,969.	28,922.	715,592.	0.
3 ^{CHIEF} FINANCIAL OFFICER		0.	0.	0.	0.	0.	0.	0.
LEWIS SHERR	(i)	633,197.	468,750.	22,522.	8,400.	34,333.	1,167,202.	0.
4 ^{CHIEF} REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
STACEY MILKOVICH	(i)	617,725.	251,632.	789.	8,400.	34,383.	912,929.	0.
5 ^{CHIEF} EXECUTIVE, PRO TENNIS	(ii)	0.	0.	0.	0.	0.	0.	0.
KURT KAMPERMAN	(i)	495,831.	217,418.	4,796.	8,400.	28,922.	755,367.	0.
6 CHIEF EXEC., NATIONAL CAMPUS	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY WESLY	(i)	476,276.	191,559.	275.	8,400.	39,333.	715,843.	0.
7 ^{CHIEF} MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID BREWER	(i)	341,197.	117,665.	2,286.	8,400.	34,383.	503,931.	0.
8 ^{CHIEF} PRO. TENNIS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
CRAIG MORRIS	(i)	398,906.	136,438.	422.	0.	34,383.	570,149.	0.
9 ^{CHIEF} EXEC., COMM TENNIS&YOUTH	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL MAYA	(i)	360,895.	148,923.	275.	8,400.	34,383.	552,876.	0.
10 ^{CHIEF} TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTIAN WIDMAIER	(i)	320,366.	114,847.	789.	8,400.	34,383.	478,785.	0.
11 MANAGING DIR. CORP. COMMUNICAT	(ii)	0.	0.	0.	0.	0.	0.	0.
STACIELLEN MISCHEL	(i)	297,590.	108,237.	789.	8,400.	28,922.	443,938.	0.
12 ASSOC. GEN. COUNSEL & DEP. CLO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL: IN ACCORDANCE WITH THE TRAVEL POLICY, BOARD MEMBERS AND EMPLOYEES ABOVE DIRECTOR LEVEL ARE ENTITLED TO BUSINESS CLASS AIRFARES FOR FLIGHTS GREATER THAN FIVE HOURS. THE PRESIDENT AND FIRST VP ARE ENTITLED TO BUSINESS CLASS AIRFARES FOR ALL FLIGHTS. IN THE EVENT BUSINESS CLASS AIRFARE IS NOT AVAILABLE, THE ABOVE INDIVIDUALS ARE ENTITLED TO FIRST CLASS UNDER THE ASSOCIATION'S ACCOUNTABLE EXPENSE REIMBURSEMENT PLAN.

TRAVEL FOR COMPANIONS: UNDER THE ASSOCIATION'S ACCOUNTABLE EXPENSE REIMBURSEMENT POLICY, TRAVEL FOR COMPANIONS IS ALLOWED IN VERY LIMITED CIRCUMSTANCES.

SCHEDULE L

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► 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

Name of the organization								Employer			numbe	r	
UNITED STATES TENNI									5459				
Part I Excess Benefit Complete if the											line 40	0b.	
4 (-) Niews of discountified		(b) Relatio	nship	between	disqualified perso	on and	(-) D		-6.1			(d)	Corrected
1 (a) Name of disqualified	person		·	organiz			(c) De	escription	of trans	action		Ye	es No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
2 Enter the amount of to under section 4958.3 Enter the amount of to													
Part II Loans to and/or Complete if the organization rep (a) Name of interested person	organization a	answered "Ye	es" oı 990,			22.	ne 38a or Form 9				or if the	ne (i) W	ritten
(4) 3	with organization	loan	fro	m the nization?	principal amount		(1) Janailes aus	(9)	1	by board or committee?		agreei	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5) (6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						
Part III Grants or Assis Complete if the	tance Benefit	ting Interest	ed Pe	ersons.									
(a) Name of interested person		ip between intered the organization		c) Amou	ınt of assistance		(d) Type of assistance)	(e)) Purpo:	se of as	sistance	;
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													

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

Schedule L (Form 990 or 990-EZ) 2019

(10)

