Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
194 BELLEVUE AVENUE

City or town, state or country, and ZIP + 4
NEWPORT, RI 02840

D Employer identification number
13-6144356

E Telephone number
(401) 849-3990

G Gross receipts $ 9,654,687

F Name and address of principal officer
MARK L STENNING
194 BELLEVUE AVENUE
NEWPORT, RI 02840

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)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW TENNISFAME COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile RI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PRESERVE THE HISTORY AND HERITAGE OF TENNIS, EDUCATE THE PUBLIC AND CONSERVE NEWPORT

2 Check this box ▶☐ 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	71
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	68
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	140
6	Total number of volunteers (estimate if necessary)	6	165
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	228
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,354,974	1,545,719
	9	Program service revenue (Part VIII, line 2g)	2,972,368	3,544,382
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	842,639	930,527
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	311,399	273,999
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,481,380	6,294,627
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,967	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,553,063	2,634,318
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	74,965	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶721,200		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,344,087	4,053,166
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,983,082	6,687,484
	19	Revenue less expenses Subtract line 18 from line 12	3,498,298	-392,857

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	46,570,371	44,863,502
	21	Total liabilities (Part X, line 26)	1,271,856	1,055,239
	22	Net assets or fund balances Subtract line 21 from line 20	45,298,515	43,808,263

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.

Sign Here

****** 2012-09-28
Signature of officer Date

MARK L STENNING CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DEBORAH A HOPKINS	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00167843
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KAHN LITWIN RENZA & CO LTD, 951 NORTH MAIN STREET, PROVIDENCE, RI 02904			EIN ▶ 05-0409384
			Phone no ▶ (401) 274-2001

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

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

TO HONOR THE HEROES AND HEROINES OF TENNIS THROUGH ENSHRINEMENT, TO OPERATE A MUSEUM, TO FOSTER AN APPRECIATION OF TENNIS HISTORY, TO PRESENT TOURNAMENTS AND TENNIS-RELATED ACTIVITIES FOR THE ENJOYMENT OF THE PUBLIC, AND TO PROMOTE THE SPORT OF TENNIS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,262,088 including grants of $) (Revenue $ 1,571,087)

TENNIS TOURNAMENTS - THE HALL OF FAME TENNIS CHAMPIONSHIPS FEATURE 32 OF THE TOP PLAYERS IN THE WORLD COMPETING FOR THE VAN ALEN CUP AND $398,250 IN PRIZE MONEY IN THE HISTORIC GRASS COURTS OF THE INTERNATIONAL TENNIS HALL OF FAME HELD THE WEEK AFTER WIMBLEDON, THE TOURNAMENT IS ONE OF 15 NORTH AMERICAN STOPS ON THE ATP WORLD TOUR AND, OF THOSE, THE ONLY TO BE PLAYED ON GRASS

4b (Code) (Expenses $ 866,272 including grants of $) (Revenue $ 975,452)

TENNIS COURTS - THE INTERNATIONAL TENNIS HALL OF FAME IS TRULY UNIQUE IN THAT IT IS ONE OF THE ONLY HALL OF FAME SPORTING VENUES WHERE THE PUBLIC CAN ACTUALLY PLAY THE SPORT - TENNIS - ON HALL OF FAME GROUNDS PLAYERS OF EVERY AGE AND ANY ABILITY LEVEL HAVE THE OPPORTUNITY TO PLAY TENNIS ON THE HALL OF FAME'S LEGENDARY GRASS COURTS, WHERE THE FIRST US NATIONAL TENNIS CHAMPIONSHIPS WERE HELD IN 1881 TENNIS CHAMPIONS PAST AND PRESENT HAVE GRACED THE HALL OF FAME'S GRASS COURTS INCLUDING BILLIE JEAN KING, ROD LAVER, BILL TILDEN, MARTINA NAVRATILOVA, JOHN MCENROE, BJORN BORG, TONY TRABERT, VIRGINIA WADE, TRACY AUSTIN, CHRISEVERT, JOHN NEWCOMBE, STAN SMITH, ANDRE AGASSI, AND PETE SAMPRAS - JUST TO NAME A FEW

4c (Code) (Expenses $ 1,268,486 including grants of $) (Revenue $ 829,038)

