## Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2007
Open to Public Inspection

Α	For the 2	.007 calendar year, or tax year beginning		and er	nding		
В	Check if	Please C Name of organization				D Employer	identification number
	applicable:	use IRS					
	Address change	label or print or UNITED STATES RACQUET	BALL ASSOCIA	TIO	N	73-0	954204
	Name change	type. Number and street (or P.O. box if mail is not o	lelivered to street address)		Room/suite	E Telephone	number
	Initial return	Specific 1685 W. UINTAH STREET				(719	) 635-5396
	Termin- ation	tions.   Gity of town, State of Country, and ZIP + 4				F Accounting me	
	Amende return	COLORADO SPRINGS, CO	80904			Other (specify	<b>)</b>
	Applicat pending	• Section 501(c)(3) organizations and 4947(a)(1)	nonexempt charitable trus	ts	Hand lare not app	licable to se	ction 527 organizations.
		must attach a completed Schedule A (Form 990	OF 990-EZ).		H(a) Is this a group r	eturn for affili	ates? Yes X No
G	Website:	▶WWW.RACQUETBALL.ORG			H(b) If "Yes," enter no	umber of affilia	ates▶N/A
J	Organiza	<b>Ition type</b> (check only one) $\blacktriangleright$ $X$ 501(c) ( 3 ) $\blacktriangleleft$ (insert no	.) 4947(a)(1) or	527	H(c) Are all affiliates	included?	N/A Yes No
K	Check he	re $\blacktriangleright$ if the organization is not a 509(a)(3) supportin	g organization <b>and</b> its gros	S	(If "No," attach a <b>H(d)</b> Is this a separat		hy an or-
	receipts a	are normally <b>not</b> more than \$25,000. A return is not require	d, but if the organization		ganization cover	red by a group	p ruling? Yes X No
	chooses t	to file a return, be sure to file a complete return.			I Group Exemption	n Number ►	N/A
					M Check ►	if the organiza	ation is <b>not</b> required to attach
L	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	2,029,52	3.	Sch. B (Form 99	90, 990-EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes in No	et Assets or Fund	Bala	nces		
	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	603,9		
	С	Indirect public support (not included on line 1a)		1c	21,0	00.	
	d	Government contributions (grants) (not included on line 1	a)	1d			
	е	Total (add lines 1a through 1d) (cash \$	5,152. noncash\$		119,761.	) 1e	624,913.
	2	Program service revenue including government fees and	contracts (from Part VII, lin	e 93)		2	482,565.
	3	Membership dues and assessments				3	499,905.
	4	Interest on savings and temporary cash investments					1,300.
	5	Dividends and interest from securities				5	
	6 a	Gross rents					
	b	Less: rental expenses		6b			
Ð	С	Net rental income or (loss). Subtract line 6b from line 6a				6c	
Ĭ	7	Other investment income (describe <b>NOYALT</b> I	ES			) 7	92,529.
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		( <b>B</b> ) Other		
Œ		than inventory		8a			
	b	Less: cost or other basis and sales expenses		8b			
		Gain or (loss) (attach schedule)		8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			<u></u>	8d	
	9	Special events and activities (attach schedule). If any amo	unt is from <b>gaming,</b> check	here ]	<u> </u>		
			tributions reported on line 1b)	9a	18,1	59.	
		Less: direct expenses other than fundraising expenses $\dots$		9b			
		Net income or (loss) from special events. Subtract line 9b					18,159.
		Gross sales of inventory, less returns and allowances $\ \dots$		10a	43,8		
	b	Less: cost of goods sold		10b	33,0		
	C	Gross profit or (loss) from sales of inventory (attach sche					
	11	Other revenue (from Part VII, line 103)					266,255.
	12	<b>Total revenue</b> . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c,					1,996,433.
v	13	Program services (from line 44, column (B))					1,783,050.
Expenses	14	Management and general (from line 44, column (C))					121,571.
be	15	Fundraising (from line 44, column (D))					39,692.
ũ							1 044 040
	17	Total expenses. Add lines 16 and 44, column (A)					1,944,313.
Ų	18	Excess or (deficit) for the year. Subtract line 17 from line					52,120.
Net	19	Net assets or fund balances at beginning of year (from line	e /3, column (A))			19	74,804.
<b>-</b> ₹		Other changes in net assets or fund balances (attach expla	anation)			20	126 024
	21	Net assets or fund balances at end of year. Combine lines	18, 19, and 20			21	126,924.

73-0954204 Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash $0 \cdot noncash$ 0 .					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 4	STATEMENT 5
(cash \$ 15,174 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22b	15,174.	15,174.		
23 Specific assistance to individuals (attach					
schedule) STATEMENT 6	23	59,890.	59,890.		
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	115,717.	92,573.	18,515.	4,629.
<b>b</b> Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	214,718.	157,120.	37,573.	20,025.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	12,886.	9,503.	2,193.	1,190.
28 Employee benefits not included on lines					
25a - 27	28	619.		619.	
29 Payroll taxes	29	27,195.	20,646.	4,532.	2,017.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	38,620.	35,436.	1,961.	1,223.
34 Telephone	34	8,604.	6,875.	1,481.	248.
35 Postage and shipping	35	47,960.	46,881.	593.	486.
36 Occupancy	36	68,774.	63,310.	3,781.	1,683.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	149,084.	149,084.		
39 Travel	39	63,317.	63,317.		
40 Conferences, conventions, and meetings	40	196.		196.	
41 Interest	41	1,322.	983.	243.	96.
42 Depreciation, depletion, etc. (attach schedule)	42	9,248.		9,248.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 3	43g	1,110,989.	1,062,258.	40,636.	8,095.
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,944,313.	1,783,050.	121,571.	39,692.
Joint Costs. Check  if you are following	SOF				
Are any joint costs from a combined educational campaign			oorted in <b>(B)</b> Program servi	ces? ▶	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts\$	N/A ;	(ii) the amount allocated to	Program services \$	<b>N/A</b> ;
(iii) the amount allocated to Management and general $\$$		N/A ; and	(iv) the amount allocated to	Fundraising \$	N/A

### Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	NATIONAL EVENTS - THE ASSOCIATION HAS APPROXIMATELY 550 SANCTIONED EVENTS WITH 15,500 ATHLETES COMPETING. THE ASSOCIATION ALSO SPONSORS THE ADULT/JUNIOR REGIONALS AND MASTERS COMPETITIONS.	
b	(Grants and allocations \$ ) If this amount includes foreign grants, check here DEVELOPMENT PROGRAMS - THE ASSOC. SPONSORS THE US RACQUET-BALL TEAM. IT ALSO HAS GRASSROOT PROGRAMS FOR ALL AGES OF ATHLETES. THE ASSOC. PROVIDES REF CERTIFICATION, TEACHING DEVELOPMENT AND ELITE TRAINING.	963,457.
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ RACQUETBALL MAGAZINE - THE ASSOCIATION PUBLISHES RACQUETBALL MAGAZINE BI-MONTHLY. EACH ISSUE OF THIS MAGAZINE WAS PROVIDED TO APPROXIMATELY 15,500 MEMBERS.	238,496.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ MEMBERSHIP - APPROXIMATELY 15,500 MEMBERS BENEFIT FROM THE ACTIVITIES OF THE ASSOCIATION, INCLUDING THE PUBLICATION OF RULEBOOKS.	242,217.
	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule) SEE STATEMENT 8  (Grants and allocations \$ ) If this amount includes foreign grants, check here   Total of Program Service Expenses (should equal line 44, column (B), Program services)  ▶	233,094. 105,786. 1,783,050.

UNITED STATES RACQUETBALL ASSOCIATION 73-0954204 Form 990 (2007) Page 4 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year should be for end-of-year amounts only. End of year 234,380. 45 273,953. 45 Cash - non-interest-bearing Savings and temporary cash investments 17,742. 30,892. 46 46 144,778. 47a 47 a Accounts receivable b Less: allowance for doubtful accounts 144,778. 47b 106.475. 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees 50a **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts \_\_\_\_\_ 51b 51c 22,591. 19,853. 52 Inventories for sale or use 52 2,000. 6,965. 53 Prepaid expenses and deferred charges 53 54 a Investments - publicly-traded securities STMT 11▶ ☐ Cost 18,054. 3,055. 54a **b** Investments - other securities Cost 54b 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c Investments - other SEE STATEMENT 9 3,443. 17,909. 56 56 188,936 **57 a** Land, buildings, and equipment; basis 57a 180,708. b Less: accumulated depreciation STMT 10 19,468. 8,228. 57b 57c 58 Other assets, including program-related investments (describe > 58 Total assets (must equal line 74). Add lines 45 through 58 424,153. 59 505,633. 59 287,818. 286,296. Accounts payable and accrued expenses 60 60 61 Grants payable 61 62 Deferred revenue 35,101. 62 77,544. Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a 5,000. 18,535. b Mortgages and other notes payable \_\_\_\_\_\_ 64b 7,895. Other liabilities (describe **LINE OF CREDIT** 9,869. 65 65 349,349. 378,709. 66 **Total liabilities.** Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 39,702. 84,241. 67 67 Unrestricted 35,102. 42,683. 68 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund ..... 71 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72.

(Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

126,924.

74,804.

424,153.

73

F	000 (0007)	UNITED STATES RACQUET	DALL ACCOCTA	TIT ON	73-	0.0	E 4 2	)	Dana <b>F</b>
		Reconciliation of Revenue per Audited Final structions.)	ncial Statements V	Vith Revenue p	er Re				Page 5
a	Total revenue	e, gains, and other support per audited financial stateme	nts			а	1.	996,4	133.
		luded on line <b>a</b> but not on Part I, line 12:	,,,,,			Ť	<del>- '</del>		
		ed gains on investments		b1					
		vices and use of facilities		b2		1			
		of prior year grants		b3					
	Other (specif			b4		1			
-	٠.	through <b>b4</b>				Ь			0.
С	Subtract line					С	1,	996,4	133.
d		luded on Part I, line 12, but not on line a:							
1		expenses not included on Part I, line 6b		d1					
	Other (specif			d2		1			
	٠.	and d2				d	1		0.
е	Total revenu	ue (Part I, line 12), Add lines c and d				е	1,	996,4	133.
Pa	art IV-B   R	Reconciliation of Expenses per Audited Fina	ancial Statements	With Expenses	per	Ret	urn		
		ses and losses per audited financial statements				а		944,3	313.
		luded on line <b>a</b> but not on Part I, line 17:					<u> </u>		
		vices and use of facilities		ь1					
		justments reported on Part I, line 20		b2		1			
		rted on Part I, line 20		b3		1			
	Other (specif			b4		1			
	٠.	through <b>b4</b>				b	1		0.
С		b from line a				С	1,	944,3	313
d		luded on Part I, line 17, but not on line <b>a:</b>					<u> </u>		
		expenses not included on Part I, line 6b		d1					
	Other (specif			d2		1			
	٠.	and d2				d	1		0.
е		ses (Part I, line 17). Add lines <b>c</b> and <b>d</b>				е	1,	944,3	313
	art V-A C	urrent Officers, Directors, Trustees, and Ke key employee at any time during the year even if they we	ey Employees (List early not compensated) (S	ach person who wa	s an o				ee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D)Co emple	ntribu oyee l	tions to benefit ferred on plans	( <b>E</b> ) Exp accoun other allo	nt and
			position	-0)	compe	risauc	n pians	Other and	- vvarioo
_ SE	E STATE	MENT 12		101,674.	14	, 0	43.		0.
								<del>                                     </del>	
								<del>                                     </del>	
								<del>                                     </del>	