Schedule L (Form 990 or 990-EZ) 2019 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?	
				Yes	No	
(1) MARK EIN, RECREATION TEAM TENNIS	FORMER DIRECTOR	175,000.	CONSULTING FEES		Х	
_(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

13-5459420

UNITED STATES TENNIS ASSOCIATION INCORPORATED

FORM 990, PART III, LINE 4A:

US OPEN: UNITED STATES TENNIS ASSOCIATION INCORPORATED ("USTA" OR THE "ASSOCIATION") ORGANIZES AND CONDUCTS THE UNITED STATES OPEN TENNIS CHAMPIONSHIPS--THE US OPEN--WHICH IS THE ONE OF THE WORLD'S HIGHEST-ATTENDED ANNUAL SPORTING EVENTS AND ONE OF ITS PREMIER SPORTING ATTRACTIONS. THE US OPEN IS HELD EACH YEAR AT THE USTA BILLIE JEAN KING NATIONAL TENNIS CENTER. STAGING THE US OPEN REQUIRES THE DEDICATION AND TALENTS OF NUMEROUS USTA VOLUNTEERS, USTA STAFF, AND SEASONAL HELP TO RUN THIS TENNIS TOURNAMENT EFFICIENTLY AND EFFECTIVELY. THE US OPEN HELPS FULFILL MANY OF THE USTA'S MAJOR PURPOSES, INCLUDING: TO PROMOTE THE DEVELOPMENT OF TENNIS AS A MEANS OF HEALTHFUL RECREATION AND PHYSICAL FITNESS; TO ORGANIZE TENNIS TOURNAMENTS AND COMPETITIONS FOR ALL TENNIS ATHLETES WITHOUT REGARD TO GENDER, RACE, CREED, COLOR, OR NATIONAL ORIGIN, AND UNDER THE BEST CONDITIONS POSSIBLE; AND TO PROMOTE THE GAME OF TENNIS TO THE GENERAL PUBLIC. IT IS A MAJOR EXPECTATION OF THE US OPEN THAT THE FANS' ENTHUSIASM AND EXCITEMENT FOR THE EVENT WILL ENCOURAGE THEIR INTEREST IN TENNIS AND DRIVE PARTICIPATION IN THE SPORT. AS THE PREMIER SHOWCASE FOR TENNIS IN THE UNITED STATES, THE US OPEN USES ITS WORLD-WIDE STAGE TO HELP GROW THE GAME. THE 2019 US OPEN KICKED OFF WITH THE 24TH ANNUAL ARTHUR ASHE KIDS' DAY, THE WORLD'S LARGEST SINGLE-DAY, GRASS-ROOTS TENNIS AND ENTERTAINMENT EVENT, WHICH CELEBRATES THE LIFE AND LEGACY OF ARTHUR ASHE. THE EVENT CONTINUES ASHE'S MISSION OF USING TENNIS AS A MEANS TO INSTILL IN CHILDREN THE VALUES OF HUMANITARIANISM, LEADERSHIP, AND EXCELLENCE. THE MORNING GROUNDS FESTIVAL OF THE 2019

