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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
NEWPORT, RI 02840

D Employer identification number
13-6144356

E Telephone number
(401) 849-3990

G Gross receipts $ 26,337,726

F Name and address of principal officer
TODD MARTIN
194 BELLEVUE AVENUE
NEWPORT, RI 02840

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	85
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	81
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	160
6	Total number of volunteers (estimate if necessary)	**6**	142
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-23,575
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-23,575

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,181,151	5,869,255
9	Program service revenue (Part VIII, line 2g)	3,740,726	3,451,138
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,040,127	3,769,270
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	236,793	-1,352,278
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,198,797	11,737,385

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	2,891,695	3,511,257
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶790,973		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,188,856	4,465,114
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,080,551	7,976,371
19	Revenue less expenses Subtract line 18 from line 12	7,118,246	3,761,014

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	60,266,635	62,722,075
21	Total liabilities (Part X, line 26)	1,460,606	1,335,768
22	Net assets or fund balances Subtract line 21 from line 20	58,806,029	61,386,307

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

****** | 2015-11-10
Signature of officer | Date

TODD MARTIN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH A HOPKINS	DEBORAH A HOPKINS			P00167843

Firm's name ▶ KAHN LITWIN RENZA & CO LTD — Firm's EIN ▶ 05-0409384

Firm's address ▶ 951 NORTH MAIN STREET
PROVIDENCE, RI 02904 — 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 or note to any line 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, TO PROMOTE THE SPORT OF TENNIS, AND TO PRESERVE AN HISTORIC THEATRE

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 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 $ 1,652,069 including grants of $) (Revenue $ 1,735,140)

TENNIS TOURNAMENT - THE HALL OF FAME TENNIS CHAMPIONSHIPS IS AN ATP WORLD TOUR EVENT HOSTED ANNUALLY ON THE HISTORIC GRASS COURTS OF THE INTERNATIONAL TENNIS HALL OF FAME THE TOURNAMENT DRAWS 32 OF THE TOP MALE PLAYERS IN THE WORLD COMPETING FOR THE VAN ALEN CUP THE TOURNAMENT IS THE ONLY ATP WORLD TOUR STOP IN THE NORTHEAST AND THE ONLY EVENT TO BE PLAYED ON GRASS COURTS IN NORTH AMERICA

4b (Code) (Expenses $ 841,046 including grants of $) (Revenue $ 925,045)

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, CHRIS EVERT, JOHN NEWCOMBE, STAN SMITH, ANDRE AGASSI, AND PETE SAMPRAS - JUST TO NAME A FEW

4c (Code) (Expenses $ 1,363,534 including grants of $) (Revenue $ 682,504)

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 ENSHRINED 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 CATEGORIES RECENT PLAYER, MASTER PLAYER, AND CONTRIBUTOR A SERIES OF VOTING PANELS REPRESENTING THE INTERNATIONAL TENNIS COMMUNITY VOTE TO ELECT THESE INDIVIDUALS FOR ENSHRINEMENT THE ENSHRINEMENT CEREMONY OCCURS ON BILL TALBERT CENTER COURT DURING THE HALL OF FAME TENNIS CHAMPIONSHIPS THE MUSEUM, HOUSED IN THE NEWPORT CASINO, WAS BUILT BY JAMES GORDON BENNETT IN 1880 THE NEWPORT CASINO WAS DECLARED A NATIONAL HISTORIC LANDMARK IN 1987, AND BECAME THE FIRST SPORTS HALL OF FAME TO BE ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS IN 2013 THE HISTORIC NEWPORT CASINO IS AN UNCOMMON EXAMPLE OF SPORTING EXCELLENCE THE EXHIBITS HIGHLIGHT THE GROWTH AND DEVELOPMENT OF TENNIS THROUGH THE 21ST 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 ENSHRINED INTO THE HALL OF FAME

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 1,389,617 including grants of $) (Revenue $ 108,449)

4e **Total program service expenses** ▶ 5,246,266

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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* (see instructions)	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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**		No
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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	107		
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	160		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			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 as charitable contributions? . . .	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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**	85		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	81		
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**			No
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 this 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 , AR , ME , MS , NC , OH , SC , UT

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 ☐ Other (explain in Schedule O)

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 during the tax year

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

▶ PATRICK DRUKEN
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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	1,494,266	0	119,881

