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Form **990**

# 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

# 2010

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 2010 calendar year, or tax year beginning **DEC 1, 2010** and ending **NOV 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>USTA NEW ENGLAND, INC</b>		<b>D</b> Employer identification number <b>04-6006570</b>
	Doing Business As		<b>E</b> Telephone number <b>508-366-3450</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,427,463.</b>
	<b>110 TURNPIKE ROAD</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 <b>WESTBOROUGH, MA 01581</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>R. GARY PINA</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.NEWENGLAND.USTA.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1976</b> <b>M</b> State of legal domicile: <b>MA</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>PROMOTING THE DEVELOPMENT OF TENNIS AS A LIFETIME SPORT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>20</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>68,633.</b>
<b>b</b> Net unrelated business taxable income from Form 990-TV, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,450,065.</b>	<b>1,951,771.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,122,818.</b>	<b>695,062.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5-6, 8, 9, 10, and 11e)	<b>-1,552.</b>	<b>41,422.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>149,425.</b>	<b>165,633.</b>
		<b>2,720,756.</b>	<b>2,853,888.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>329,233.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,299,006.</b>	<b>1,282,510.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>1,021,744.</b>	<b>1,112,275.</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>2,649,983.</b>	<b>2,730,172.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>70,773.</b>	<b>123,716.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,076,211.</b>	<b>2,193,404.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>343,157.</b>	<b>383,363.</b>
	<b>1,733,054.</b>	<b>1,810,041.</b>	

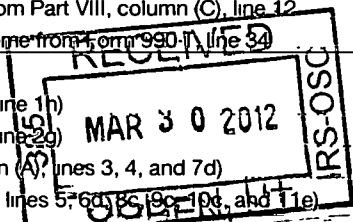
## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <i>R. Gary Pina</i>	Date <b>3-26-12</b>			
	Type or print name and title <b>R. GARY PINA</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KENNETH J RAFFOL</b>	Preparer's signature <i>Kenneth J Raffol</i>	Date <b>3/13/12</b>	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ <b>HEALD HOFFMEISTER &amp; CO INC</b>	Firm's EIN ▶	Phone no. <b>781-449-3343</b>		
	Firm's address ▶ <b>105 CHESTNUT STREET</b> <b>NEEDHAM, MA 02492</b>				

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

SCANNED APR 19 2012



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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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? If "Yes," describe these new services on Schedule O. [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. [ ] Yes [X] No

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 \$ 2,409,065. including grants of \$ 335,387. ) (Revenue \$ 818,954. ) 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 2,409,065.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then 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
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders. <b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
c	Enter the amount of reserves on hand. <b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <b>14b</b>		

Form 990 (2010)

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			28
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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:		
a	The governing body?	X	
b	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.)

	Yes	No
10a		X
10a	Does the organization have local chapters, branches, or affiliates?	
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?	
11a	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
12a	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	
12b	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
12c	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	
13	X	
13	Does the organization have a written whistleblower policy?	
14	X	
14	Does the organization have a written document retention and destruction policy?	
15		
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	X	
15a	The organization's CEO, Executive Director, or top management official	
15b	X	
15b	Other officers or key employees of the organization	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	
16a		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?	
16b		
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?	

**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  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. **R. GARY PINA - 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	451,603.			
	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	1,500,168.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,951,771.			
	Program Service Revenue	2 a <b>USER FEES</b>	Business Code	695,062.	695,062.	
b		711300				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			695,062.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,530.		14,530.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	352,000.			
		(ii) Personal				
		b Less: rental expenses	255,000.			
		c Rental income or (loss)	97,000.			
	d Net rental income or (loss)		97,000.	97,000.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1345467.			
		(ii) Other				
		b Less cost or other basis and sales expenses	1318575.			
		c Gain or (loss)	26,892.			
	d Net gain or (loss)		26,892.	26,892.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <b>YEARBOOK ADVERTISING</b>	541800	68,633.		68,633.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		68,633.				
12 Total revenue. See instructions.		2,853,888.	818,954.	68,633.	14,530.	