Pa	rt V-A   Current Officers, Directors, Trustees, and K	ey Employees (continu	red)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board				
	meetings		<b>&gt;</b>	13			
b	Are any officers, directors, trustees, or key employees listed in Forn	n 990, Part V-A, or highest o	compensated empl	oyees			
	listed in Schedule A, Part I, or highest compensated professional ar	nd other independent contr	actors listed in Sch	nedule A,			
	Part II-A or II-B, related to each other through family or business rela	· · · · · · · · · · · · · · · · · · ·		dentifies			77
					75b		X
C	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional at Part II-A or II-B, receive compensation from any other organizations	•					
	organization? See the instructions for the definition of "related organization"	nization "	able, that are relati	Ī	75c		X
	If "Yes," attach a statement that includes the information described						
d	Does the organization have a written conflict of interest policy?				75d	Х	
Pa	rt V-B Former Officers, Directors, Trustees, and Ko						_
	<b>Benefits</b> (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co						
	the year, list that person below and enter the amount of ot		(C) Compensation			E) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred	l à	cćount	and
	NONE		enter -0-)	compensation plan	is Oth	er allow	ances
					+		
					_		
Do	rt VI Other Information (See the instructions.)					Vaa	Na
<u>Га</u> 76	rt VI Other Information (See the instructions.)  Did the organization make a change in its activities or methods of c	andusting activities? If "Vo	o " attach a dataila	d		Yes	No
, 0	statement of each change	•	•		76		Х
77	Were any changes made in the organizing or governing documents				77		X
	If "Yes," attach a conformed copy of the changes.						
78 a	Did the organization have unrelated business gross income of \$1,00	00 or more during the year	covered by this ret	urn?	78a	Х	
				t	78b	Х	
79	Was there a liquidation, dissolution, termination, or substantial cont				79		X
80 a	Is the organization related (other than by association with a statewing	_				177	
L	membership, governing bodies, trustees, officers, etc., to any other				80a	Х	
D	If "Yes," enter the name of the organization ► UNITED STATE	and check whether it is		nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instruct		1 1	. O			
	Did the organization file <b>Form 1120-POL</b> for this year?				81b		X

	m 990 (2007) UNITED STATES RACQUETBALL ASSOCI.  art VI Other Information (continued)	ATTON	/3-0954	1204		age
				_	Yes	INC
82 8	Did the organization receive donated services or the use of materials, equipment, or facilities			000	x	
	less than fair rental value?			82a	<u>├</u> ^	
	of If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part II or as an expense in Part II.	82b				
00.	(See instructions in Part III.)  Did the organization comply with the public inspection requirements for returns and exemp			83a	х	
	<ul> <li>Did the organization comply with the public inspection requirements for returns and exempt</li> <li>Did the organization comply with the disclosure requirements relating to quid pro quo continued.</li> </ul>				X	_
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> conti Did the organization solicit any contributions or gifts that were not tax deductible?			84a	<del>  ^</del>	Х
	of If "Yes," did the organization include with every solicitation an express statement that such			044		
	tax deductible?		• .	84b		
85 9	1 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			85a	<del>                                     </del>	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b		
•	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unles			000		
	waiver for proxy tax owed for the prior year.	o ino organizati	511 10001V04 4			
c	Dues, assessments, and similar amounts from members	85c	N/A			
	Section 162(e) lobbying and political expenditures		N/A	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	1		
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
ŀ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amo					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expend	ditures for the				
	following tax year?		N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86a	N/A			
t	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders.	87a	N/A			
t	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)		N/A	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable					
	or an entity disregarded as separate from the organization under Regulations sections 301					
	If "Yes," complete Part IX			88a		X
t	At any time during the year, did the organization, directly or indirectly, own a controlled en			001		77
••	section 512(b)(13)? If "Yes," complete Part XI		▶	88b		X
89 a	1 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year u		0			
	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section		0.			
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce					
	transaction during the year or did it become aware of an excess benefit transaction from a			89b		Х
,	If "Yes," attach a statement explaining each transaction  Enter: Amount of tax imposed on the organization managers or disqualified persons during			090		
٠	sections 4912, 4955, and 4958		0.			
,	I Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibite			89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable			89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds			00.		
•	or a fund maintained by a sponsoring organization, have excess business holdings at any t			89g		Х
90 a	List the states with which a copy of this return is filed ►NONE	J .	,			
	Number of employees employed in the pay period that includes March 12, 2007		90b			
	The books are in care of ▶ THE ASSOCIATION	Telephone		635	5-53	96
	Located at ► 1685 W. UINTAH ST., COLORADO SPRINGS,		ZIP + 4 ▶ 8			
t	At any time during the calendar year, did the organization have an interest in or a signature		ity over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or oth	ner financial acco	ount)?	91b		Х
	If "Yes," enter the name of the foreign country ▶N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report	of Foreign Bank				
	and Financial Accounts.					