UNITED STATES TENNIS ASSOCIATION INCORPORATED 13-5459420

ARTHUR ASHE KIDS' DAY FEATURED KID-FRIENDLY TENNIS PROGRAMMING THROUGHOUT THE GROUNDS AND WAS FREE TO THE PUBLIC, AND WAS FOLLOWED BY A STADIUM SHOW FEATURING A LINEUP OF TENNIS GREATS AND MUSICAL GUESTS. THE 2019 US OPEN DREW A TOTAL OF 853,227 FANS OVER FAN WEEK PLUS THE TWO WEEKS OF THE MAIN DRAW. OPENING DAY DREW A RECORD 41,050 FANS FOR THE DAY SESSION AND CONCLUDED WITH 27,009 FANS ATTENDING THE EVENING SESSION FOR THE HIGHEST-EVER OPENING DAY DAILY GATE. THE 2019 US OPEN ALSO SET A TOURNAMENT MARK FOR A NIGHT SESSOIN, WHEN 29,053 FANS ATTENDED THE EVENING MATCHES ON SATURDAY, AUGUST 31. THE NEXT DAY, THE TOURNAMENT ESTABLISHED A RECORD FOR FIRST-WEEK ATTENDANCE WITH 481,508 FANS. THE 2019 US OPEN AVERAGED 1.28 MILLION VIEWERS ACROSS ESPN AND ESPN2, WHICH IS THE LARGEST-EVE AVERAGE AUDIENCE FOR THE US OPEN ON ESPN, AS WELL AS THE LARGEST CABLE AUDIENCE SINCE 2001. THE WOMEN'S SINGLES FINAL AVERAGED 3.3 MILLION VIEWERS, AND THE MEN'S SINGLES FINAL TELECAST AVERAGED 2.8 MILLION VIEWERS. THE TOURNAMENT'S OFFICIAL DIGITAL PROPERTIES, USOPEN.ORG AND THE US OPEN APP, RESULTED IN 40 MILLION VISITS AND 15.6 MILLION CONTENT VIEWS. THE 2019 US OPEN CONTINUED TO MAKE THE US OPEN ONE OF THE EASIEST PLACES TO BE ECO-FRIENDLY AND ENVIRONMENTALLY SENSITIVE, FROM RECYCLING TO ENERGY MANAGEMENT.

FORM 990, PART III, LINE 4B:

COMMUNITY TENNIS DEVELOPMENT: COMMUNITY TENNIS STRIVES TO GROW TENNIS AT EVERY LEVEL WITH A GOAL OF MAKING THE GAME ACCESSIBLE TO EVERYONE. IT SUPPORTS A WIDE RANGE OF TENNIS PROGRAMS DESIGNED TO HELP PEOPLE LEARN THE GAME, PLAY THE GAME, AND TAKE ADVANTAGE OF ITS MANY HEALTH, FITNESS, AND SOCIAL BENEFITS. IT IS THE GOAL OF COMMUNITY TENNIS TO HELP PEOPLE

Name of the organization
UNITED STATES TENNIS ASSOCIATION INCORPORATED

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FIND THEMSELVES IN THE GAME AT EVERY STEP ALONG THE PLAY PATHWAY. IN 2019, COMMUNITY TENNIS LAUNCHED NET GENERATION AS THE OFFICIAL YOUTH TENNIS BRAND OF THE USTA, EMBRACING ALL ASPECTS OF YOUTH PLAY FOR KIDS AGES 5 TO 18, WITH MORE THAN 456,000 PLAYERS AND PARENTS CONNECTING TO THE USTA VIA NET GENERATION. IN ADDITION TO PROVIDING PLAY OPPORTUNITIES TO THE PUBLIC, COMMUNITY TENNIS IN 2019 ALSO HELPED DEVELOP THE NEXT GENERATION OF TENNIS INDUSTRY PROFESSIONALS THROUGH USTA-U, WHICH OFFERS RESOURCES AND EDUCATIONAL OPPORTUNITIES IN TEACHING TENNIS, CLUB AND EVENT MANAGEMENT, HOSPITALITY AND SPORTS SCIENCE. COMMUNITY TENNIS WORKS WITH THE USTA'S 17 INDEPENDENTLY GOVERNED GEOGRAPHICAL SECTIONS ACROSS THE U.S., ALONG WITH MORE THAN TWO DOZEN NATIONAL USTA COMMITTEES (MADE UP OF LEADING VOLUNTEERS AND STAFF)AS WELL AS WITH THOUSANDS OF LOCAL VOLUNTEERS NATIONWIDE AND WITH TENNIS INDUSTRY PARTNERS ON NUMEROUS GRASS-ROOTS EFFORTS TO GROW THE GAME. THIS INCLUDES THE LARGEST INITIATIVE EVER TO STRENGTHEN THE TENNIS INFRASTRUCTURE IN PUBLIC PARKS AND SCHOOLS, INCLUDING THE BUILDING AND/OR RENOVATION OF MORE THAN 41,500 PUBLIC TENNIS COURTS. OTHER INITIATIVES INCLUDE DEVELOPING, STRENGTHENING, AND GROWING A NATIONWIDE NETWORK OF SELF-SUFFICIENT COMMUNITY TENNIS ASSOCIATIONS TO INCREASE TENNIS PARTICIPATION AT THE LOCAL LEVEL; PROMOTING AND PROVIDING DEVELOPMENT AND PLAY OPPORTUNITIES FOR PEOPLE IN WHEELCHAIRS TO BE INVOLVED IN THE SPORT OF TENNIS AS BOTH PLAYERS AND VOLUNTEERS; INTRODUCING TENNIS TO YOUTH THROUGH IN SCHOOL PHYSICAL EDUCATION CLASSES AND AFTER-SCHOOL TENNIS PROGRAMS; AND PROMOTING AND PROVIDING RECREATIONAL AND COMPETITIVE LEAGUE TEAM OPPORTUNITIES FOR PLAYERS AGE 18 TO 90+ IN THE COUNTRY'S LARGEST