**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	280,805.	280,805.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	54,582.	54,582.		
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	80,882.	80,882.		
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	933,171.	933,171.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	68,144.	68,144.		
9 Other employee benefits	113,186.	113,186.		
10 Payroll taxes	87,127.	87,127.		
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	74,934.		74,934.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	150,684.		150,684.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,024.		2,024.	
23 Insurance	3,276.	3,276.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>USTA LEAGUE TENNIS</b>	336,611.	336,611.		
b <b>COMMUNITY TENNIS EXPENS</b>	103,711.	103,711.		
c <b>PLAYER DEVELOPMENT</b>	99,175.	99,175.		
d <b>US TENNIS OPEN EXPENSES</b>	82,431.	82,431.		
e <b>MARKETING AND PROMOTION</b>	41,314.		41,314.	
f All other expenses	208,340.	165,964.	42,376.	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>2,730,172.</b>	<b>2,409,065.</b>	<b>321,107.</b>	<b>0.</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	
<b>Assets</b>	1	Cash - non-interest-bearing	42,075.	1	239,048.
	2	Savings and temporary cash investments	937,286.	2	907,936.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	37,510.	4	27,683.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	71,515.	9	55,461.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 122,781.		
	b	Less: accumulated depreciation	10b 122,781.	10c	0.
	11	Investments - publicly traded securities	985,801.	11	963,276.
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,076,211.	16	2,193,404.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	134,741.	17	152,780.
	18	Grants payable	72,962.	18	69,896.
	19	Deferred revenue	135,454.	19	160,687.
	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	<b>Total liabilities.</b> Add lines 17 through 25	343,157.	26	383,363.
<b>Net Assets or Fund Balances</b>	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	1,733,054.	27	1,810,041.
	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	<b>Total net assets or fund balances</b>	1,733,054.	33	1,810,041.
	34	<b>Total liabilities and net assets/fund balances</b>	2,076,211.	34	2,193,404.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,853,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,730,172.
3	Revenue less expenses. Subtract line 2 from line 1	3	123,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,733,054.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-46,729.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,810,041.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 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 separate basis, consolidated 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 (2010)

**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

**2010**

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.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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

9 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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 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 (ASC 958) 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 the 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?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI 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				
e Other		122,781.	122,781.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and rows numbered 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740)

032053

12-20-10

**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	2,853,888.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,730,172.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	123,716.
4	Net unrealized gains (losses) on investments	4	-46,729.
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	-46,729.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	76,987.

**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	3,062,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-46,729.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	255,000.
e	Add lines 2a through 2d	2e	208,271.
3	Subtract line 2e from line 1	3	2,853,888.
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	2,853,888.

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

1	Total expenses and losses per audited financial statements	1	2,985,172.
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	255,000.
e	Add lines 2a through 2d	2e	255,000.
3	Subtract line 2e from line 1	3	2,730,172.
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	2,730,172.

**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, LINE 2: THERE ARE NO TAX POSITIONS THAT NEED TO BE DISCLOSED**

**UNDER FIN 48**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES** 255,000.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES** 255,000.