Form **990** (2007)

Pa	rt X			<b>es.</b> Complete only if the organ	ization is a		
_		controlling organization as defined in section 512(b)(13).	N/A		Y	'es	No
106		the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity an applete the schedule below for each controlled entity.	as defined in section	512(b)(13) of the Code? If "Yes	s,"		
	0011	(A)  Name, address, of each  controlled entity	(B) Employer Identification Number	(C) Description of transfer	(E Amou tran	unt c	
а							
b							
С							
		Totals					
107		the reporting organization <b>receive</b> any transfers <b>from</b> a controlled emplete the schedule below for each controlled entity.	ntity as defined in sec	tion 512(b)(13) of the Code? If		'es	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(E Amou tran	unt c	
а							
b	 						
С							
•		Totals					
108		the organization have a binding written contract in effect on August			I	'es	No
Plea Sign Here	l	Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of white Signature of officer  Type or print name and title	ing schedules and statemer ch preparer has any knowled	nts, and to the best of my knowledge and dge.	i delier, it is true	e, corr	ect,
Paid Prep Use	arer's	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  COLORADO SPRINGS. CO 8090		Check if self-employed   EIN   Phone no.   (719)	9) 590		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name of the of	UNITED STATES RACQUETBALL	ASSOCTATION		73 09542	
Part I	Compensation of the Five Highest Paid Emp	oloyees Other Than	Officers, Dire		
	(See page 1 of the instructions. List each one. If there are none, er	iter "None.") (b) Title and average hours	1	(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$50,000	per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	account and othe allowances
MELODY		CFO			
1685 W	. UINTAH STREET, COLORADO SPRIN	40.00	55,000.	6,879.	,
	of other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Inde			ional Service	es
	(See page 2 of the instructions. List each one (whether individuals  (a) Name and address of each independent contractor paid more the	,	(b) Type of s	service	(c) Compensation
CANTM	ENTERPRISES, INC.	απ φου,ουυ	( <b>b)</b> Type of (	SOI VICC	(6) Compensation
	AKE TRAIL DRIVE, WESTERVILLE, O	н 43082 в	EVENT SERV	7ICES	129,343.
	of others receiving over ofessional services	0		·	
Part II-B	Compensation of the Five Highest Paid Inde	pendent Contracto		ervices	
	(List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	•	uals or		
	(a) Name and address of each independent contractor paid more that	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE					
Total number (	of other contractors receiving over				
\$50,000 for ot	her services	0			

73-	0954204	Page 2
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F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.) SEE STATEMENT 15	3a	X	
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		X
	<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	<b>b</b> Did the organization make any taxable distributions under section 4966? $N/A$	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		N/	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Α
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Par	: IV	Reason for Non-Private Foundation S	Status (See pages 4 t	inough o of the monucho	115.)			
certify	that th	ne organization is not a private foundation because it is: (l	Please check only <b>ONE</b> a	pplicable box.)				
5		A church, convention of churches, or association of ch	urches. Section 170(b)(1	I)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	: V.)					
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,						
		and state 🕨						
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental ι	ınit. Section	170(b)(1)(A)(i	iv).	
		(Also complete the Support Schedule in Part IV-A.)						
11a		An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.		
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)					
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)				
12	X	An organization that normally receives: (1) more than	<b>33 1/3%</b> of its support from	om contributions, membe	rship fees, a	nd gross		
		receipts from activities related to its charitable, etc., fur						
		its support from gross investment income and unrelate				ses acquired		
		by the organization after June 30, 1975. See section 5	us(a)(z). (Also complete	tile Support Schedule ii	raitiv-A.)			
13		An organization that is not controlled by any disqualifie	d persons (other than fo	undation managers) and (	otherwise me	ets the requir	ements of section	
		509(a)(3). Check the box that describes the type of sup	porting organization:					
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	-Other	
		Provide the following information al	oout the supported organ	nizations. (See page 8 of	the instruction	ons.)		
		(a) (b) (c) (d) (e)						
		(a)	(b)	(c)		II	(e)	
		(a) Name(s) of supported organization(s)	Employer	Type of organization	Is the si	upported	Amount of	
				Type of organization (described in lines 5 through 12 above	Is the si organizati the sup	upported on listed in oporting		
			Employer identification	Type of organization (described in lines	Is the si organizati the sup organi	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi	upported on listed in oporting	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
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			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 UNITED STATES RACQUETBALL ASSOCIATION 73-0954204 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual 765,649 762,078 810,737 630,158 2,968,622. grants. See line 28.) 432,678. 414,956. 326,946. 146,715. 1.321.295. 16 Membership fees received ...... Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 673,949. 817,079. 673,800. 576,282. 2,741,110. 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after 92,572. 9,474. 86,896. 14,288. 203,230. June 30, 1975 Net income from unrelated business activities not included in line 18 Lax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. 22 SEE STATEMENT 16 Do not include gain or (loss) from sale of capital assets 61,152. 26,977. 24,336. 5,173. 117,638. 2,020,324. 2,113,662. 1,850,107. 1,367,802. 7,351,895. 23 Total of lines 15 through 22 1,346,375, 1,296,583, 1,176,307. 791,520. 4,610,785. 24 Line 23 minus line 17 20,203. 21,137. 13,678 25 Enter 1% of line 23 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/Ab Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b N/Ac Total support for section 509(a)(1) test; Enter line 24, column (e) 26c N/A**d** Add: Amounts from column (e) for lines: 22 26b 26d N/A N/A e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) N/AOrganizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. **0** • (2005) **0** • (2004) **0** • (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) 0 • (2005) 0 • (2004) **0** • (2003) **0** • c Add: Amounts from column (e) for lines: 15 2,968,622. 16 1,321,295.17 **2,741,110.** 20 21 21 and line 27b total d Add: Line 27a total ... e Public support (line 27c total minus line 27d total) 95.6356% g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V

N/A

### (To be completed ONLY by schools that checked the box on line 6 in Part IV)

9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
2 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	     32a		
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	020		
·	admissions, programs, and scholarships?	32c		
А	Copies of all material used by the organization or on its behalf to solicit contributions?			
ŭ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
13 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			
a b				
C	Admissions policies? Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	ı	ı