RECREATIONAL TENNIS LEAGUE, USTA LEAGUE. COMMUNITY TENNIS IS BASED AT THE USTA NATIONAL CAMPUS AT LAKE NONA IN ORLANDO, FLA., WHICH SERVES THE SPORT AT EVERY LEVEL OF PLAY AND DELIVERS AN UNPARALLELED TENNIS EXPERIENCE FOR PLAYERS OF ALL AGES AND ABILITY LEVELS. THE FACILITY HAS 100 TENNIS COURTS AND IS DIVIDED INTO DEDICATED AREAS THAT FOCUS ON THE COMPLETE TENNIS PATHWAY. MORE THAN 250,000 VISITORS OF ALL AGES AND ABILITIES TRAVELED TO THE USTA NATIONAL CAMPUS IN 2019 TO BE A PART OF ITS UNPARALLELED PLAYING, TRAINING, AND EDUCATIONAL EXPERIENCE.

FORM 990, PART III, LINE 4C:

PROFESSIONAL TENNIS OPERATIONS DIVISION: THE USTA PROFESSIONAL TENNIS OPERATIONS DIVISION CONSISTS OF PROFESSIONAL TOURNAMENTS, OFFICIATING, AND MAJOR EVENTS, INCLUDING THE OLYMPICS, DAVIS CUP AND FED CUP, AND THE USTA PRO CIRCUIT. TOGETHER, THEY MANAGE THE GAME AT THE HIGHEST LEVELS IN THE UNITED STATES, WITH AN EYE TOWARD PROVIDING A MANAGEABLE PATHWAY TO THE ELITE LEVELS OF TENNIS COMPETITION FOR ASPIRING PRO TENNIS PLAYERS AND OFFICIALS. THE ACTIVITIES MANAGED BY THE PROFESSIONAL TENNIS OPERATIONS DIVISION REPRESENT TENNIS COMPETITION FOR ATHLETES AT ITS ULTIMATE LEVEL. THE EVENTS STAGED BY THE DIVISION ARE LEVERAGED TO SHOWCASE THE FUN, EXCITEMENT, AND ATHLETIC EXCELLENCE OF THE SPORT AND TO ENCOURAGE PARTICIPATION AT ALL LEVELS. AS THE RECOGNIZED NATIONAL GOVERNING BODY OF THE SPORT OF TENNIS, THE USTA IS A MEMBER OF THE U.S. OLYMPIC COMMITTEE. THE USTA COORDINATES THE UNITED STATES' TENNIS PARTICIPATION IN THE OLYMPIC GAMES AND THE PARALYMPIC GAMES, AS WELL AS THE PAN-AMERICAN GAMES. DAVIS CUP AND FED CUP ARE THE ELITE INTERNATIONAL TEAM COMPETITIONS IN PROFESSIONAL TENNIS FOR MEN AND WOMEN, RESPECTIVELY,