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 ▶ 7

			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
BEHAN BROTHERS INC 975 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	CONSTRUCTION CONTRACTOR	1,456,418
1220 EXHIBITS INC 3801 VULCAN DRIVE NASHVILLE, TN 37211	BUSINESS MANAGEMENT CONSULTING	741,584
ROBERT AM STERN ARCHITECTS LLP 460 WEST 34TH STREET NEW YORK, NY 10001	ARCHITECTURAL SERVICES	652,183
HEALYKOHLER DESIGN INC 5207 GEORGIA AVENUE NW WASHINGTON, DC 20011	DESIGN CONSULTING	551,333
AQUIDNECK BUILDING MOVERS & RIGGERS 102 VIKING DRIVE PORTSMOUTH, RI 02871	CONSTRUCTION	160,000

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 ▶ 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	542,168			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	3,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,324,087			
	g	Noncash contributions included in lines 1a-1f $		1,896,319			
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,869,255			
Program Service Revenue			Business Code				
	2a	TENNIS TOURNAMENTS	900099	1,735,140	1,735,140		
	b	TENNIS COURT REVENUES	900099	925,045	925,045		
	c	HALL OF FAME ADMISSIONS	900099	682,504	682,504		
	d	OTHER EVENTS	900099	108,449	108,449		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,451,138			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		807,387		-2,347	809,734
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	445,888				
	b	Less rental expenses	343,066				
	c	Rental income or (loss)	102,822				
	d	Net rental income or (loss) . . . . . ▶		102,822			102,822
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	16,164,218				
	b	Less cost or other basis and sales expenses	13,202,335				
	c	Gain or (loss)	2,961,883				
	d	Net gain or (loss) . . . . . ▶		2,961,883			2,961,883
Other Revenue	8a	Gross income from fundraising events (not including $ 542,168 of contributions reported on line 1c) See Part IV, line 18 . . a	611,906				
	b	Less direct expenses . . . b	580,224				
	c	Net income or (loss) from fundraising events . . ▶		31,682			31,682
	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	421,312				
	b	Less cost of goods sold . . b	474,716				
	c	Net income or (loss) from sales of inventory . . ▶		-53,404		-21,228	-32,176
		Miscellaneous Revenue	Business Code				
	11a	LOSS ON IMPAIRMENT OF FIXED ASSET	900099	-1,433,378			-1,433,378
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		-1,433,378			
	12	**Total revenue.** See Instructions . . . . . ▶		11,737,385	3,451,138	-23,575	2,440,567

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,033,043	303,448	729,595	
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	2,097,204	1,259,378	428,746	409,080
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,800	29,537	12,469	14,794
9 Other employee benefits	125,543	66,732	33,306	25,505
10 Payroll taxes	198,667	123,007	45,649	30,011
11 Fees for services (non-employees)				
a Management				
b Legal	82,972	15,000	64,785	3,187
c Accounting	48,550		48,550	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	82,500		82,500	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	236,386	147,177	76,205	13,004
12 Advertising and promotion	57,718	14,306	43,337	75
13 Office expenses	460,234	317,665	51,565	91,004
14 Information technology	30,825	14,505	15,741	579
15 Royalties				
16 Occupancy	392,241	384,619	7,200	422
17 Travel	317,814	189,803	96,274	31,737
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,967	2,452	365	150
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	943,276	934,232	9,044	
23 Insurance	130,777	69,623	54,923	6,231
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TENNIS PRIZE MONEY AND	799,325	799,325		
b MISCELLANEOUS EXPENSES	337,737	163,853	74,122	99,762
c FOOD AND FACILITIES	304,420	262,802	32,501	9,117
d REPAIRS AND MAINTENANCE	179,057	121,029	32,255	25,773
e All other expenses	58,315	27,773		30,542
25 **Total functional expenses.** Add lines 1 through 24e	7,976,371	5,246,266	1,939,132	790,973
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,194	1	2,750
	2	Savings and temporary cash investments		3,642,874	2	4,647,508
	3	Pledges and grants receivable, net		2,376,365	3	2,943,809
	4	Accounts receivable, net		198,109	4	95,743
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		150,350	8	180,514
	9	Prepaid expenses and deferred charges		77,299	9	74,830
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 25,843,438			
	b	Less accumulated depreciation	10b 9,223,492	14,493,761	10c	16,619,946
	11	Investments—publicly traded securities		32,125,754	11	29,450,844
	12	Investments—other securities See Part IV, line 11		7,199,929	12	8,706,131
	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)		60,266,635	16	62,722,075
Liabilities	17	Accounts payable and accrued expenses		616,494	17	893,139
	18	Grants payable			18	
	19	Deferred revenue		666,991	19	220,318
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		675	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		176,446	25	222,311
	26	**Total liabilities.** Add lines 17 through 25		1,460,606	26	1,335,768
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		24,442,239	27	26,322,270
	28	Temporarily restricted net assets		19,300,701	28	20,000,948
	29	Permanently restricted net assets		15,063,089	29	15,063,089
		Organizations that do not follow SFAS 117 (ASC 958), 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		58,806,029	33	61,386,307
	34	Total liabilities and net assets/fund balances		60,266,635	34	62,722,075