Schedule A (Form 990 or 990-EZ) 2007

### Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Che	ck <b>&gt; a</b>	if the organization bel	ongs to an affiliated group. Check <b>b</b>	if you che	ecked <b>"a"</b> and "limited contr	ol" provisions apply.
			on Lobbying Expenditures  Inditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
42 43	Total lobb Other exe Total exe Lobbying If the am Not over \$500, Over \$1,00 Over \$1,50 Grassroo Subtract	oying expenditures to influencying expenditures (add lines empt purpose expenditures) mpt purpose expenditures (at nontaxable amount. Enter the count on line 40 is - 500,000	ce public opinion (grassroots lobbying) ce a legislative body (direct lobbying) 3 and 37)  dd lines 38 and 39) ne amount from the following table -  The lobbying nontaxable amount is -  20% of the amount on line 40  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000  \$1,000,000  25% of line 41) - if line 42 is more than line 36 - if line 41 is more than line 38	37 38 39 40 41 41 42 43	N/A	
	Caution:	If there is an amount on	either line 43 or line 44, you must file Form 4720.			

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expe	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	( <b>b</b> ) 2006	( <b>c</b> ) 2005	<b>(d)</b> 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Ν	/	Α

Dui	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	offluence public opinion on a legislative matter or referendum, through the use of:		NU	Aillouilt
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
C	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			_
	Direct contact with legislators, their staffs, government officials, or a legislative body			_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51	Did the reporting organization	n directly or indirectly engage in any of	the following with any other	_			
		n section 501(c)(3) organizations) or i		litical organizations?		Vaa	Na
а		organization to a noncharitable exemp	=		E1a/i)	Yes	No
					51a(i) a(ii)		X
b	Other transactions:				α(11)		
U		seate with a noncharitable evennt orga	nization		b(i)		х
					b(ii)		X
					b(iii)		X
					b(iv)		X
	(v) Loans or loan guarantee				1		X
	` '						X
C		nt, mailing lists, other assets, or paid e					X
				lways show the fair market value of the			
	goods, other assets, or service	ces given by the reporting organization	. If the organization received	less than fair market value in any			
	transaction or sharing arrang	ement, show in column (d) the value o	of the goods, other assets, or	services received:		N/A	
( <b>a</b> ) Line r		(c) Name of noncharitable ex	cempt organization	(d) Description of transfers, transactions, and sl	naring ar	rangen	nents
		+					
52 a		(c)(3)) or in section 527?		anizations described in section 501(c) of the	Yes	X	No
b	If "Yes," complete the following	g schedule: N/A					
	Name of	(a) organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationshi	р		

FORM 990	SPECIAL EVE	NTS AND ACTI	STA	ATEMENT 1	
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FUNDRAISING EVENTS	18,159.		18,159.		18,159.
TO FM 990, PART I, LINE 9	18,159.		18,159.		18,159.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 2
INCOME			
1. GROSS RECEIPTS		43,897	
			43,897
	(LINE 13)	33,090	10,807
COST OF GOODS SOLD			
7. MERCHANDISE PURCHAS: 8. COST OF LABOR 9. MATERIALS AND SUPPL 10. OTHER COSTS		22,591 30,352	F2 042
11. ADD LINES 6 THROUGH		10 050	52,943
12. INVENTORY AT END OF 13. COST OF GOODS SOLD	(LINE 11 LESS LINE 12)	19,853	33,090

FORM 990	OTHE	R EXPENSES		STATEMENT 3
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
ADVERTISING	39,973.	39,973.		
MEDALS & TROPHIES	20,173.	20,173.		
BANK CHARGES	23,111.	19,523.	2,483.	1,105.
COMPUTER PROGRAMMING	15,301.	12,628.	1,850.	823.
CONTRACT LABOR	178,102.	170,242.	6,840.	1,020.
HOSPITALITY	21,859.	20,891.	968.	
INSURANCE	80,589.	68,069.	9,622.	2,898.
LEGAL & ACCOUNTING	11,212.	9,006.	1,700.	506.
MEALS, ENTERTAINMENT				
& HOUSING	61,238.	59,073.	1,018.	1,147.
MEDIA & PUBLICITY	0.			
REFEREE PAYMENTS	25,325.	25,325.		
REPAIRS &				
MAINTENANCE	7,982.	7,657.	225.	100.
UNIFORMS & APPAREL	35,903.	35,903.		
UTILITIES	4,948.	4,168.	540.	240.
PROPERTY TAX	90.		90.	
OTHER EXPENSE	32,508.	27,644.	4,662.	202.
DECORATING	10,637.	10,637.		
COURT RENTALS	84,704.	84,704.		
DUPLICATION	9,339.	9,339.		
VALUE-IN-KIND	125,297.	124,897.	400.	
REBATES	138,801.	138,801.		
PROMOTIONS	4,001.	3,260.	741.	
PHOTOGRAPHY	1,918.	1,918.		
AGENCY DISCOUNT	46,497.	46,497.		
GROUND				
TRANSPORTATION	3,723.	3,681.	8.	34.
GIFTS & PROTOCOL	2,796.	2,731.	65.	
BANQUET	33,608.	27,028.	6,580.	
TOURNAMENT SUPPORT	81,739.	81,739.		
SECURITY	1,692.	1,692.		
WEBSITE EXPENSES	2,559.	2,559.		
TRASH	64.	-	44.	20.
BAD DEBT EXPENSE	2,500.	2,500.		
CHARITIES	2,800.	•	2,800.	
TOTAL TO FM 990, LN 43	1,110,989.	1,062,258.	40,636.	8,095.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 4
CLASS OF ACTIVITY	/DONEE'S NAME AND ADDRESS	AMOUNT
ST. JUDE CHILDREN 332 N. LAUDERDALE MEMPHIS, TN 38105		13,424.
TOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	13,424.