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WITH MORE THAN 130 NATIONS COMPETING IN THESE EVENTS ANNUALLY. THE UNITED STATES HAS WON THE DAVIS CUP CHAMPIONSHIP ON 32 OCCASIONS, MORE THAN ANY OTHER NATION, WHILE THE UNITED STATES FED CUP TEAM HAS WON THE FED CUP TITLE MORE THAN ANY OTHER NATION, A RECORD 18 TIMES. THE US OPEN SERIES, WHICH THE USTA LAUNCHED IN 2004, LINKS ATP TOUR AND WTA SUMMER HARD-COURT TOURNAMENTS IN NORTH AMERICA TO THE US OPEN. THE SERIES MAKES IT EASIER FOR FANS TO CONNECT WITH THE GAME BY FORMING A TRUE REGULAR SEASON OF HARD-COURT TENNIS, WITH ITS COHESIVE SCHEDULE ALLOWING FOR "APPOINTMENT TELEVISION". MEANWHILE, THE USTA PROVIDED SUPPORT IN 2019 (VIA PRIZE MONEY, GRANTS, AND OTHER MEANS) TO THE APPROXIMATELY 100 SANCTIONED PROFESSIONAL TOURNAMENTS THAT COMPRISE THE USTA PRO CIRCUIT, THE WORLD'S LARGEST PROFESSIONAL TOUR FOR TENNIS DEVELOPMENT. THE USTA PRO CIRCUIT PROVIDES THE NEXT GENERATION OF AMERICAN CHAMPIONS WITH YEAR-ROUND OPPORTUNITIES TO DEVELOP THEIR GAME AND PLAY AGAINST WORLD-CLASS COMPETITION WITHOUT HAVING TO TRAVEL ABROAD. THE USTA'S OFFICIATING DEPARTMENT OVERSEES THE RECRUITMENT, CERTIFICATION, AND EVALUATION OF TENNIS OFFICIALS AT ALL LEVELS OF THE SPORT IN THE UNITED STATES, FROM GRASS-ROOTS TOURNAMENTS TO THE UPPER ECHELONS OF PROFESSIONAL TENNIS. BY TRAINING AND CERTIFYING QUALITY OFFICIALS WHO KNOW THE RULES AND REGULATIONS FOR THEIR ON-COURT AND OFF-COURT TOURNAMENT RESPONSIBILITIES, THE USTA SEEKS TO ENSURE SMOOTH-RUNNING TOURNAMENTS WHICH ARE ESSENTIAL TO GROWING THE GAME. EACH YEAR, THE USTA CERTIFIES APPROXIMATELY 3,500 TENNIS OFFICIALS, WITH THE MAJORITY OF THEM SERVING IN A VOLUNTEER CAPACITY.

FORM 990, PART VI, LINES 6, 7A & 7B:

THE VOTING MEMBERS OF THE ASSOCIATION ARE THE SECTIONAL ASSOCIATIONS AND

DIRECT MEMBER CLUBS & ORGANIZATIONS WHO HAVE A WEIGHTED VOTE BASED ON ACTUAL MEMBERS IN THEIR GEOGRAPHIC AREA. THE VOTING MEMBERS APPROVE THE SLATE OF OFFICERS AND BOARD MEMBERS AS SUBMITTED BY THE NOMINATING COMMITTEE. IN ADDITION, THEIR RIGHTS INCLUDE APPROVING AMENDMENTS TO THE BY-LAWS AND OTHER VOTING RIGHTS PURSUANT TO NEW YORK STATE NOT-FOR-PROFIT CORPORATION LAW.

