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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)

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning DEC 1, 2009 and ending NOV 30, 2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated return
 Amended return
 Application pending

C Name of organization
USTA NEW ENGLAND, INC
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
110 TURNPIKE ROAD
 City or town, state or country, and ZIP + 4
WESTBOROUGH, MA 01581

D Employer identification number
04-6006570

E Telephone number
508-366-3450

F Name and address of principal officer: JEFF WATERS
SAME AS C ABOVE

G Gross receipts \$ **3,060,514.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.NEWENGLAND.USTA.COM**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1976** **M State of legal domicile:** **MA**

Part I Summary

| | | | | |
|------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: PROMOTING THE DEVELOPMENT OF TENNIS AS A LIFETIME SPORT. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 28 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 20 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 54,425. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 1,416,449. | Current Year 1,450,065. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,061,234. | 1,122,818. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 16,874. | -1,552. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 149,881. | 149,425. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,644,438. | 2,720,756. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 321,346. | 329,233. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,254,815. | 1,299,006. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,042,049. | 1,021,744. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,618,210. | 2,649,983. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 26,228. | 70,773. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year 1,869,182. | End of Year 2,076,211. |
| | 21 | Total liabilities (Part X, line 26) | 314,777. | 343,157. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,554,405. | 1,733,054. |

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Jeff Waters* Date: *4-6-11*
JEFF WATERS
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *Heald Hoffmeister, CPA* Date: *3/16/11* Check if self-employed
 Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HEALD HOFFMEISTER & CO INC**
105 CHESTNUT ST
NEEDHAM, MA 02492
 EIN ▶ Phone no. ▶ **7814493343**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED APR 11 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROMOTING THE DEVELOPMENT OF TENNIS AS A LIFETIME SPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,353,652. including grants of \$ 329,233.) (Revenue \$ 1,205,089.)

USTA/NEW ENGLAND INC. SANCTIONED TENNIS EVENTS, CONDUCTED TENNIS TOURNAMENTS, ADMINISTERED TENNIS LEAGUES AND INFORMED, EDUCATED AND COMMUNICATED WITH ITS MEMBERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,353,652.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 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> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| | • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | X |
| 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): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | 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 | | 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 | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

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 in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (28), 1b Enter the number of voting members that are independent (28), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. (X), 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFF WATERS - 508-366-5805 110 TURNPIKE ROAD, WESTBOUGH, MA 01581

| Part VIII Statement of Revenue | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|-----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|--|
| Contributions, gifts, grants and other similar amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,450,065. | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 1,450,065. | | | | |
| Program Service Revenue | 2 a | USER FEES | Business Code | 711300 | 655,175. | 655,175. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | 713990 | 467,643. | 467,643. | | | |
| | g | Total. Add lines 2a-2f | | 1,122,818. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 11,177. | | | 11,177. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross Rents | (i) Real | 345,000. | | | | |
| | | Less: rental expenses | (ii) Personal | 250,000. | | | | |
| | | Rental income or (loss) | | 95,000. | | | | |
| | d | Net rental income or (loss) | | 95,000. | 95,000. | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 77,029. | | | | |
| | | Less: cost or other basis and sales expenses | (ii) Other | 89,758. | | | | |
| | | Gain or (loss) | | -12,729. | | | | |
| | | Net gain or (loss) | | | -12,729. | -12,729. | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| Less: direct expenses | | b | | | | | | |
| Net income or (loss) from gaming activities | | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| | Less: cost of goods sold | b | | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | YEARBOOK ADVERTISING | 541800 | 54,425. | | 54,425. | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 54,425. | | | | | |
| 12 | Total revenue. See instructions. | | 2,720,756. | 1,205,089. | 54,425. | 11,177. | | |