FORM 990 (	STATEMENT 5		
CLASS OF ACTIVITY/DONEE'S	S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP ALYSSA ASAY		NONE	500.
SCHOLARSHIP GRANT STATTEY		NONE	500.
SCHOLARSHIP ANTHONY HERRERA		NONE	750.
TOTAL INCLUDED ON FORM 99	90, PART II, LINE 22B	3	1,750.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
DESCRIPTION	AMOUNT	
PRIZE MONEY AND AWARDS PAID FOR IRT & WPRO TOURNAMENT RESULTS PAYMENTS TO 12 ATHLETES FOR TOURNAMENT RESULTS	55,00 4,89	
TOTAL TO FORM 990, PART II, LINE 23	59,89	90.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7 PART III

#### EXPLANATION

THE USRA IS AN EDUCATIONAL ORGANIZATION DESIGNED TO FOSTER THE DEVELOPMENT OF THE SPORT OF RACQUETBALL IN THE UNITED STATES.

FORM 990 C	OTHER PROGRAM SERVICES	STA	TEMENT 8
DESCRIPTION OF OTHER PROGRAM S	SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
INTL EVENTS - THE ASSOCIATION COMPETITIONS FOR IT'S MEMBERS.		0.	105,786.
TOTAL TO FORM 990, PART III, L	LINE E		105,786.

FORM 990	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION		VALUATION METHOD	AMOUNT
MONEY MARKET FUNDS		MARKET VALUE	17,909.
TOTAL TO FORM 990, PART IV, L	INE 56, COLUMN B		17,909.

FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE & EQUIPMENT PORTABLE COURTS	66,936. 122,000.	58,708. 122,000.	8,228.
TOTAL TO FORM 990, PART IV, LN 57	188,936.	180,708.	8,228.

FORM 990	NON-G	OVERNMENT S	STATEMENT 11		
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BONDS	FMV		3,055.	·	3,055.
TO FORM 990, LINE 542	A, COL B		3,055.		3,055.

FORM 990 PART V-A - LIST OF TRUSTEES	CURRENT OFFICERS, S AND KEY EMPLOYEE		STATI	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
RAY CORDERO 1685 W UINTAH COLORADO SPRINGS, CO 80904	BOARD MEMBER 5.00	0.	0.	0.
ED REMEN 1685 W UINTAH COLORADO SPRINGS, CO 80904	BOARD MEMBER 5.00	0.	0.	0.
RANDY STAFFORD 1685 W UINTAH COLORADO SPRINGS, CO 80904	PRESIDENT 7.00	0.	0.	0.
GEOFF PETERS 1685 W UINTAH COLORADO SPRINGS, CO 80904	VICE PRESIDENT 5.00	0.	0.	0.
LANCE GILLIAM 1685 W UINTAH COLORADO SPRINGS, CO 80904	TREASURER 5.00	0.	0.	0.
CHERYL KIRK 1685 W UINTAH COLORADO SPRINGS, CO 80904	SECRETARY 5.00	0.	0.	0.
JASON THOERNER 1685 W UINTAH COLORADO SPRINGS, CO 80904	ATHLETE REPRES 5.00	ENTATIVE 0.	0.	0.
MALIA BAILEY 1685 W UINTAH COLORADO SPRINGS, CO 80904	ATHLETE REPRES 5.00	ENTATIVE 0.	0.	0.
MIKE GUIDRY 1685 W UINTAH COLORADO SPRINGS, CO 80904	ATHLETE REPRES 5.00	ENTATIVE 0.	0.	0.
SALVATORE PERCONTI 1685 W UINTAH COLORADO SPRINGS, CO 80904	BOARD MEMBER 5.00	0.	0.	0.
THOMAS CURRAN 1685 W UINTAH COLORADO SPRINGS, CO 80904	BOARD MEMBER 5.00	0.	0.	0.

UNITED STATES RACQUETBALL A	ASSOCIATION			73	3-0954204
JAY MATHIS 1685 W UINTAH COLORADO SPRINGS, CO 80904		MEMBER .00	0.	0.	0.
DAVE NEGRETE 1685 W UINTAH COLORADO SPRINGS, CO 80904		MEMBER .00	0.	0.	0.
JIM HISER 1685 W UINTAH COLORADO SPRINGS, CO 80904		rive dire .00	CTOR 101,674.	14,043.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A		101,674.	14,043.	0.

PROGRAMS.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13

ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 A FEES FOR TOURNAMENT REGISTRATIONS AND ENTRY FEES RELATE TO THE
& B ORGANIZATION'S PURPOSE OF PROVIDING TOURNAMENTS FOR MEMBERS.

94 MEMBERSHIP DUES HELP PAY THE COST OF REGISTERING AND INSURING AMATEUR
ATHLETES WHILE COMPETING.

101 SPECIAL EVENTS RAISE MONEY TO FURTHER THE SPORT AND PROVIDE
OPPORTUNITIES FOR AMATEUR ATHLETES.

103B OTHER PROGRAMS PROVIDE SUPPORT TO FURTHER THE ORGANIZATION'S

SCHEDULE A EXPLANATION OF TRANSACTIONS

STATEMENT 14

LINE 2D: EXPENSES OF OFFICERS AND DIRECTORS TO ATTEND OFFICIAL MEETINGS ARE PAID OR REIMBURSED BY THE CORPORATION. THE AMOUNT PAID FOR OR REIMBURSED TO AN INDIVIDUAL DIRECTOR MAY EXCEED \$1,000. SUPPORTING DOCUMENTATION FOR ALL SUCH PAYMENTS IS AVAILABLE.

PART III, LINE 2D

THE EXECUTIVE DIRECTOR RECEIVES COMPENSATION FOR SERVICES PURSUANT TO NORMAL COMPENSATION PRACTICIES OF THE CORPORATION.