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

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS REVIEWED BY USTA'S LEGAL DEPARTMENT, AUDIT COMMITTEE AND IS ALSO DISTRIBUTED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

USTA HAS A CONFLICT OF INTEREST AND DISCLOSURE POLICY THAT APPLIES TO ALL EMPLOYEES, NATIONAL VOLUNTEERS AND BOARD MEMBERS. THE CONFLICT OF INTEREST AND DISCLOSURE POLICY REQUIRES AN EMPLOYEE, NATIONAL VOLUNTEER AND BOARD MEMBER TO REPORT INTERESTS OR RELATIONSHIPS THAT COULD PRESENT A POTENTIAL CONFLICT OF INTEREST. THE USTA OBTAINS ANNUAL CERTIFICATIONS FROM EMPLOYEES, NATIONAL VOLUNTEERS AND BOARD MEMBERS. THE ETHICS OFFICER REVIEWS THE COMPLETED DISCLOSURE STATEMENTS FOR EMPLOYEES AND THE AUDIT COMMITTEE REVIEWS THE COMPLETED DISCLOSURE STATEMENTS FOR THE VOLUNTEERS AT THE NATIONAL GOVERNING BODY LEVEL AND BOARD MEMBERS. THE ETHICS OFFICER AND THE CHAIR OF THE AUDIT COMMITTEE HAVE THE DISCRETION TO SHARE THE DISCLOSURE STATEMENTS WITH THE BOARD OF DIRECTORS AND/OR THE

13-5459420

EXECUTIVE DIRECTOR & CHIEF OPERATING OFFICER AND/OR THE CHAIR OF THE RESPECTIVE NATIONAL COMMITTEE. THE ETHICS OFFICER AND THE AUDIT COMMITTEE (FOR VOLUNTEERS) DETERMINE WHETHER A CONFLICT EXISTS AND SO MARK THEIR DECISION ON THE DISCLOSURE STATEMENT, ALSO INDICATING THE REQUIRED CORRECTIVE ACTION SHOULD THEY DETERMINE THAT A CONFLICT EXISTS (WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, PROHIBITION IN PARTICIPATING, DELIBERATING AND DECIDING ISSUES AND/OR IN TRANSACTIONS).

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE COMPENSATION COMMITTEE HAS RESPONSIBILITY FOR ESTABLISHING A

COMPENSATION STRATEGY AND SETTING THE COMPENSATION OF THE EXECUTIVE

DIRECTOR, HIS/HER DIRECT REPORTS, AND ANY OTHER HIGHLY COMPENSATED

INDIVIDUALS DESIGNATED BY THE COMPENSATION COMMITTEE, PART OF WHICH

INCLUDES THE EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER; CHIEF

ADMINISTRATIVE OFFICER AND GENERAL COUNSEL; THE CHIEF FINANCIAL OFFICER;

CHIEF EXECUTIVE, PRO TENIS; CHIEF EXECUTIVE, COMMUNITY TENNIS; CHIEF

EXECUTIVE, USTA NATIONAL CAMPUS; CHIEF REVENUE OFFICER; CHIEF MARKETING

OFFICER; CHIEF PROFESSIONAL TENNIS OFFICER, US OPEN TOURNAMENT DIRECTOR;

AND CHIEF DIVERSITY AND INCLUSION OFFICER.

THE COMPENSATION COMMITTEE MEETS A MINIMUM OF FOUR TIMES PER YEAR AND CONTEMPORANEOUSLY MAINTAINS MINUTES OF ITS MEETINGS. COMPENSATION AND INCENTIVE PLAN LEVELS ARE SET BY THE COMMITTEE FOLLOWING REVIEW OF APPROPRIATE COMPARABILITY DATA. APPROPRIATE COMPARABILITY DATA INCLUDES, BUT IS NOT LIMITED TO, (I) INFORMATION REGARDING COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR SIMILAR SERVICES, (II) THE AVAILABILITY OF

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SIMILAR SERVICES IN THE ORGANIZATION'S GEOGRAPHIC AREA, AND (III)

COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS. THE REVIEW DESCRIBED

ABOVE WAS CONDUCTED, WITH RESPECT TO COMPENSATION FOR THE ABOVE NOTED

INDIVIDUALS, IN 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION PROVIDES COPIES OF THE FORM 990 AND ITS FINANCIAL

STATEMENTS TO THE PUBLIC UPON REQUEST. THE ASSOCIATION'S BYLAWS ARE

LOCATED ON ITS WEBSITE (USTA.COM). LASTLY, THE CONFLICT OF INTEREST

POLICY CAN BE FOUND ONLINE AT WWW.ETHICSPOINT.COM UNDER THE WEBSITE

DESIGNED FOR THE ASSOCIATION AND IS ALSO AVAILABLE UPON REQUEST FROM THE

ASSOCIATION'S LEGAL DEPARTMENT.