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,737,385
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,976,371
3	Revenue less expenses Subtract line 2 from line 1	3	3,761,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,806,029
5	Net unrealized gains (losses) on investments	5	-1,845,433
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	664,697
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,386,307

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

Software ID:

Software Version:

EIN: 13-6144356

Name: INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

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

(Code) (Expenses $ 1,389,617 including grants of $) (Revenue $ 108,449)

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 (list any hours for related organizations below dotted line)	(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			
(1) CHRISTOPHER E CLOUSER CHAIRMAN	30 00	X		X				0	0	0
(1) DONALD L DELL VICE CHAIRMAN	0 50	X		X				0	0	0
(2) BARBARA A GEORGESCU VICE CHAIRMAN	0 50	X		X				0	0	0
(3) STANLEY SMITH PRESIDENT	12 50	X		X				67,981	0	0
(4) PEGGY WOOLARD SECRETARY	0 50	X		X				0	0	0
(5) NANCY VON AUERSPERG TREASURER	0 50	X		X				0	0	0
(6) JOHN P ARNHOLD EXECUTIVE COMMITTEE	0 50	X						0	0	0
(7) JEFFERSON T BARNES EXECUTIVE COMMITTEE	0 50	X						0	0	0
(8) EARL H BUCHHOLZ JR EXECUTIVE COMMITTEE	0 50	X						0	0	0
(9) RONALD S BURNS EXECUTIVE COMMITTEE	0 50	X						0	0	0
(10) KATHERINE BURTON JONES EXECUTIVE COMMITTEE	0 50	X						0	0	0
(11) MICHAEL GOSS EXECUTIVE COMMITTEE	0 50	X						0	0	0
(12) SIR JAMES HARVIE-WATT EXECUTIVE COMMITTEE	0 50	X						0	0	0
(13) ALAN HASSENFELD EXECUTIVE COMMITTEE	0 50	X						0	0	0
(14) DIANNE E HAYES EXECUTIVE COMMITTEE	0 50	X						0	0	0
(15) PETER F HURLEY EXECUTIVE COMMITTEE	0 50	X						0	0	0
(16) THOMAS A JAMES EXECUTIVE COMMITTEE	0 50	X						0	0	0
(17) KEVIN KANE EXECUTIVE COMMITTEE	0 50	X						0	0	0
(18) STEPHEN LEWINSTEIN EXECUTIVE COMMITTEE	0 50	X						0	0	0
(19) PETER PALANDJIAN EXECUTIVE COMMITTEE	0 50	X						0	0	0
(20) RICHARD J PHELPS EXECUTIVE COMMITTEE	0 50	X						0	0	0
(21) WILLIAM PREST EXECUTIVE COMMITTEE	0 50	X						0	0	0
(22) JOHN R REESE EXECUTIVE COMMITTEE	0 50	X						0	0	0
(23) FRANCESCO RICCI BITTI EXECUTIVE COMMITTEE	0 50	X						0	0	0
(24) JOHN ROSS EXECUTIVE COMMITTEE	0 50	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 (list any hours for related organizations below dotted line)	(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			
(26) KEN SOLOMON EXECUTIVE COMMITTEE	0 50	X						0	0	0
(1) ROSALIND P WALTER EXECUTIVE COMMITTEE	0 50	X						0	0	0
(2) DAVID WESTIN EXECUTIVE COMMITTEE	0 50	X						0	0	0
(3) KATRINA ADAMS DIRECTOR	0 30	X						0	0	0
(4) VIJAY AMRITRAJ DIRECTOR	0 30	X						0	0	0
(5) DAVID BELL DIRECTOR	0 30	X						0	0	0
(6) ROBERT L BUNNEN JR DIRECTOR	0 30	X						0	0	0
(7) JAMES CITRIN DIRECTOR	0 30	X						0	0	0
(8) CHRIS COMBE DIRECTOR	0 30	X						0	0	0
(9) DOUGLAS CONANT DIRECTOR	0 30	X						0	0	0
(10) JOHN DAVIS DIRECTOR	0 30	X						0	0	0