ENSHRINEMENT - THE INTERNATIONAL TENNIS HALL OF FAME & MUSEUM (ITHF&M) WAS ESTABLISHED IN 1954 AT THE NEWPORT CASINO AS A "SHRINE TO THE IDEALS OF THE GAME" ORIGINALLY NAMED THE NATIONAL LAWN TENNIS HALL OF FAME, IT WAS SANCTIONED BY THE UNITED STATES TENNIS ASSOCIATION IN 1954 THE FIRST CLASS WAS INDUCTED INTO THE HALL OF FAME IN 1955 IN 1986, WE ACHIEVED WORLDWIDE RECOGNITION AS THE SPORT'S OFFICIAL HALL OF FAME BY THE INTERNATIONAL TENNIS FEDERATION INDIVIDUALS ARE ELECTED BASED ON THEIR RECORDS OF COMPETITIVE ACHIEVEMENT, WITH ANCILLARY CONSIDERATION GIVEN TO SPORTSMANSHIP AND CHARACTER INDIVIDUALS ARE ELECTED IN ONE OF THREE CATAGORIES RECENT PLAYER, MASTER PLAYER, AND CONTRIBUTOR A SERIES OF VOTING PANELS REPRESENTING THE INTERNATIONAL TENNIS COMMUNITY VOTE TO ELECT THESE INDIVIDUALS FOR INDUCTION THE INDUCTION CEREMONY OCCURS ON BILL TALBERT CENTER COURT DURING THE CAMPBELL'S HALL OF FAME CHAMPIONSHIPS THE MUSEUM, HOUSED IN THE NEWPORT CASINO, BUILT BY JAMES GORDON BENNETT IN 1880, WAS DESIGNED BY THE ARCHITECTURAL FIRM MCKIM, MEAD & WHITE AND DECLARED A NATIONAL HISTORIC LANDMARK IN 1987 THE HISTORIC NEWPORT CASINO IS AN UNCOMMON EXAMPLE OF SPORTING EXCELLENCE THE EXHIBITS HIGHLIGHT THE GROWTH AND DEVELOPMENT OF TENNIS THROUGH THE 20TH CENTURY, WITH A PARTICULAR EMPHASIS ON ITS CULTURAL IMPACT THE STORIES OF OUR HALL OF FAMERS, FROM OUR FIRST CLASS IN 1955 TO TODAY, ARE TOLD THROUGHOUT THE GALLERIES PROVIDING PERSONAL INSIGHT INTO THE HISTORICAL DEVELOPMENTS OF THE GAME THE EXHIBITS ARE DRAMATICALLY SET IN THE ORIGINAL ROOMS OF THE NEWPORT CASINO, WHERE VISITORS OF ALL AGES CAN DELIGHT IN STANFORD WHITE'S ARCHITECTURAL DETAIL THE WOOLARD FAMILY ENSHRINEMENT GALLERY HONORS THE GREATEST CHAMPIONS, INNOVATORS,AND ADMINISTRATORS OF TENNIS WHO HAVE BEEN INDUCTED INTO THE HALL OF FAME

(Code) (Expenses $ 1,370,338 including grants of $) (Revenue $ 168,805)

OTHER PROGRAM SERVICES EXPENSES ARE BUILDING EXPENSES AND DEPRECIATION FOR THE NEWPORT CASINO, HOME OF THE ITHF, DESIGNATED A NATIONAL HISTORIC LANDMARK ON FEBRUARY 27, 1987 NATIONAL HISTORIC LANDMARKS ARE NATIONALLY SIGNIFICANT HISTORIC PLACES DESIGNATED BY THE SECRETARY OF THE INTERIOR BECAUSE THEY POSSESS EXCEPTIONAL VALUE OR QUALITY IN ILLUSTRATING OR INTERPRETING THE HERITAGE OF THE UNITED STATES, FEWER THAN 2,500 HISTORIC PLACES BEAR THIS NATIONAL DISTINCTION

4d Other program services (Describe in Schedule O)
(Expenses $ 1,370,338 including grants of $) (Revenue $ 168,805)

4e **Total program service expenses** ▶$ 4,767,184

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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*	21		No
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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
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*	26		No
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*	27		No
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*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