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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 329,233. | 329,233. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 139,281. | 139,281. | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 888,716. | 888,716. | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 78,895. | 78,895. | | |
| 9 Other employee benefits | 100,685. | 100,685. | | |
| 10 Payroll taxes | 91,429. | 91,429. | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,775. | | 9,775. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 76,186. | | 76,186. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 128,646. | | 128,646. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,820. | | 2,820. | |
| 23 Insurance | 2,931. | 2,931. | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a USTA LEAGUE TENNIS | 323,859. | 323,859. | | |
| b PLAYER DEVELOPMENT | 94,082. | 94,082. | | |
| c COMMUNITY TENNIS EXPENS | 82,810. | 82,810. | | |
| d US TENNIS OPEN EXPENSES | 78,420. | 78,420. | | |
| e MARKETING AND PROMOTION | 46,939. | | 46,939. | |
| f All other expenses | 175,276. | 143,311. | 31,965. | |
| 25 Total functional expenses. Add lines 1 through 24f | 2,649,983. | 2,353,652. | 296,331. | 0. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 16,541. | 1 | 42,075. |
| | 2 | Savings and temporary cash investments | 804,145. | 2 | 937,286. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 32,605. | 4 | 37,510. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 53,428. | 9 | 71,515. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 122,781. | | |
| | b | Less: accumulated depreciation | 10b 120,757. | 10c | 2,024. |
| | 11 | Investments - publicly traded securities | 957,619. | 11 | 985,801. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,869,182. | 16 | 2,076,211. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 124,292. | 17 | 134,741. |
| | 18 | Grants payable | 72,816. | 18 | 72,962. |
| | 19 | Deferred revenue | 117,669. | 19 | 135,454. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 314,777. | 26 | 343,157. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 1,554,405. | 27 | 1,733,054. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 1,554,405. | 33 | 1,733,054. |
| | 34 | Total liabilities and net assets/fund balances | 1,869,182. | 34 | 2,076,211. |

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

Form 990 (2009)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

USTA NEW ENGLAND, INC

Employer identification number

04-6006570

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 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 violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, 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) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, 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:

| | |
|------------------------------------------------------|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 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 SFAS 116 relating to these items:

| | |
|----------------------------------------------------|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? | 3b | |

(i) unrelated organizations _____

(ii) related organizations _____

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 122,781. | 120,757. | 2,024. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 2,024.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,720,756. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,649,983. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 70,773. |
| 4 | Net unrealized gains (losses) on investments | 4 | 107,876. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 107,876. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 178,649. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,078,632. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 107,876. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 250,000. |
| e | Add lines 2a through 2d | 2e | 357,876. |
| 3 | Subtract line 2e from line 1 | 3 | 2,720,756. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,720,756. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,899,983. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 250,000. |
| e | Add lines 2a through 2d | 2e | 250,000. |
| 3 | Subtract line 2e from line 1 | 3 | 2,649,983. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,649,983. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: THERE ARE NO TAX POSITIONS THAT NEED TO BE DISCLOSED

UNDER FIN 48

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 250000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 250000.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

USTA NEW ENGLAND, INC

Employer identification number
04-6006570

Part I 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 the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is 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 non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SEE ATTACHED SCHEDULE | | | 181,650. | 0. | | | CASH GRANTS FOR TENNIS OPERATIONS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 |
|---------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| CASH GRANTS FOR TENNIS OPERATIONS SEE ATTACHED SCHEDULE | 36 | 40,117. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: USTA/NEW ENGLAND INC REQUIRES REPORTING FOR USE OF FUNDS FOR GRANTS GIVEN TO ANY ORGANIZATION OR GOVERNMENTAL UNIT AS PART OF THE APPLICATION PROCESS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

USTA NEW ENGLAND, INC

Employer identification number
04-6006570

FORM 990, PART VI, SECTION A, LINE 6: EVERY ORGANIZATION THAT JOINS USTA
NEW ENGLAND INC. BECOMES A VOTING MEMBER FOR THAT YEAR.

FORM 990, PART VI, SECTION A, LINE 7A: EVERY MEMBER IS ALLOWED TO VOTE FOR
THE MEMBERS OF THE BOARD OF DIRECTORS. A SLATE OF THE BOARD IS MAILED TO
THE MEMBERS WITH THE DATE, TIME AND LOCATION OF THE ELECTION.

FORM 990, PART VI, SECTION A, LINE 7B: ALL MEMBERS ARE INVITED TO ATTEND
THE ANNUAL MEETING AND VOTE ON ITEMS THAT REQUIRE ACTION BY THE MEMBERS