(11) GUILLAUME DE RAMEL DIRECTOR	0 30	X						0	0	0
(12) PHIL DE PICCIOTTO DIRECTOR	0 30	X						0	0	0
(13) CLAUDIO DEL VECCHIO DIRECTOR	0 30	X						0	0	0
(14) ROBERT N DOWNEY DIRECTOR	0 30	X						0	0	0
(15) MARK EIN DIRECTOR	0 30	X						0	0	0
(16) LAURIE ERLANDSON DIRECTOR	0 30	X						0	0	0
(17) JAMES FARLEY DIRECTOR	0 30	X						0	0	0
(18) DAVID FORD DIRECTOR	0 30	X						0	0	0
(19) RUSS FRADIN DIRECTOR	0 30	X						0	0	0
(20) MARIANNE GAIGE DIRECTOR	0 30	X						0	0	0
(21) PHILIP GEIER JR DIRECTOR	0 30	X						0	0	0
(22) ANTHONY GODSICK DIRECTOR	0 30	X						0	0	0
(23) JAMES GOLDMAN DIRECTOR	0 30	X						0	0	0
(24) PHILLIP GORE DIRECTOR	0 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 (list any hours for related organizations below dotted line)	(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			
(51) DAVID GOULDEN DIRECTOR	0 30	X						0	0	0
(1) DAVID HAGGERTY DIRECTOR	0 30	X						0	0	0
(2) ANNE HAMILTON DIRECTOR	0 30	X						0	0	0
(3) ELIZABETH JEFFETT DIRECTOR	0 30	X						0	0	0
(4) BOB JEFFREY DIRECTOR	0 30	X						0	0	0
(5) SUN JINFANG DIRECTOR	0 30	X						0	0	0
(6) PEACHY KELLMEYER DIRECTOR	0 30	X						0	0	0
(7) EADDO KIERNAN DIRECTOR	0 30	X						0	0	0
(8) KAY KOPLOVITZ DIRECTOR	0 30	X						0	0	0
(9) STEPHEN LESSING DIRECTOR	0 30	X						0	0	0
(10) FREW MCMILLAN DIRECTOR	0 30	X						0	0	0
(11) ALLEN MORGAN DIRECTOR	0 30	X						0	0	0
(12) JEANNE MOUTOUSSAMY-ASHE DIRECTOR	0 30	X						0	0	0
(13) BETSY NAGELSEN MCCORMACK DIRECTOR	0 30	X						0	0	0
(14) MARK PANARESE DIRECTOR	0 30	X						0	0	0
(15) CHARLIE PASARELL DIRECTOR	0 30	X						0	0	0
(16) TIM PHILLIPS DIRECTOR	0 30	X						0	0	0
(17) GEOFFREY POLLARD DIRECTOR	0 30	X						0	0	0
(18) E RAMONE SEGREE DIRECTOR	0 30	X						0	0	0
(19) MONICA SELES DIRECTOR	0 30	X						0	0	0
(20) PAM SHRIVER DIRECTOR	0 30	X						0	0	0
(21) MICHELE SICARD DIRECTOR	0 30	X						0	0	0
(22) VINAYAK SINGH DIRECTOR	0 30	X						0	0	0
(23) GORDON SMITH DIRECTOR	0 30	X						0	0	0
(24) LEE STYSLINGER DIRECTOR	0 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 (list any hours for related organizations below dotted line)	(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			
(76) KRISTIAN TEAR DIRECTOR	0 30	X						0	0	0
(1) TODD TRAINA DIRECTOR	0 30	X						0	0	0
(2) DAVID TYREE DIRECTOR	0 30	X						0	0	0
(3) JAMES VAN ALEN JR DIRECTOR	0 30	X						0	0	0
(4) BARBARA VAN BEUREN DIRECTOR	0 30	X						0	0	0
(5) JONATHAN VEGOSEN DIRECTOR	0 30	X						0	0	0
(6) MARION WEATHERSTONE DIRECTOR	0 30	X						0	0	0
(7) WILLIAM WEBB DIRECTOR	0 30	X						0	0	0
(8) STEWART WICHT DIRECTOR	0 30	X						0	0	0
(9) GENE YOON DIRECTOR	0 30	X						0	0	0
(10) MARK STENNING CEO (1/14-9/14)	60 00			X				538,874	0	24,986
(11) TODD MARTIN CEO	60 00			X				205,348	0	14,385
(12) NANCY C CARDOZA VP & DIR OF ADMIN	45 00			X				164,306	0	17,164
(13) MARY HEATH CHIEF MARKETING OFFICER	45 00					X		155,061	0	6,634
(14) DOUGLAS STARK MUSEUM DIRECTOR	45 00					X		126,864	0	11,109
(15) CHRISTINE FROST CHIEF DEVELOPMENT OFFICER	45 00					X		123,559	0	22,351
(16) MARY ROMPF HEAD PROFESSIONAL	45 00					X		112,273	0	23,252