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	1a	106			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 or securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 71			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 68			
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?		2	Yes	
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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶RI , NY , CA , FL , MD , MA , NJ , CT , OR , PA , TN , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

NANCY CARDOZA
194 BELLEVUE AVENUE
NEWPORT, RI 02840
(401) 849-3990

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	823,471	0	68,009

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶5

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

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	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	514,487				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,031,232				
	g Noncash contributions included in lines 1a-1f $ 164,568					
	h **Total.** Add lines 1a-1f . . . . ▶		1,545,719			
Program Service Revenue		Business Code				
	2a TENNIS TOURNAMENTS	900099	1,571,087	1,571,087		
	b TENNIS COURT REVENUES	900099	975,452	975,452		
	c HALL OF FAME ADMISSION	900099	829,038	829,038		
	d OTHER EVENTS	900099	168,805	168,805		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		3,544,382			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		608,839		9,080	599,759
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross rents	433,271 /				
	b Less rental expenses	327,460 /				
	c Rental income or (loss)	105,811 /				
	d Net rental income or (loss) . . . . ▶		105,811			105,811
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,305,085 /				
	b Less cost or other basis and sales expenses	1,983,397 /				
	c Gain or (loss)	321,688 /				
	d Net gain or (loss) . . . . ▶		321,688			321,688
	8a Gross income from fundraising events (not including $ 514,487 of contributions reported on line 1c) See Part IV, line 18 . . . a	799,457				
	b Less direct expenses . . . b	600,055				
	c Net income or (loss) from fundraising events . . ▶		199,402			199,402
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	417,934				
	b Less cost of goods sold . . b	449,148				
	c Net income or (loss) from sales of inventory . . ▶		-31,214		-8,852	-22,362
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		6,294,627	3,544,382	228	1,204,298

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)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	767,657	281,997	396,657	89,003
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,552,407	1,085,189	217,922	249,296
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,118	20,955	8,660	11,503
9 Other employee benefits	108,520	50,791	26,016	31,713
10 Payroll taxes	164,616	103,354	36,225	25,037
11 Fees for services (non-employees)				
a Management				
b Legal	92,699	19,432	69,403	3,864
c Accounting	45,000		45,000	
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees	75,000		75,000	
g Other	159,065	48,052	38,386	72,627
12 Advertising and promotion	79,420	19,257	59,803	360
13 Office expenses	451,741	341,628	30,102	80,011
14 Information technology	10,215	6,500	3,715	
15 Royalties . .				
16 Occupancy	354,167	354,167		
17 Travel	286,912	150,964	72,176	63,772
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,014	3,171	457	386
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	916,016	911,306	4,710	
23 Insurance	105,814	58,356	47,458	
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 TENNIS PRIZE MONEY AND	657,348	657,348		
b MISCELLANEOUS EXPENSES	324,362	218,552	31,554	74,256
c FOOD AND FACILITIES	279,459	250,544	22,211	6,704
d REPAIRS AND MAINTENANCE	163,812	137,499	13,645	12,668
e				
f All other expenses	48,122	48,122		
25 **Total functional expenses.** Add lines 1 through 24f	6,687,484	4,767,184	1,199,100	721,200
26 **Joint costs.** Check here ▶ ☐ 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
Assets	1	Cash—non-interest-bearing		1,404	1	5,217
	2	Savings and temporary cash investments		814,475	2	628,998
	3	Pledges and grants receivable, net		100,645	3	145,890
	4	Accounts receivable, net		212,881	4	166,000
	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		99,414	8	118,166
	9	Prepaid expenses and deferred charges		146,174	9	46,701
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 23,395,401			
	b	Less accumulated depreciation	10b 10,673,166	13,134,690	10c	12,722,235
	11	Investments—publicly traded securities		27,271,885	11	25,770,471
	12	Investments—other securities See Part IV, line 11		4,788,803	12	5,259,824
	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)		46,570,371	16	44,863,502
Liabilities	17	Accounts payable and accrued expenses		550,443	17	548,895
	18	Grants payable			18	
	19	Deferred revenue		578,402	19	405,960
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		143,011	25	100,384
	26	**Total liabilities.** Add lines 17 through 25		1,271,856	26	1,055,239
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,572,033	27	19,959,633
	28	Temporarily restricted net assets		9,672,848	28	8,786,791
	29	Permanently restricted net assets		15,053,634	29	15,061,839
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		45,298,515	33	43,808,263
	34	Total liabilities and net assets/fund balances		46,570,371	34	44,863,502