STATEMENT(S) 14

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
PART III, LINE 3A

THE BOARD REVIEWS SCHOLARSHIP APPLICATIONS AND SELECTS AND AWARDS SCHOLARSHIPS TO ATHLETES THAT MEET THE REQUIREMENTS OF THE PROGRAM.

SCHEDULE A	OTHER INC	;	STATEMENT	16	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISC. INCOME	61,152.	26,977.	24,336	. 5,1	73.
TOTAL TO SCHEDULE A, LINE 22	61,152.	26,977.	24,336	. 5,1	73.

Form <b>990-T</b>	E	exempt Organization Bus	sines	ss Income Ta	ax Return	\	2007		
Department of the Treasu		(and proxy tax und	ler se	ction 6033(e))			Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address cha		Name of organization ( Check box if name of	hanged			D Emplo	over identification number oyees' trust, see instructions ock D on page 9.)		
<b>B</b> Exempt under sec	ction Print	Print UNITED STATES RACQUETBALL ASSOCIATION 73-09							
X 501(c)(3	) or	Number, street, and room or suite no. If a P.O. bo					ated business activity codes		
408(e) 2	20(e) Type	1685 W. UINTAH STREET				on pag			
408A5	30(a)	City or town, state, and ZIP code							
529(a)		COLORADO SPRINGS, CO	809	04		541	800		
		p exemption number (see instructions for Block F.)							
at end of year 505,63		k organization type 🕨 🔯 501(c) corporatio		501(c) trust	401(a) trust	L	Other trust		
		_ · · · · · · · · · · · · · · · · · · ·		STATEMENT 1	7				
		poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group? .	<b>&gt;</b> L	Ye	s X No		
		tifying number of the parent corporation.							
		THE ASSOCIATION			ne number 🕨 (				
		de or Business Income		(A) Income	(B) Expenses	3	(C) Net		
1a Gross receipts									
<b>b</b> Less returns an		<b>c</b> Balance	1c						
		e A, line 7)	2						
3 Gross profit. Su			3						
		ch Schedule D)	4a						
		Part II, line 17) (attach Form 4797)	4b						
		sts	4c						
		nips and S corporations (attach statement)	5						
6 Rent income (S		(O-h-dul- E)	6						
		me (Schedule E)	7 8						
		and rents from controlled organizations (Sch. F)	8						
		on 501(c)(7), (9), or (17) organization	9						
(Schedule G)  10 Exploited exem		ome (Schedule I)	10						
		e J)	11	185,167.	52,4	69	132,698.		
		ns; attach schedule.)	12	103,107.	J2, <del>1</del>	0.5.	132,030.		
		igh 12	13	185,167.	52,4	69.	132,698.		
		ot Taken Elsewhere (See instructions for			32,1	<u> </u>	202,0301		
(Excep	ot for contrib	utions, deductions must be directly connecte	d with t	the unrelated business					
		irectors, and trustees (Schedule K)				14			
						15			
						16			
						17			
						18			
Taxes and lice	nses	a instructions for limitation rules				19			
		e instructions for limitation rules.)				20			
		562) n Schedule A and elsewhere on return				22b			
						23			
24 Contributions	to deferred co	mpensation plans				24			
		miperisation plans				25			
		chedule I)				26			
		chedule J)				27	132,698.		
		hedule)				28	- ,		
		nes 14 through 28				29	132,698.		
		ncome before net operating loss deduction. Subtrac				30	0.		
		n (limited to the amount on line 30)				31			
		ncome before specific deduction. Subtract line 31 f				32	0.		
		y \$1,000, but see instructions for exceptions)				33	1,000.		
	usiness tax	able income. Subtract line 33 from line 32. If line				24	0		

Form 990-T	(2007)	UNITED STATES RACQUETBALL ASSOCIATION	73-095	420	<b>4</b> Page
Part II	1	Tax Computation			
35	Orgar	nizations Taxable as Corporations. See instructions for tax computation.			
	Contr	olled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:			
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1)	\$   (2)  \$   (3)  \$			
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
	(2) A	dditional 3% tax (not more than \$100,000)			
С	Incom	ne tax on the amount on line 34	▶	35c	0
		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fro			
		Tax rate schedule or Schedule D (Form 1041)		36	
37		y tax. See instructions		37	
		native minimum tax	ï	38	
		. Add lines 37 and 38 to line 35c or 36, whichever applies		39	0
		Tax and Payments			
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a			
		credits (see instructions)			
		ral business credit. Check here and indicate which forms are attached:			
·					
4					
u	Total	t for prior year minimum tax (attach Form 8801 or 8827) 40d		400	
		credits. Add lines 40a through 40d		40e 41	0
		act line 40e from line 39 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Ott			<u>_</u>
			· · ·	42	0
		tax. Add lines 41 and 42		43	0
		nents: A 2006 overpayment credited to 2007			
		estimated tax payments 44b			
		eposited with Form 8868 44c			
		gn organizations: Tax paid or withheld at source (see instructions) 44d			
		up withholding (see instructions) 44e			
f		credits and payments: Form 2439			
		Form 4136 Other Total ▶ 44f			
45	Total	payments. Add lines 44a through 44f		45	
		ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		46	
		lue. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	0
		payment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	0
		the amount of line 48 you want; Credited to 2008 estimated tax	Refunded <b>&gt;</b>	49	l
		Statements Regarding Certain Activities and Other Information (See in			
	-	e during the 2007 calendar year, did the organization have an interest in or a signature or other authorit	•		Yes No
•		curities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YI	ES, enter the name o	f the	X
forei	gn co	untry here			
If YES		ax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? page 5 of the instructions for other forms the organization may have to file.			X
		amount of tax-exempt interest received or accrued during the tax year ▶\$			
Sched	ule /	A - Cost of Goods Sold. Enter method of inventory valuation ► N/A			
		at beginning of year 1 6 Inventory at end of year		6	
	hases				
		oor <b>3</b> from line 5. Enter here and in Part I,	line 2	7	
		section 263A costs 4a 8 Do the rules of section 263A (with	•		Yes No
		ts (attach schedule) 4b property produced or acquired for	,		
5 Tota	I. Add	d lines 1 through 4b 5 the organization?			X
0:	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno	d to the best of my know wledge.	/ledge a	nd belief, it is true,
Sign	Ι.			y the IR	S discuss this return with
Here					er shown below (see
		Signature of officer Date Title			s)? X Yes No
Daid		Preparer's Check if	Pre		SSN or PTIN
Paid Preparei	.'s	signature self-emp			0450838
Use Only		Firm's name (or WAUGH & GOODWIN, LLP			66527
		employed), address and 1365 GARDEN OF THE GODS, SUITE 105	Phone no.	(71	9) 590-977
		ZIP code COLORADO SPRINGS, CO 80907			