**USTA New England Inc  
Grants and Assistance  
November 30, 2011**

Vendor	Address line 1	Address line 2	City ST ZIP	Contact	Grant Amount
100 BLACK MEN OF STAMFORD	PO BOX 1313		STAMFORD, CT 06904-1313	Osby McMillan	1,000
Achievement First	395 Lyme St		Hartford, CT 06112		1,800
Bloomfield Tennis Academy	C/O Edith Morales	45 Douglas ST	Bloomfield, CT 06002		3,000
Blue Fox Rock n Bowl	1603 Hopmeadow St		Simsbury, CT 06070		1,050
Bolton Recreation RoundFund	222 Bolton Center Road		Bolton, CT 06043		500
Boothbay Region YMCA	P O Box 500		Boothbay Harbor, ME 04538		500
Boston Lobsters LLC	30 Southpoint Lane		Ipswich, MA 01938		6,861
Boys and Girls Club Manchester	555 Union St		Manchester, NH 03104		1,000
Boys and Girls Club of Assabet Valley	212 Great Road		Maynard, MA 01754		1,000
Boys and Girls Club of Greater Lowell	657 Middlesex Street		Lowell, MA 01851		1,000
Boys and Girls Club of Holyoke	70 Nick Cosmos Way		Holyoke, MA 01040		3,000
Bridgeport Lighthouse Program	45 Lyon Terrace	City Hall 301-Tammy Pap	Bridgeport, CT 06604		7,500
Bristol Parks & Recreation	C/O Patricia Tomascak	111 North Main St	Bristol, CT 06010		2,500
Brown Billone Club	Attn Dave Brown	153 Chestnut St	Easton, MA 02356		300
C A T C O	2433 Main St #2		Rocky Hill, CT 06067		5,000
Camp Vega	Att Turner Ragsdale	317 Echo Lake	Fayette, ME 04349		438
Cardinal Sheehan Center	1494 Main St		Bridgeport, CT 06604		2,500
Cedardale Health and Fitness Club	931 Boston Post Road		Haverhill, MA 01835		500
Champlain Valley Jr Team Tennis	2559 Lake Shore Road		Chazy, VT 12921		2,000
Charlestown Against Drugs Inc	10 Soley St		Charlestown, MA 02129		500
City of Concord	1 White Park		Concord, NH 03301		500
City of Lowell Parks and Rec	375 Merrimack St	Room 7	Lowell, MA 01852		1,000
CLC/YMCA	Box 787		Damanscotta, ME		1,000
CLCF Tennis	970 Pontiac Ave		Cranston, RI 02910		2,500
CMTA	608 Winslow Rd		Albion, ME 04910		1,400
Coburn School	115 Southworth St		West Springfield, MA 01089		500
Commonwealth Tennis	11 Hyde St		Newton, MA 02461		1,200
Cornwall Community Tennis -T Piker	69 Kent Rd P O Box 134	C/O Todd Piker	Cornwall Bndge, CT 06754		1,500
Danbury Grassroots Tennis	P O Box 2912		Danbury, CT 06813		2,000
Dartmouth Club Tennis	Daniel Steffensen	Hinman Box 4432-Dartm	Hanover, NH 03755		500
East Hartford Tennis Club	151 Roberts St		E Hartford, CT 06108		500
EMALT	C/O Viola Schutter/Ruley	197 Kingsbury Ave	Bradford, MA 01835		1,000
Fairhaven Tennis Assoc	22 Wampanoag Drve		Fairhaven, MA		2,000
Franklin Park Tennis Association	Jeanne Lang	1542 Columbus Ave	Roxbury, MA 02119		1,250
FRCTA	39 Lepers Rd		Tiverton, MA 02878		2,000
Friends of Ellington Tennis	10 Ridge Drive		Ellington, CT 06029		2,250
Friends of Tewksbury Tennis	30 Wellington Circle		Tewksbury, MA 01876		500
Glastonbury Tennis Club	228 Oak St		Glastonbury, CT 06033		250
Gordon Graham Tennis LLC	P O Box 191		Arlington, MA 02474		1,500
Granite State Kids CTA	87 Perry Rd		Bedford, NH 03110		2,000
Greater Manchester Family YMCA	Goffstown Allard Center	116 Goffstown Back Road	Goffstown, NH 03045		1,000
Guilford Racquet and Swim Club	ATT Sarah Boone	420 Church St	Guilford, CT 06437		488
Hampton Rec and Park Dept	100 Winnacunnet Rd		Hampton, NH 03842		870
Handi Racquet Tennis	C/O The Longfellow Club	524 Boston Post Rd	Wayland, MA 01778	Sylvia Swartz	1,637
Harvard Club Tennis	Harvard Club Tennis	420 Eliot Mail Center	Cambrdge, MA 02138	C/O Shane Do	2,000
Hiram L Dorman School	1200 Bay St		Springfield, MA 01075		200
Hoosac Community Tennis Assoc	231 East Rd		Adams, MA 01220		750
International Tennis Hall of Fame	194 Bellevue Ave		Newport, RI 02840		2,500
Ipswich Family YMCA	110 Country Rd		Ipswich, MA 01938		1,000
Johnston Youth Sports	1385 Hartford Ave		Johnston, RI 02919		750
King Street Youth Center	87 King St		Burlington, VT 05401		2,500
Lamprey River Tennis Assoc					1,500
Lee CTA	ATT Clare Lahey	P O Box 188	Lee, MA 01238		8,400
Longfellow Club	524 Boston Post Rd		Wayland, MA 01778		1,650
MAC	8 Atwater Ave		Manchester, MA 01944		250
Madison Racquet & Swim Club	Attn Rick Fay	172 Scotland Rd	Madison, CT 06443		2,000
Maine Tennis Association	P O Box 401		Cumberland, ME 04021		12,816
Manchester Athletic Club	8 Atwater St	Att C Watson	Manchester, MA 01944		163
Marshfield Tennis Club	74 Shawmut Avenue		Marshfield, MA 02050		1,500
Mashpee Recreation	14 Cranberry Ave		Mashpee, MA 02649		1,000
MWVCTA	P O Box 86		Madison, NH 03849		2,500
Nauick Racquet Club	16 Michigan Dr		Natick, MA 01760		731
NCTA	P O Box 2073	210 Depot St	Manchester Center, VT 05255		1,500
NETA	C/O Roxanne Aaron-Selph	1 Eastlake Place	Middletown, CT 06457		1,000
New England Senior Tennis Foundation	Irving Levine NESTF	P O Box 108	Rehoboth, MA 02769		800
New Haven OPEN at Yale	900 Chapel St		New Haven, CT 06510	Attn Matt Fra	10,697
New Haven Youth Tennis	36 Elm St		Branford, CT 06405		4,250