Part XI **Reconcilliation 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	6,294,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,687,484
3	Revenue less expenses Subtract line 2 from line 1	3	-392,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	45,298,515
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,097,395
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	43,808,263

Part XII **Financial Statements and Reporting**

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

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,829,843	1,994,530	1,750,682	5,354,974	1,796,587	13,726,616
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,299,342	3,974,870	4,347,119	4,022,843	4,406,510	21,050,684
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	7,129,185	5,969,400	6,097,801	9,377,817	6,203,097	34,777,300
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	731,525	1,055,595	178,550	543,663	493,863	3,003,196
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	499,019	601,067	263,899	3,116		1,367,101
c Add lines 7a and 7b	1,230,544	1,656,662	442,449	546,779	493,863	4,370,297
8 **Public Support** (Subtract line 7c from line 6)						30,407,003

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	7,129,185	5,969,400	6,097,801	9,377,817	6,203,097	34,777,300
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,197,635	1,681,084	1,117,653	1,083,275	943,990	8,023,637
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,197,635	1,681,084	1,117,653	1,083,275	943,990	8,023,637
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	45,459	27,809	19,451	27,319	-8,852	111,186
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	10,372,279	7,678,293	7,234,905	10,488,411	7,138,235	42,912,123

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	70 860 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	65 590 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	18 700 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	19 980 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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	23,043,283	20,942,764	18,033,998	17,709,759	
b Contributions	8,205	125	84,667	9,725	
c Investment earnings or losses	-191,468	2,774,057	3,357,615	409,067	
d Grants or scholarships					
e Other expenditures for facilities and programs	835,000	673,663	533,516	94,553	
f Administrative expenses					
g End of year balance	22,025,020	23,043,283	20,942,764	18,033,998	

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 68 000 %

c Term endowment ▶ 32 000 %

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,304		106,304
b Buildings		18,685,412	6,952,032	11,733,380
c Leasehold improvements				
d Equipment		3,329,795	2,963,934	365,861
e Other		1,273,890	757,200	516,690
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,722,235

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) VCFA PRIVATE EQUITY PARTNERS	348,540	C
(B) RCP ADVISORS	472,340	C
(C) ADAMS STREET	409,275	C
(D) MFIRE - MESIROW FINANCIAL	525,000	C
(E) ABS OFFSHORE	1,000,000	C
(F) CROSS SHORE	1,200,000	C
(G) CHARITABLE REMAINDER TRUSTS	1,204,285	C
(H) DEFERRED COMPENSATION INVESTMENTS	100,384	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,259,824	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION PAYABLE	100,384
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	100,384

2. 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,294,627
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,687,484
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-392,857
4	Net unrealized gains (losses) on investments	4	-1,097,395
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 - 8	9	-1,097,395
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,490,252

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	6,591,777
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,097,395		
b	Donated services and use of facilities	2b	104,607		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,376,663		
e	Add lines **2a** through **2d**			2e	383,875
3	Subtract line **2e** from line **1**			3	6,207,902
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	86,725		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	86,725
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,294,627

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

1	Total expenses and losses per audited financial statements			1	8,082,029
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	104,607		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,376,663		
e	Add lines **2a** through **2d**			2e	1,481,270
3	Subtract line **2e** from line **1**			3	6,600,759
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	86,725		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	86,725
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,687,484