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS AVAILABLE FOR THE
BOARD TO REVIEW BEFORE SIGNING AND WAS REVIEWED BY THE TREASURER BEFORE
SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT EXAMINES THE
CONFLICT OF INTEREST DISCLOSURES PREPARED BY BOARD MEMBERS ON AN ANNUAL
BASIS. THE PRESIDENT ALSO REMINDS THE BOARD MEMBERS AT THE BEGINNING OF
EACH BOARD MEETING TO REPORT ANY CHANGES IN THEIR SITUATION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS MEETS ONCE A
YEAR TO REVIEW AND DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION FOR THE
ORGANIZATION'S EXECUTIVE DIRECTOR. THE ORGANIZATION ALSO CONTRACTED WITH
AN OUTSIDE COMPANY DURING THE YEAR TO REVIEW THE SALARIES PAID TO THE
EXECUTIVE DIRECTOR AND TO THE OTHER EMPLOYEES

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

USTA NEW ENGLAND, INC

Employer identification number

04-6006570

**DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.**

**THE AUDIT COMMITTEE REVIEWS WITH THE INDEPENDENT AUDITORS THE RESULTS
OF THE AUDIT.**

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|-------------------------------------------------------|---------------|-----------|------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | MANAGEMENT AND GENERAL OFFICE FURNITURE AND EQUIPMENT | | VARIES SL | 0.00 | 16 | 104,136. | | | 104,136. | 99,292. | | 2,820. |
| 2 | VAN | 05/04/00 | SL | 5.00 | 16 | 18,645. | | | 18,645. | 18,645. | | 0. |
| | * 990 PAGE 10 TOTAL MANAGEMENT AND GEN | | | | | 122,781. | | 0. | 122,781. | 117,937. | 0. | 2,820. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 122,781. | | 0. | 122,781. | 117,937. | 0. | 2,820. |

USTA New England Inc
 Schedule of Grants and Assistance to Individuals
 04-6006570
 November 30, 2010

| Name | Address line 1 | Address line 2 | City ST ZIP | Tax ID # | Grant Amount |
|----------------------|------------------------|----------------|--------------------------|----------|--------------|
| Tom Larkin | 77 Perry Road | | North Falmouth, MA 02556 | | 3,500.00 |
| Paul Shaw | 17 Beers Ave | | Norwell, MA 02061 | | 3,300.00 |
| Beth Melina | 188 Green Hill Rd | | Killingworth, CT 06419 | | 2,770.00 |
| Filipe Miguel | 118 Warren St West | | Raynham, MA 02767 | | 2,500.00 |
| Molly Hahn | 100 Birch Hill Rd | | Belmont, MA 02178 | | 2,380.00 |
| Barry Caron | 9 Squire Way | | East Kingston, NH 03827 | | 2,000.00 |
| Alan Turner | 65 Long Meadow Hill Rd | | Brookfield, CT 06804 | | 1,600.00 |
| Wade Frame | 33 Cedar St | | Marblehead, MA 01945 | | 1,400.00 |
| Pin PIn Huang | 94 Beacon St #62 | | Somerville, MA 02143 | | 1,250.00 |
| Thomas Shewalter | 19 Symmes Rd | | Winchester, MA 01890 | | 1,250.00 |
| Igor Breytburg | 71 Cricket Lane | | West Roxbury, MA 02132 | | 1,050.00 |
| Bonnie Steinroeder | 9 Brook Trail Rd | | Concord, MA 01742 | | 1,000.00 |
| John Pirtel | 36 Elm St #2 | | Branford, CT 06405 | | 1,000.00 |
| Lisa MacMaster/DBSTC | 354 Charlotte White Rd | | Westport, MA 02790 | | 1,000.00 |
| Rebecca Franzese | 36 Pilgrim Rd | | Medford, MA 02155 | | 1,000.00 |
| Sandra Sweet | 72 Allen Ave | | Wakefield, RI 02879 | | 1,000.00 |
| Brian Lomax | 78 Silver Head Way | | Marlborough, MA 01752 | | 920.00 |
| Doug Eng | 30 Revere Beach Pkwy#2 | | Medford, MA 02155 | | 904.00 |
| Jean Osachuk | 53 Pequotette Rd | | Belmont, MA 02478 | | 800.00 |
| Paul Gagliardi | 12 Ashman Ct | | Branford, CT 06405 | | 800.00 |
| Adam Molda | 316 Portsmouth Ave | | Greenland, NH 03840 | | 750.00 |
| Janusz Jania | 24 Tall Pines Rd | | Scarborough, ME 04074 | | 750.00 |
| Jeanne Rooney | 1636 Columbia Rd | | S Boston, MA 02127 | | 750.00 |
| Lisa Terenzio | 53 Benstone St | | Stamford, CT 06905 | | 750.00 |
| Nancy Osborne | 62 Colby Hill Rd | | Madison, NH 03849 | | 750.00 |
| Diane Phelps | 87 Perry Road | | Bedford, NH 03110 | | 600.00 |
| Joel Sobelson | 33 Grays Farm Rd | | Weston, CT 06883 | | 543.00 |
| Debbi La Porte | 2559 Lake Shore Rd | | Chazy, NY 12921 | | 500.00 |
| Kelly Anchors | 646 College Avenue | | Old Town, ME 04468 | | 500.00 |
| Lex Carrington | 296 Hadley St | | South Hadley, MA 01075 | | 500.00 |
| Peter Lovell | 37 Tanglewood Dr | | Glastonberry, CT 06033 | | 500.00 |
| Vladimir Pylipiv | 5 Valley View Drive | | Weatogue, CT 06089 | | 500.00 |
| Wayne Harrell | 32 Winter Court | | E Windsor, CT 06088 | | 500.00 |
| Gary Falun | 7 Constable Road | | Durham, NH 03824 | | 300.00 |
| Ettore Rossetti | 3000 Whitney Ave #132 | | Hamden, CT 06518 | | 250.00 |
| Ricardo Monje | 115 Blithewood Ave | | Worcester, MA 01604 | | 250.00 |
| | | | Total | | 40,117.00 |