**USTA New England Inc  
Grants and Assistance  
November 30, 2011**

<b>Vendor</b>	<b>Address line 1</b>	<b>Address line 2</b>	<b>City ST ZIP</b>	<b>Contact</b>	<b>Grant Amount</b>
New Heights	100 Campus Drive	Suite 23	Portsmouth, NH 03801		500
NH Womens Weekend League	Liz Veilleux	117 Peppermint St	Goffstown, NH 03045		800
OPAF	536 Sunset Road		Waterloo, IA 50701		500
Pequenas Ligas Hispanas de New Haven	P O Box 954		New Haven, CT 06504		1,000
Pittsfield Community Tennis Assoc	47 Richard Drive		Dalton, MA 01226		1,500
Prince Sports	P O Box 347155		Pittsburgh, PA 15251		538
Results Inc	8 Ellsworth Rd		West Hartford, CT 06107		1,000
Shern Slobin Shea	65 Blue Ridge Lane		West Hartford, CT 06117		1,000
Shippan Racquet Club	Attn Barbara Cavaliere	45 Harbor Drive	Stamford, CT 06902		2,500
South Shore YMCA	75 Mill St		Hanover, MA 02339		350
Southeastern MA CTA	118 Warren St West		Raynham, MA 02767		1,000
Sport Court of MA	P O Box 5178		Andover, MA 01810		700
Sportsmen's Tennis Club	950 Blue Hill Ave	C/O Toni Willey	Dorchester, MA 02124		7,450
Spot Tennis	C/O Jim Oravetz	20 Meridian Rd	Rowayton, CT 06853		863
St Aedan/St Brendan	351 McKinley Ave		New Haven, CT 06511		500
Tenacity	38 Everett St		Boston, MA 02134		4,000
The Kingsbury Club	186 Summer St		Kingston, MA 02364		450
Town of Barnstable	141 Bassett Lane		Hyannis, MA 02601		1,500
Town of Brewster	2298 Main St		Brewster, MA 02631		1,500
Town of Falmouth	271 Falmouth Road		Falmouth, ME 04105		1,500
Town of West Hartford Leisure Services	50 South Main St	C/O Marc Blanchard	West Hartford, CT 06107		1,760
UATA Eastern MA	C/O Damon Accardi	110 Turnpike Rd	Westborough MA 01581		30,252
USA Tennis Vermont	C/O Diane Meyer	1102 Spear St	South Burlington Vt 05403	C/O Dan Bonfi	9,748
USTA Connecticut	C/O Art Goldstein	110 Turnpike Rd	Westborough MA 01581		32,659
USTA Eastern	4 West Red Oak Lane	Suite 300	White Plains, NY 10604		500
USTA New Hampshire	C/O Gary Falun	110 Turnpike Rd	Westborough MA 01581		14,175
USTA Rhode Island	P O Box 462		Greenville, RI 02828	Charlie Michal	11,596
USTA Western Massachusetts	C/O Mike Kolendo	11 Kennedy Drive	Hadley, MA 01035		13,032
UVM Club Tennis	UVM - PATRICK GYM		BURLINGTON, VT 05405		500
Vineyard Youth Tennis	618 Airport Rd		Oak Bluffs, MA 02557		824
Wallingford YMCA	81 South Elm St		Wallingford, CT 06492		500
Waterville Valley Tennis	P O Box 207	Route 49	Waterville Valley, NH 03215		1,490
West Springfield HS Phys Ed	425 Piper Rd		West Springfield, MA 01089		1,000
Weymouth Club	75 Finnell Drive		Weymouth, MA 02188		813
Woburn Public Schools	240 Lexington St		Woburn, MA 01801		500
Worcester Tennis Club	C/O Worcester Tennis Club	181 Oak St	Shrewsbury, MA 01545		54
Yale University	Director of Tennis	PO Box 208216	New Haven, CT 06520		500
Total assistance paid to Governments and Organizations					<u>280805</u>