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, 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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE HALL OF FAME'S COLLECTIONS CONSIST OF OVER 20,000 OBJECTS RANGING FROM FINE ART, TROPHIES, PLAYER MEMORABILIA, TENNIS RACQUETS, EQUIPMENT AND OTHER EPHEMERA RELATED TO THE HISTORY OF THE SPORT, ITS CHAMPIONS, ENSHRINES AND THE CULTURAL HISTORY OF THE CASINO THE LIBRARY AND ARCHIVES COLLECTION CONSISTS OF 5,000 BOOKS, 350,000 STILL IMAGES OF PLAYERS, INFORMATION RELATING TO THE ORIGINS OF THE GAME, THE CASINO AND OTHER TENNIS RELATED SUBJECTS, 4,000 AUDIO VISUAL MATERIALS, AND AN ABUNDANCE OF PERIODICALS, SIGNIFICANT CORRESPONDENCE AND RECORDS THE EDUCATION COLLECTION CONSISTS OF OBJECTS AND EQUIPMENT USEFUL TO HANDS-ON STUDY OR OTHER PROGRAMS OF EDUCATION THE HALL OF FAME MAINTAINS A MUSEUM COLLECTIONS POLICY THAT ADDRESSES COLLECTIONS UPKEEP, ACCESSION AND DEACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE INCOME TO UNDERWRITE OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HALL OF FAME IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT BELIEVES THAT THE HALL OF FAME OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE FEDERAL AND STATE LEVELS THE HALL OF FAME ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES THE HALL OF FAME ALSO ANNUALLY FILES IRS FORM 990-T - EXEMPT ORGANIZATION'S BUSINESS INCOME TAX RETURN FOR ALL OF ITS TAXABLE TRANSACTIONS THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED THE FEDERAL INCOME TAX RETURNS FOR 2008, 2009, AND 2010 REMAIN OPEN TO EXAMINATION BY THE IRS THE HALL OF FAME CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 327,460 SPECIAL EVENTS EXPENSE 600,055 COST OF GOODS SOLD 449,148
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 327,460 SPECIAL EVENTS EXPENSE 600,055 COST OF GOODS SOLD 449,148
		ALL PURCHASES OF COLLECTION ITEMS AND RESTORATION OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE EXPENDITURE IS MADE DONATIONS OF HISTORICAL COLLECTION ITEMS ARE RECORDED IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AT THEIR FAIR OR APPRAISED VALUES ON THE DATE OF DONATION AND ARE EXPENSED IN THE YEAR RECEIVED IN ACCORDANCE WITH THE HALL OF FAME'S NON-CAPITALIZATION POLICY

Additional Data

Software ID:
Software Version:
EIN: 13-6144356
Name: INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
VCFA PRIVATE EQUITY PARTNERS	348,540	C
RCP ADVISORS	472,340	C
ADAMS STREET	409,275	C
MFIRE - MESIROW FINANCIAL	525,000	C
ABS OFFSHORE	1,000,000	C
CROSS SHORE	1,200,000	C
CHARITABLE REMAINDER TRUSTS	1,204,285	C
DEFERRED COMPENSATION INVESTMENTS	100,384	C

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 LEGENDS BALL/AUCTION (event type)	(b) Event #2 TRIBUTE EVENT (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	984,742	35,678	293,524	1,313,944
	2	Less Charitable contributions	369,853		144,634	514,487
	3	Gross income (line 1 minus line 2)	614,889	35,678	148,890	799,457
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	222,494			222,494
	6	Rent/facility costs			127,760	127,760
	7	Food and beverages	113,215	5,777	2,352	121,344
	8	Entertainment	69,700	385		70,085
	9	Other direct expenses	45,702	12,670		58,372
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(600,055)
	11	Net income summary Combine lines 3 and 10 in column (d) ▶				199,402

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	☐ Yes ____ ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain ____

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK STENNING	(i)	220,746	50,000	16,758	9,800	10,609	307,913	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) DONALD DELL	DONALD DELL, VICE CHAIRMAN IS AN OFFICER OF LAGARDERE UNLIMITED	39,870	SYNDICATED TV COVERAGE OF THE CAMPBELL'S HALL OF FAME TENNIS TOURNAMENT SEMI-FINALS, FINALS AND THE HALL OF FAME ENSHRINEMENT CEREMONY AGREEMENT WAS NEGOTIATED BY AN INDEPENDENT EMPLOYEE AT MARKET VALUE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493276000042

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number
13-6144356

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	6		ITEMS NOT CAPITALIZED
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X			ITEMS NOT CAPITALIZED
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	15,165	STOCK EXCHANGE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	127		ITEMS NOT CAPITALIZED
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493276000042