Form 990-T (2007) <b>UNITED</b>	STAT	ES RAC	COUET	'BALL	ASSOCI	ATIO	N		73-09	542	20 <b>4</b> Page 3
Schedule C - Rent Inco	ome (Fr	om Real	Proper	ty and	l Personal	Proper	ty Leas	sed	With Real P	rope	erty)(see instr. on pg 20)
1 Description of property											
(1)											
(2)											
(3)											
(4)											
		Rent received							2 Dodustions dire	othy oon	nnected with the income in
(a) From personal property (ir rent for personal property 10% but not more th	is more than	age of	<b>(b)</b> F	f rent for pe	nd personal proper ersonal property ex is based on profit	ceeds 50%	centage or if				(b) (attach schedule)
(1)											
(2)											
(3)											
(4)											
Total		0.	Total				0.				
<b>Fotal income</b> . Add totals of colum nere and on page 1, Part I, line 6, o	column (A)						0.	Ent	<b>tal deductions.</b> er here and on page <sup>-</sup> t I, line 6, column (B)	1, <b>&gt;</b>	0.
Schedule E - Unrelated	Debt-F	Financed	Incom	ne (See	instructions o	n page 20	0)				
					2 Gross incorrection		- (-		Deductions directly to debt-fin	connect anced p	property
<b>1</b> Description of	f debt-finance	ed property			financed p		(a		ight line depreciation ttach schedule)		(b) Other deductions (attach schedule)
(1)										_	
(2)										_	
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Averag of or debt-financed		of or a debt-fina	e adjusted basis allocable to anced property ch schedule)		<b>6</b> Column 4 divided by column 5			<b>7</b> Gross income reportable (column 2 x column 6)			<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)							%			+	
(2)							%			+	
(3)							%			+	
(4)							%				
	L						Enter		nd on page 1, , column (A).	ا ۱	Enter here and on page 1, Part I, line 7, column (B).
Totals Total dividends-received deduct							▶			<u> </u>	0.
Schedule F - Interest, A				nd Ron	te From C	ontroll	ad Ora	aniz	ations (Soci	notru c	
Soliedule i - Iliterest, A	Amiantic	is, moyar	ties, ai		t Controlled O			uiiiz	ations (See ii	istruc	ctions on page 21)
1 Name of Controlled Organizat	ame of Controlled Organization		entification per (loss) (see instruct		3 related income	ome Total of specified				trolling	6 Deductions directly connected with income in column (5)
(4)											
(1)											
(2)											
(3)											
(4) Nonexempt Controlled Organiz	zatione										
7 Taxable Income 8 Net unrelated income (log (see instructions)			(loss) 9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		11 (	Deductions directly connected with income in column 10			
(1)											
(2)											
(3)											
(4)											
· /	I						Add colum	ns 5 ar	nd 10.	Add c	columns 6 and 11.
									page 1, Part I,	l	here and on page 1, Part I,

line 8, column (A).

line 8, column (B).

0.

Schedule G - Investme (see instr	ent Income of a ructions on page 22)		)(7), (9), or (17) O	rganizat	tion		
1 Desc	2 Amount of income	directly of	luctions connected schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)							
(2)							
(3)							
(4)							
			Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			▶ 0.				0.
Schedule I - Exploited			er Than Advertis	ing Inco	me		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	<b>6</b> Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).					Enter here and on page 1, Part II, line 26.
Totals	0.	0					0.
Schedule J - Advertisi	ng Income (see	nstructions on pag	ge 22)				
Part I   Income From	Periodicals Rep	orted on a Co	nsolidated Basis	i ——			
1 Name of periodical	<b>2</b> Gross advertising income	3 Direct advertising cost	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5))	▶	0.	0.				0.
Part II Income From		orted on a Se	parate Basis (For	each peric	dical listed	d in Part II, fill in	
	7 Off a lifte-by-lifte ba	1313.)					
(1) RACQUETBALL	105 16	7 52 46	0 122 600	62	701	107 204	122 600
(2) MAGAZINE	185,16	7. 52,46	9. 132,698	• 62	,701.	197,384.	132,698.
(3) (4)							
(5) Totals from Part I		0.	0.				0.
(5) Totals HUII Fait I	Enter here and of page 1, Part I, line 11, col. (A)	on Enter here and o	on				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)							132,698.
Schedule K - Compens		rs, Directors.	and Trustees (see	instructio	ns on pag	e 23)	
1 Name			2 Title		3 Percentime devote busines	at of ded to	ensation attributable elated business
						%	
						%	
						%	

▶

0.

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 17
BUSINESS ACTIVITY

ADVERTISING IN THE ASSOCIATION'S PUBLICATION MAILED TO THE MEMBERS TO PROMOTE THE SPORT OF RACQUETBALL.

TO FORM 990-T, PAGE 1