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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.**

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

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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 Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,354,974	1,796,587	2,993,523	8,181,151	5,869,255	24,195,490
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	4,022,843	4,406,510	4,788,266	4,866,611	4,484,356	22,568,586
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	9,377,817	6,203,097	7,781,789	13,047,762	10,353,611	46,764,076
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	543,663	498,981	1,727,569	2,397,277	2,642,828	7,810,318
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	3,116					3,116
c Add lines 7a and 7b	546,779	498,981	1,727,569	2,397,277	2,642,828	7,813,434
8 **Public support** (Subtract line 7c from line 6)						38,950,642

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	9,377,817	6,203,097	7,781,789	13,047,762	10,353,611	46,764,076
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,083,275	943,990	1,388,976	1,786,771	1,255,622	6,458,634
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,083,275	943,990	1,388,976	1,786,771	1,255,622	6,458,634
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	27,319	-8,852	-4,132	1,397	-23,575	-7,843
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					-1,433,378	-1,433,378
13 **Total support.** (Add lines 9, 10c, 11, and 12)	10,488,411	7,138,235	9,166,633	14,835,930	10,152,280	51,781,489

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	75 220 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	75 510 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	12 470 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	12 940 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	LOSS FROM IMPAIRMENT OF FIXED ASSET - 2014 AMOUNT $ -1,433,378

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	27,783,942	23,811,106	22,025,020	23,043,283	20,942,764
b	Contributions		1,125	125	8,205	125
c	Net investment earnings, gains, and losses	1,218,681	4,669,119	2,612,711	-191,468	2,774,057
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,104,301	697,408	826,750	835,000	673,663
f	Administrative expenses					
g	End of year balance	27,898,322	27,783,942	23,811,106	22,025,020	23,043,283

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 54 000 %
- c Temporarily restricted endowment ▶ 46 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		3,121,468		3,121,468
b Buildings		15,111,710	7,278,135	7,833,575
c Leasehold improvements				
d Equipment		1,647,285	1,324,995	322,290
e Other		5,962,975	620,362	5,342,613
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				16,619,946

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	274,285	C
(B) RCP ADVISORS	365,796	C
(C) ADAMS STREET	797,490	C
(D) MFIRE - MESIROW FINANCIAL	1,017,183	C
(E) AEW	1,143,043	C
(F) ABS OFFSHORE	1,375,000	C
(G) CROSS SHORE	1,575,000	C
(H) CHARITABLE REMAINDER TRUSTS	1,936,023	C
(I) DEFERRED COMPENSATION INVESTMENTS	222,311	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	8,706,131	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION PAYABLE	222,311
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	222,311

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	12,020,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,845,433		
b	Donated services and use of facilities	2b	188,855		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,062,703		
e	Add lines **2a** through **2d**			2e	406,125
3	Subtract line **2e** from line **1**			3	11,614,575
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	122,810		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	122,810
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,737,385

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,440,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	188,855		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,398,006		
e	Add lines **2a** through **2d**			2e	1,586,861
3	Subtract line **2e** from line **1**			3	7,853,561
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	122,810		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	122,810
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,976,371

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 1A	THE HALL OF FAME'S COLLECTIONS CONSIST OF OVER 25,000 OBJECTS RANGING FROM FINE ART, TROPHIES, PLAYER MEMORABILIA, TENNIS RACQUETS, EQUIPMENT AND OTHER EPHEMERA RELATED TO THE HISTORY OF THE SPORT, ITS CHAMPIONS, ENSHRINEES 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 CONSERVATION, ACCESSION AND DEACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT
PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE INCOME TO UNDERWRITE OPERATIONS
PART X, LINE 2	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 2011, 2012, AND 2013 REMAIN OPEN TO EXAMINATION BY THE IRS THE HALL OF FAME CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 343,066 SPECIAL EVENTS EXPENSE 580,224 COST OF GOODS SOLD 474,716 NET CHANGE IN VALUE OF BENEFICIAL INTEREST 664,697
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 343,066 SPECIAL EVENTS EXPENSE 580,224 COST OF GOODS SOLD 474,716
PART XI, LINE 2D - OTHER ADJUSTMENTS	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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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
(3)Other		
(A) VCFA PRIVATE EQUITY PARTNERS	274,285	C
(B) RCP ADVISORS	365,796	C
(C) ADAMS STREET	797,490	C
(D) MFIRE - MESIROW FINANCIAL	1,017,183	C
(E) AEW	1,143,043	C
(F) ABS OFFSHORE	1,375,000	C
(G) CROSS SHORE	1,575,000	C
(H) CHARITABLE REMAINDER TRUSTS	1,936,023	C
(I) DEFERRED COMPENSATION INVESTMENTS	222,311	C