**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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH GRANTS FOR TENNIS OPERATIONS SEE ATTACHED SCHEDULE	46	54,582.	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.**

**USTA New England Inc  
Grants and Assistance  
November 30, 2011**

<b>Vendor</b>	<b>Address line 1</b>	<b>Address line 2</b>	<b>City ST ZIP</b>	<b>Contact</b>	<b>Grant Amount</b>
Aisa Manano	453 Bayonet St Unit #18		New London, CT 06320		450
Alan Turner	65 Long Meadow Hill Rd		Brookfield, CT 06804		2,365
Alexandra McKinney	15 Nutfield Dr		Londonderry, NH 03053		500
Alman Lord	46 Greenwood Ave		Bloomfield, CT 06002		7,400
Angelo Rossetti	3000 Whitney Ave	#132	Hamden, CT		1,000
Barry Caron		9 Squire Way	East Kingston, NH 03827		3,000
Beth Melina	188 Green Hill Rd		Killinfworth, CT 06419		2,774
Bonnie Steinroeder	9 Brook Trail Rd		Concord, MA 01742		350
Brian Lomax	78 Silver Head Way		Marlborough, MA 01752		920
Brianna Moynihan	430 Longshore Drive		Barrington, NH 03825		1,500
Calin Mateas	501 Commerce Drive	Unit#2203	Braintree, MA 02184		1,600
Dave Colby	4 Landau Lane		Memmac, MA 01860		350
Debbi La Porte	2559 Lake Shore Rd		Chazy, NY 12921		1,100
Debra Laporte	1080 Minor Farm Rd		Chazy, NY 12921		500
Diane Phelps	87 Perry Road		Bedford, NH 03110		700
Drew Goldstein	14 Kay St	Apt E	Newport, RI 02840		1,000
Erk Johnson	5 Granite Drive	Unit 59	North Hampton, NH 03862		350
Evelyn Lopez	300 Enn Rd		Stoughton, MA 02072		450
Filipe Miguel	118 Warren St West		Raynham, MA 02767		825
Gail Secord	355 Farm Lane		Westwood, MA 02090		500
Gail Smith	P O Box 62		Middlebury, VT 05753		1,700
Herdi Kemery	15 Green St #1		Marblehead, MA 01945		700
Inne Breytburg	71 Cricket Lane		West Roxbury, MA 02132		350
Jane Bond	46 Boylston St		Menden, CT 06450		750
Janet Maisch					1,000
Jean Osachuk	53 Pequosette Rd		Belmont, MA 02478		2,500
Jeanne Rooney	50 Linden Glen Rd		Canton, MA 02021		1,850
Jim Solomon	40 Sand Hill Road	Box 214	Weatogue, CT 06089		1,000
Joseph P Canzanella	54 Meadow St		New Haven, CT 06519		500
Kathy Oneil	193 Brave Boat Rd		Kittery Point, ME 03905		250
Kazan Prindle	106 Haskell St	Apt#1	Westbrook, ME 04092		1,000
Louisa Fedorouk	C/O Andy Crane	111 Perkins St #106	Jamaica Plain, MA 02130		800
Marcy Rubinstein	76 Greenbrer Dr		Trumbull, CT 06611		1,041
Mike Kolendo	11 Kennedy Drive		Hadley, MA 01060		500
Molly Hahn	100 Birch Hill Rd		Belmont, MA 02178		2,380
Noah Capetta	31 Harden Rd		Camden, ME 04843		250
Paul Shaw	17 Beers Ave		Norwell, MA 02061		1,400
Peter Lovell	37 Tanglewood Dr		Glastonberry, CT 06033		500
Ritush Venugopal	236F Oakville Ave		Waterbury, CT 06708		2,000
Sandra Sweet	72 Allen Ave		Wakefield, RI 02879		1,300
Seiji and Kenji Hosokawa	20 Shepherd St		Norwalk, CT 06851		100
Semi Oloko	31 Coach Lane		Norwood, MA 02062		300
Shaun Crichlow	Bosse Sports	141 Boston Post Rd	Sudbury, MA 01776		1,297
Sumukh Pathi	297 Turnpike Rd	Apt # 316	Westboro, MA 01581		400
Tom Larkin	77 Perry Road		North Falmouth, MA 02556		1,680
Wade Frame	33 Cedar St		Marblehead, MA 01945		1,400
Total assistance paid to Individuals					<u>54,582</u>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**  
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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -46,729.