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED	13-6144356

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	WILLIAM ROMPF, FORMER VP AND DIRECTOR OF TENNIS IS THE HUSBAND OF MARY ROMPF, HEAD TENNIS PRO
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT REVISIONS, CORRECTIONS, ETC ARE MADE AS NECESSARY ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 BEFORE FILING NO REVIEW WAS OR WILL BE CONDUCTED BY THE ENTIRE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY AND HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY EXISTS IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT, THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION
	FORM 990, PART VI, SECTION B, LINE 15	A SEARCH OF COMPARABLE SALARIES IS CONDUCTED BY REVIEWING 990'S OF SIMILAR COMPANIES, USING SALARY COM AND NATIONAL SURVEYS THE CEO APPROVES ANY SALARY INCREASES, WITHIN THE TOTAL BUDGET, FOR STAFF MEMBERS AND THE CHAIRMAN OF THE BOARD RECOMMENDS SALARY ADJUSTMENTS FOR THE CEO & PRESIDENT, THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE CHAIRMAN'S RECOMMENDATIONS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ORGANIZATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OFFICE DURING NORMAL BUSINESS HOURS THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORDANCE WITH IRS REGULATIONS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,097,395

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
INTERNATIONAL TENNIS HALL OF FAME INCORPORATED	FORM 990 PAGE 10	13-6144356

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	838,578
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		139,580	3 0	HY	S/L	46,527
b 5-year property		126,136	5 0	HY	S/L	24,390
c 7-year property						
d 10-year property		65,210	10 0	HY	S/L	6,521
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	916,016
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . | **28** |

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . | **29** |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					

43 Amortization of costs that began before your 2011 tax year . . . . | **43** |

44 Total. Add amounts in column (f) See the instructions for where to report . . | **44** |

Additional Data

Software ID:
Software Version:
EIN: 13-6144356
Name: INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,370,338 including grants of $) (Revenue $ 168,805)

