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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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: USTA NEW ENGLAND INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 110 TURNPIKE ROAD
 City or town, state or province, country, and ZIP or foreign postal code: WESTBOROUGH, MA 01581

D Employer identification number: 04-6006570
E Telephone number: (508) 366-3450
G Gross receipts \$ 3,732,216

F Name and address of principal officer: SCOTT STEINBERG, 110 TURNPIKE ROAD, WESTBOROUGH, MA 01581

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)(4) (insert no) 4947(a)(1) or 527

J Website: WWW.NEWENGLAND.USTA.COM

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1976 **M** State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 PROMOTING THE DEVELOPMENT OF TENNIS AS A LIFETIME SPORT

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,369
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,063,027	2,121,965
9 Program service revenue (Part VIII, line 2g)	850,069	838,904
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,476	75,508
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,984	145,369
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,126,556	3,181,746
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	498,205	323,177
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)	1,102,893	1,345,195
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,399,602	1,539,433
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,000,700	3,207,805
19 Revenue less expenses Subtract line 18 from line 12	125,856	-26,059

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,965,215	2,958,111
21 Total liabilities (Part X, line 26)	366,782	478,503
22 Net assets or fund balances Subtract line 21 from line 20	2,598,433	2,479,608

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

Signature of officer: _____ Date: 2016-04-05
 Type or print name and title: SCOTT STEINBERG PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: KENNETH J RAFFOL
 Preparer's signature: KENNETH J RAFFOL
 Date: _____
 Check if self-employed
 PTIN: P00045686
 Firm's name: RAFFOL AND COMPANY INC
 Firm's EIN: 47-1096596
 Firm's address: 105 CHESTNUT ST SUITE 11
 Phone no: (781) 444-4926
 NEEDHAM, MA 02492

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

PROMOTING THE DEVELOPMENT OF TENNIS AS A LIFETIME SPORT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 2,658,884 including grants of \$ 323,177) (Revenue \$ 923,904)
USTA/NEW ENGLAND INC SANCTIONED TENNIS EVENTS, CONDUCTED TENNIS TOURNAMENTS, ADMINISTERED TENNIS LEAGUES AND INFORMED, EDUCATED AND COMMUNICATED WITH ITS MEMBERS

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,658,884

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

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 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 SCOTT STEINBERG 110 TURNPIKE ROAD WESTBOUGH, MA 01581 (508) 366-5805	

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,121,965				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,121,965				
Program Service Revenue			Business Code				
	2a	USER FEES	711300	838,904	838,904		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		838,904			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		54,553		54,553	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	360,000			
			(ii) Personal				
			b Less rental expenses	275,000			
			c Rental income or (loss)	85,000			
	d	Net rental income or (loss)		85,000	85,000		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	296,425			
			(ii) Other				
			b Less cost or other basis and sales expenses	275,470			
			c Gain or (loss)	20,955			
	d	Net gain or (loss)		20,955		20,955	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	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					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	YEARBOOK ADVERTISING	541800	60,369		60,369		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		60,369				
12	Total revenue. See Instructions		3,181,746	923,904	60,369	75,508	

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	279,675	279,675		
2	Grants and other assistance to domestic individuals See Part IV, line 22	43,502	43,502		
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,060,350	1,060,350		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,386	74,386		
9	Other employee benefits	122,931	122,931		
10	Payroll taxes	87,528	87,528		
11	Fees for services (non-employees)				
a	Management				
b	Legal	64,333	64,333		
c	Accounting	11,330		11,330	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	95,345		95,345	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	169,157		169,157	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,206		17,206	
23	Insurance	3,429	3,429		
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	USTA LEAGUE TENNIS	525,406	525,406		
b	PLAYER DEVELOPMENT	106,775	106,775		
c	US TENNIS OPEN EXPENSES	90,118		90,118	
d	MARKETING AND PROMOTION	87,623		87,623	
e	All other expenses	368,711	290,569	78,142	
25	Total functional expenses. Add lines 1 through 24e	3,207,805	2,658,884	548,921	0
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 <input type="checkbox"/> 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	129,693	1	117,445
	2 Savings and temporary cash investments	1,036,431	2	1,023,737
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,057	4	30,445
	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		8	
	9 Prepaid expenses and deferred charges	68,351	9	83,698
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 134,140		
	b Less accumulated depreciation	10b 62,027	67,445	10c 72,113
	11 Investments—publicly traded securities	1,660,238	11	1,630,673
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,965,215	16	2,958,111	
Liabilities	17 Accounts payable and accrued expenses	27,365	17	88,344
	18 Grants payable	66,426	18	92,865
	19 Deferred revenue	272,991	19	297,294
	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		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		25	
	26 Total liabilities. Add lines 17 through 25	366,782	26	478,503
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,598,433	27	2,479,608
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,598,433	33	2,479,608	
34 Total liabilities and net assets/fund balances	2,965,215	34	2,958,111	