USTA New England Inc
 Schedule of Grants and Other Assistance over \$5,000
 04-6006570
 November 30, 2010

| Name | Address line 1 | Address line 2 | City ST ZIP | Tax ID # | Grant Amount |
|-----------------------------------------|----------------------|------------------|---------------------------|------------|--------------|
| USTA Connecticut | C/O Art Goldblatt | 110 Turnpike Rd | Westborough MA 01581 | 04-6006570 | 30,902.52 |
| USTA Eastern MA | C/O Danne Davis | 110 Turnpike Rd | Westborough MA 01581 | 04-6006570 | 29,594.00 |
| Berkshire Community College(Commitment) | 1350 West St | | Pittsfield MA 01201 | 06-0890701 | 13,000.00 |
| USTA New Hampshire | C/O Gary Faltin | 110 Turnpike Rd | Westborough MA 01581 | 04-6006570 | 12,854.52 |
| USA Tennis WMA | C/O Mike Kolendo | 11 Kennedy Drive | Hadley, MA 01035 | 263510222 | 12,724.52 |
| Maine Tennis Association | P.O Box 401 | | Cumberland, ME 04021 | 01-0364951 | 12,317.00 |
| USTA Rhode Island | P O Box 462 | | Greenville, RI 02828 | 05-0476557 | 11,174.00 |
| Pilot Pen Tennis | 900 Chapel St | Suite 622 | New Haven, CT 06510 | 06-1481220 | 10,743.74 |
| Norwalk Grassroots Tennis | 15 Eastwood Rd | | Norwalk, CT 06851 | 06-1570097 | 10,000.00 |
| USA Tennis Vermont | C/O Diane Meyer | 1102 Spear St | South Burlington VT 05403 | 030352420 | 9,887.00 |
| Tenacity | 9 Quail Hollow Drive | | Shrewsbury, MA 01545 | 04-3452763 | 7,250.00 |
| Sportsmen's Tennis Club | 950 Blue Hill Ave | C/O Toni Willey | Dorchester, MA 02124 | 23-7037183 | 5,700.00 |
| Boston Lobsters LLC | 75 Cambridge Parkway | Unit W1206 | Cambridge, MA 02138-1985 | 48-2680135 | 5,512.38 |
| C.A T.C.O. | 2433 Main St #2 | | Rocky Hill, CT 06067 | 06-1527291 | 5,000.00 |
| New Haven Youth Tennis | 36 Elm St | | Branford, CT 06405 | 27-0772846 | 5,000.00 |

Total

181,659.68

USTA New England Inc
Board Member Directory
November 30, 2010
04-6006570

| BOD Title | First Name | Last Name | Address | City | State | Zip | Home Phone | Work Phone | Ext. | Fax Number | Email Address |
|---------------------------|------------|---------------|--------------------------------|------------------|-------|--------|----------------|----------------|------|----------------|------------------------------|
| President | R Gary | Pina | 128 Sandwich St, U-3 | Plymouth | MA | 02360 | (774) 454-1270 | (508) 747-8532 | | (508) 732-0006 | myracket@aol.com |
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