OTHER PROGRAM SERVICES EXPENSES ARE BUILDING EXPENSES AND DEPRECIATION FOR THE NEWPORT CASINO, HOME OF THE ITHF, DESIGNATED A NATIONAL HISTORIC LANDMARK ON FEBRUARY 27, 1987 NATIONAL HISTORIC LANDMARKS ARE NATIONALLY SIGNIFICANT HISTORIC PLACES DESIGNATED BY THE SECRETARY OF THE INTERIOR BECAUSE THEY POSSESS EXCEPTIONAL VALUE OR QUALITY IN ILLUSTRATING OR INTERPRETING THE HERITAGE OF THE UNITED STATES, FEWER THAN 2,500 HISTORIC PLACES BEAR THIS NATIONAL DISTINCTION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER E CLOUSER CHAIRMAN	20 00	X		X				0	0	0
DONALD L DELL VICE CHAIRMAN	50	X		X				0	0	0
BARBARA A GEORGESCU VICE CHAIRMAN	50	X		X				0	0	0
STAN SMITH EFF SEPT 2011 PRESIDENT	12 50	X		X				7,404	0	0
NANCY VON AUERSPERG TREASURER	50	X		X				0	0	0
PEGGY H WOOLARD SECRETARY	50	X		X				0	0	0
EARL H BUCHHOLZ JR EXECUTIVE COMMITTEE	50	X						0	0	0
RONALD S BURNS EXECUTIVE COMMITTEE	50	X						0	0	0
JUAN CARLOS CAPPELLO EXECUTIVE COMMITTEE	50	X						0	0	0
JAMES HARVIE-WATT EXECUTIVE COMMITTEE	50	X						0	0	0
DIANNE E HAYES EXECUTIVE COMMITTEE	50	X						0	0	0
PETER F HURLEY EXECUTIVE COMMITTEE	50	X						0	0	0
KATHERINE BURTON JONES EXECUTIVE COMMITTEE	50	X						0	0	0
KEVIN KANE EXECUTIVE COMMITTEE	50	X						0	0	0
PETER PALANDJIAN EXECUTIVE COMMITTEE	50	X						0	0	0
RICHARD J PHELPS EXECUTIVE COMMITTEE	50	X						0	0	0
WILL PREST EXECUTIVE COMMITTEE	50	X						0	0	0
JOHN R REESE EXECUTIVE COMMITTEE	50	X						0	0	0
FRANCESCO RICCI BITTI EXECUTIVE COMMITTEE	50	X						0	0	0
TONY TRABERT PRES TO 911 PRES, EXECUTIVE COMM	50	X						60,000	0	0
ROSALIND P WALTER EXECUTIVE COMMITTEE	50	X						0	0	0
DAVID WESTIN EXECUTIVE COMMITTEE	50	X						0	0	0
JOHN P ARNHOLD DIRECTOR	30	X						0	0	0
JEFFERSON BARNES DIRECTOR	30	X						0	0	0
VICTORIA BONEBRAKE DIRECTOR	30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDERS BRAG DIRECTOR	30	X						0	0	0
GERARD BROWNLOW DIRECTOR	30	X						0	0	0
ROBERT L BUNNEN JR DIRECTOR	30	X						0	0	0
DOUGLAS CONANT DIRECTOR	30	X						0	0	0
JAMES COURIER DIRECTOR	30	X						0	0	0
LOIS P DE MENIL DIRECTOR	30	X						0	0	0
GUILLAUME DE RAMEL DIRECTOR	30	X						0	0	0
CLAUDIO DEL VECCHIO DIRECTOR	30	X						0	0	0
ROBERT N DOWNEY DIRECTOR	30	X						0	0	0
MARK EIN DIRECTOR	30	X						0	0	0
RENEE EVANGELISTA DIRECTOR	30	X						0	0	0
JIM FARLEY DIRECTOR	30	X						0	0	0
MIKE GOSS DIRECTOR	30	X						0	0	0
ALAN HASSENFELD DIRECTOR	30	X						0	0	0
THOMAS JAMES DIRECTOR	30	X						0	0	0
ELIZABETH JEFFETT DIRECTOR	30	X						0	0	0
SUN JINFANG DIRECTOR	30	X						0	0	0
EADDO KIERNAN DIRECTOR	30	X						0	0	0
KAY KOPLOVITZ DIRECTOR	30	X						0	0	0
W ANDREW KRUSEN DIRECTOR	30	X						0	0	0
STEPHEN LESSING DIRECTOR	30	X						0	0	0
CONSTANTINE MACRICOSTAS DIRECTOR	30	X						0	0	0
JEANNE MOUTOUSSAMY-ASHE DIRECTOR	30	X						0	0	0
FREW MCMILLAN DIRECTOR	30	X						0	0	0
ALLEN MORGAN DIRECTOR	30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TIM PHILIPS DIRECTOR	30	X						0	0	0
GEOFFREY POLLARD DIRECTOR	30	X						0	0	0
JOHN ROSS DIRECTOR	30	X						0	0	0
MARY ANN SALESKI DIRECTOR	30	X						0	0	0
E RAMONE SEGREE DIRECTOR	30	X						0	0	0
LEE SESSIONS JR DIRECTOR	30	X						0	0	0
PAM SHRIVER DIRECTOR	30	X						0	0	0
MICHELE SICARD DIRECTOR	30	X						0	0	0
VINAYAK SINGH DIRECTOR	30	X						0	0	0
GORDON SMITH DIRECTOR	30	X						0	0	0
KEN SOLOMON DIRECTOR	30	X						0	0	0
TODD TRAINA DIRECTOR	30	X						0	0	0
DAVID TYREE DIRECTOR	30	X						0	0	0
JIMMY VAN ALEN DIRECTOR	30	X						0	0	0
JON VEGOSEN DIRECTOR	30	X						0	0	0
MARION WEATHERSTONE DIRECTOR	30	X						0	0	0
WILLIAM WEBB DIRECTOR	30	X						0	0	0
SUE ANN WEINBERG DIRECTOR	30	X						0	0	0
GENE YOON DIRECTOR	30	X						0	0	0
MARK STENNING CHIEF EXECUTIVE OFFICER	60 00			X				287,504	0	20,409
NANCY C CARDOZA VP & DIR OF ADMIN	45 00			X				130,396	0	11,492
MARY HEATH DIRECTOR OF SALES AND MKTG	35 00					X		127,013	0	4,104
MARY ROMPF HEAD TENNIS PRO	45 00					X		102,408	0	21,408
DOUGLAS STARK MUSEUM DIRECTOR	45 00					X		108,746	0	10,596