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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.**

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

OMB No 1545-0047

2014

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LEGENDS BALL/AUCTION (event type)	(b) Event #2 US OPEN TKTS SALES (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	749,931	331,873	72,270	1,154,074
	2 Less Contributions	305,484	193,884	42,800	542,168
	3 Gross income (line 1 minus line 2)	444,447	137,989	29,470	611,906
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		142,000		142,000
	7 Food and beverages	114,089		20,570	134,659
	8 Entertainment	48,529			48,529
	9 Other direct expenses	210,598		44,438	255,036
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(580,224)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				31,682

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

14 Enter 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 appropiate 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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK STENNING, CEO (1/14-9/14)	(i)	538,874	0	0	10,400	14,586	563,860	0
	(ii)	0	0	0	0	0	0	0
2 TODD MARTIN, CEO	(i)	205,348	0	0	0	14,385	219,733	0
	(ii)	0	0	0	0	0	0	0
3 NANCY C CARDOZA, VP & DIR OF ADMIN	(i)	164,306	0	0	6,563	10,601	181,470	0
	(ii)	0	0	0	0	0	0	0
4 MARY HEATH, CHIEF MARKETING OFFICER	(i)	155,061	0	0	6,197	437	161,695	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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) GENE YOON	BOARD MEMBER	46,748	GENE YOON IS THE CHAIRMAN AND CEO OF FILA GLOBAL OUR RETAIL STORES PURCHASE MERCHANDISE FROM FILA USA INC FILA LUXEMBOURG S A R L IS A SPONSOR FOR THE HALL OF FAME TENNIS CHAMPIONSHIPS, THE ROLEX HALL OF FAME ENSHRINEMENT WEEKEND AND THE LEGENDS BALL		No
(2) DAVID HAGGERTY AND KATRINA ADAMS	BOARD MEMBERS	138,250	DAVID HAGGERTY IS THE CHAIRMAN AND PRESIDENT AND KATRINA ADAMS IS THE FIRST VICE PRESIDENT OF THE UNITED STATES TENNIS ASSOCIATION WE PURCHASE US OPEN TICKETS FROM THE USTA WE ALSO REIMBURSE THEM FOR MEETING COSTS FOR OUR BOARD MEETINGS DURING THEIR ANNUAL MEETING IN MARCH		No
(3) DONALD L DELL	VICE CHAIRMAN	0	DONALD L DELL IS AN OFFICER OF LAGARDERE UNLIMITED, WHICH SYNDICATED TV COVERAGE OF THE HALL OF FAME TENNIS CHAMPIONSHIPS QUARTER-FINALS, SEMI-FINALS, FINALS AND THE HALL OF FAME ENSHRINEMENT CEREMONY THE AGREEMENT WAS NEGOTIATED BY AN INDEPENDENT EMPLOYEE AT MARKET VALUE, RESULTING IN REVENUE OF $65,000 FROM IEC IN SPORTS WHICH IS A DIVISION OF LAGARDERE UNLIMITED FOR 2014		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	19	1,689,610	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION & EVENT ITEMS)	X	76	206,709	FMV
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 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRE CTORS 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 DURIN G THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURI NG THE COMING YEAR ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A C ONFLICT 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 THEM SELVES) 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, USIN G 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 RECOMMEN DATIONS THE HALL OF FAME HAD A COMPENSATION SURVEY PREPARED BY OUR EXTERNAL AUDITORS IN 2 012
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), IT S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ORGANIZ ATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRAT IVE OFFICE DURING NORMAL BUSINESS HOURS THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORD ANCE WITH IRS REGULATIONS
FORM 990, PART XI, LINE 9	NET CHANGE IN VALUE OF BENEFICIAL INTEREST 664,697