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

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	VARIABLES		.000	16	104,136.			104,136.	102,112.		2,024.
	2VAN	050400SL		5.00	16	18,645.			18,645.	18,645.		0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN					122,781.		0.	122,781.	120,757.	0.	2,024.
	* GRAND TOTAL 990 PAGE 10 DEPR					122,781.		0.	122,781.	120,757.	0.	2,024.

**USTA New England Inc  
Board Member Directory  
November 30, 2011**

Board Of Director Title	First Name	Last Name	Address	City	State	Zip
President	R Gary	Pina	128 Sandwich St , U-3	Plymouth	MA	02360
1 <sup>st</sup> Vice Pres	Keith	Collar	155 Upham Street	Melrose	MA	02176
Vice Pres	William	Ballen	135 Bartlett Avenue	Pittsfield	MA	01201
Vice Pres	Scott	Steinberg	12 Turnberry Drive	Cumberland	ME	04021
Secretary	Mike	Kolendo	11 Kennedy Drive	Hadley	MA	1035'0
Treasurer	Patricia	Decker	Middlebury RC - Box 365	Middlebury	CT	06762
Del CT	Peter	Parrotta	177 Stonehill Drive	Rocky Hill	CT	06067
Del EMA	Danne	Davis	7 Thane Street	Boston	MA	02124
Del WMA	Allen	Dunbar	15 Bailey Street - P O Box 220	Agawam	MA	01001
Del ME	David	Champoux	46 Colonial Drive	North Yarmouth	ME	04097
Del NH	Gary	Faltn	7 Constable Road	Durham	NH	03824
Del RI	Mike	Gorman	31 Greenlake Drive	Greenville	RI	02828
Del VT	Diane	Meyer	1102 Spear Street	South Burlington	VT	05403
Del-at-Large	Carlos	Aldave	70 Rockledge Drive	West Hartford	CT	06107
Del-at-Large	Hyacinth	Crichlow	70 Meadowview Road	Milton	MA	02186
Del-at-Large	Donna	Griffin	78 Stonington Circle	South Burlington	VT	05403
Del-at-Large	Rita	McCarthy	33 Truman Way	Rocky Hill	CT	06067
Del-at-Large	Karen	O'Sullivan	One Cityview Lane, #315	Quincy	MA	02169
Del-at-Large	Mark	Passacantando	6 Stage Coach Lane	Newington	CT	06111
Del-at-Large	Sandy	Sweet	72 Allen Avenue	Wakefield	RI	02879
Del-at-Large	Amy	Wishingrad	P O Box 2149	Branford	CT	06405
Del-at-Large	Glenn	Wong	15 Drummer Hill Road	Leverett	MA	01054
Del-at-Large	Joan	Wulfson	630 Hinesburg Road #23	South Burlington	VT	05403
Pres Appointee	Marcy	Rubinstein	76 Greenbrier Road	Trumbull	CT	06611
Past President	Ron	Friedman	P O Box 2060	West Scarborough	ME	04070
Past President	Jack	Schubert	187 Sawmill Road	West Springfield	MA	01089
Past President	Robert	Greene	Worcester T C , 69 Sever Street	Worcester	MA	16090
Past President	Leo F	Power Jr	8 Browne Street, Unit 1	Brookline	MA	02446
Legal Counsel	Brenda	Sharton	Goodwin Proctor - Exchange Pl	Boston	MA	02109