FORM 990, PART XI, LINE 9:

THE AMOUNT ON LINE 5 REPRESENTS THE NET CHANGE IN UNREALIZED LOSS ON INVESTMENTS WHICH IS INCLUDED IN THE ASSOCIATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE AMOUNT ON LINE 9 REPRESENTS AN ADJUSTMENT IN USTA'S CONTROLLING INTEREST OF A TENNIS TOURNAMENT.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

USTA IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF TENNIS AND THE RECOGNIZED LEADER IN PROMOTING AND DEVELOPING THE SPORT'S GROWTH ON EVERY LEVEL IN THE UNITED STATES, FROM LOCAL COMMUNITIES TO THE CROWN JEWEL OF THE PROFESSIONAL GAME, THE US OPEN. THE USTA IS A PROGRESSIVE AND DIVERSE NOT-FOR-PROFIT ORGANIZATION WHOSE VOLUNTEERS, PROFESSIONAL STAFF AND FINANCIAL RESOURCES SUPPORT A SINGLE MISSION:

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UNITED STATES TENNIS ASSOCIATION INCORPORATED

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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS. THE USTA HAS OVER 639,000 INDIVIDUAL MEMBERS, 5,200 ORGANIZATIONAL MEMBERS AND A PROFESSIONAL STAFF AND VOLUNTEERS DEDICATED TO GROWING THE GAME.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EPAM SYSTEMS, INC. 41 UNIVERSITY DRIVE NEWTON, PA 18940	SOFTWARE DEVELOPMENT	3,174,822.
HORIZON MEDIA INC. 75 VARICK STREET NEW YORK, NY 10013	MEDIA ENGAGEMENT	2,943,990.
SMT/IDS 10275 CENTURION CT. JACKSONVILLE, FL 32256	DIGITAL CONSULTING	2,635,308.
SPERO MEDIA, INC. 295 MADISON AVENUE NEW YORK, NY 10017	ADVERTISING	1,861,577.
CSM PROPERTIES, INC. 20 KETCHUM STREET WESTPORT, CT 06880	SALES CONSULTANT	1,855,503.

SCHEDULE R (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

UNITED STATES TENNIS ASSOCIATION INCORPORATED

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 13-5459420

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

	or foreign country)	Total income	End-of-year assets	Direct controlling entity
34914				
4 TENNIS	DE	71,426.	202,927.	USTA
56771				
4 TENNIS	DE			USTA
	TENNIS	TENNIS DE	4 TENNIS DE 71,426.	4 TENNIS DE 71,426. 202,927.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of rel	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) olled	
							Yes	No
(1) USTA NATIONAL TENNIS CENTER, INC.	13-2946690							
70 W RED OAK LANE	WHITE PLAINS, NY 10604	TENNIS	NY	501(C)(3)	10	USTA		X
(2) USTA FOUNDATION, INC.	13-3782331							
70 W RED OAK LANE	WHITE PLAINS, NY 10604	GRANT GIVING	NY	501(C)(3)	7	USTA		X
(3) USTA PLAYER DEVELOPMENT, INC.	27-1368195							
70 W RED OAK LANE	WHITE PLAINS, NY 10604	YOUTH DEVELOP	NY	501(C)(3)	12A	USTA		X
(4)								
(5)								
(6)		-						
(7)								

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

Schedule R (Form 990) 2019

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate allocations?		Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		**					Yes	No		Yes	No																			
(1) CINCINNATI TENNIS 26-4273680																														
70 W RED OAK LANE WHITE PLAINS	TENNIS TOURNA	DE	USTA					Х				93.8000																		
(2)																														
(3)																														
(4)																														
(5)																														
(6)																														
(7)																														

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	Section 512(b)(1 controlle entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 Schedule R (Form 990) 2019

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1a 1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		2\
	Loans or loan guarantees to or for related organization(s)	1d	Х	
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		l
q	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	1
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
·	onaling of paid onlylogodo with foldied organization(o)			
n	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q	Х	
ч	Nontibul Softlette by Total Co. Organization (S) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- 7		
	Other transfer of cash or property to related organization(s)	1r		Х
S	ϕ	1s		Х
<u> </u>	If the answer to any of the above is "Yes " see the instructions for information on who must complete this line, including covered relationships and transaction three			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	USTA PLAYER DEVELOPMENT, INC.	В	19,143,137.	CASH
(2)	CINCINNATI TENNIS LLC	D	4,582,053.	COST
(3)	USTA NATIONAL TENNIS CENTER INC	К	1,987,457.	CASH
(4)	USTA FOUNDATION INCORPORATED	N	413,500.	FMV
(5)	USTA FOUNDATION INCORPORATED	0	2,675,732.	FMV
(6)	USTA FOUNDATION INCORPORATED	В	416,443.	CASH

Page 3 Schedule R (Form 990) 2019

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

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 related organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1	1a	_			
b	Gift, grant, or capital contribution to related organization(s)		🗀	1b				
С	Gift, grant, or capital contribution from related organization(s)		🔯	1c				
	Loans or loan guarantees to or for related organization(s)			1 d				
	Loans or loan guarantees by related organization(s)			1 e				
f	Dividends from related organization(s)		L	1f				
g	Sale of assets to related organization(s)		1	1g				
h	Purchase of assets from related organization(s)			1h				
i	Exchange of assets with related organization(s)			1i				
j	Lease of facilities, equipment, or other assets to related organization(s)			1 j				
-								
k	Lease of facilities, equipment, or other assets from related organization(s)		1	1k				
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11				
m	Performance of services or membership or fundraising solicitations by related organization(s)			m				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1	1n				
	Sharing of paid employees with related organization(s)			1o				
	0 1 1,							
р	Reimbursement paid to related organization(s) for expenses		1	1p				
	Reimbursement paid by related organization(s) for expenses			1q				
•								
r	r Other transfer of cash or property to related organization(s)							
s	Other transfer of cash or property from related organization(s)]]]] []	1s				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov			olds.				
	(a) (b)	(c)		d)				
	Name of related organization Transaction type (a-s)	Amount involved	Method of amount			g		
	type (a-5)		amount		, ou			
(1)	USTA FOUNDATION INCORPORATED Q	557,225.	CASH					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USTA FOUNDATION INCORPORATED	Q	557,225.	CASH
(2) USTA PLAYER DEVELOPMENT INC.	N	793,381.	COST
(3) NAT'AL TENNIS CENTER, INC SEE PART VII	N/O		
(4) USTA PLAYER DEVELOPMENT INC SEE PART VII	0		
(5)			
(6)			

Schedule R (Form 990) 2019

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)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	(FOIII 1065)	Yes	No	1
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART V:

LINE 1N - PURSUANT TO THE USTA NATIONAL TENNIS CENTER INC ("NTC")

CERTIFICATE OF INCORPORATION, CITY OF NEW YORK LEASE AND US OPEN

AGREEMENT, NTC MAKES THE FACILITY AVAILABLE TO USTA FOR HOLDING THE US

OPEN. UNDER THE OPEN AGREEMENT, NTC HAS THE RIGHT TO COLLECT TICKET AND

OTHER US OPEN RELATED REVENUE.

LINE 10 - EXECUTIVE AND ADMINISTRATIVE STAFF OF USTA PROVIDE ASSISTANCE
TO THE USTA NATIONAL TENNIS CENTER INC AT NO CHARGE.

LINE 10 - EXECUTIVE AND ADMINISTRATIVE STAFF OF THE USTA PROVIDE ASSISTANCE TO USTA PLAYER DEVELOPMENT INC AT NO CHARGE.