Part XI Reconciliation 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	3,181,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,207,805
3	Revenue less expenses Subtract line 2 from line 1	3	-26,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,598,433
5	Net unrealized gains (losses) on investments	5	-92,766
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,479,608

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b 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		

Additional Data

Software ID:
Software Version:
EIN: 04-6006570
Name: USTA NEW ENGLAND INC

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			
SCOTT STEINBERG PRESIDENT	1 00	X		X				0	0	0
PETER PARROTTA 1ST VICE PRESIDENT	1 00	X		X				0	0	0
PATRICIA DECKER VICE PRESIDENT	1 00	X		X				0	0	0
MIKE KOLENDO VICE PRESIDENT	1 00	X		X				0	0	0
TRACY MCEVOY SECRETARY	1 00	X		X				0	0	0
MIKE SHADE TREASURER	1 00	X		X				0	0	0
ROBERT DUNLOP DELEGATE CT	0 50	X						0	0	0
ADAM MOLDA DELEGATE EMA	0 50	X						0	0	0
ALLEN DUNBAR DELEGATE WMA	0 50	X						0	0	0
BRIAN MAVOR DELEGATE ME	0 50	X						0	0	0
GARY FALTIN DELEGATE NH	0 50	X						0	0	0
DOUG CHAPMAN DELEGATE RI	0 50	X						0	0	0
DONNA GRIFFIN DELEGATE VT	0 50	X						0	0	0
ANDREW CHMURA DELEGATE AT LARGE	0 50	X						0	0	0
PETER FRANCESCONI DELEGATE AT LARGE	0 50	X						0	0	0
MELISSA BARON DELEGATE AT LARGE	0 50	X						0	0	0
DAVID CHAMPOUX DELEGATE AT LARGE	0 50	X						0	0	0
KARL GREGOR DELEGATE AT LARGE	0 50	X						0	0	0
ADAM HIRSHAN DELEGATE AT LARGE	0 50	X						0	0	0
QUALIFF JACKSON DELEGATE AT LARGE	0 50	X						0	0	0
BRUCE LEIBIG DELEGATE AT LARGE	0 50	X						0	0	0
JANET OBERTO DELEGATE AT LARGE	0 50	X						0	0	0
SHEILA WEINSTOCK DELEGATE AT LARGE	0 50	X						0	0	0
RON FREIDMAN PAST PRESIDENT	0 50	X						0	0	0
ROBERT GREEN PAST PRESIDENT	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			
LEO F POWER JR PAST PRESIDENT	0 50	X					0	0	0	
R GARY PINA PAST PRESIDENT	0 50	X					0	0	0	
BRENDA SHARTON LEGAL COUNCIL	1 00	X					0	0	0	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization USTA NEW ENGLAND INC

Employer identification number 04-6006570

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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, 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.

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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
c Temporarily restricted endowment
The percentages on 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:

Table with 2 columns: Yes, No. Rows include 3a(i) unrelated organizations, 3a(ii) related organizations, and 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,363,978
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-92,768	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	275,000	
e	Add lines 2a through 2d			2e 182,232
3	Subtract line 2e from line 1			3 3,181,746
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 3,181,746

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,482,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	275,000	
e	Add lines 2a through 2d			2e 275,000
3	Subtract line 2e from line 1			3 3,207,805
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 3,207,805

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 X, LINE 2	THERE ARE NO TAX POSITIONS THAT NEED TO BE DISCLOSED UNDER FIN 48
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 275,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 275,000

Schedule I (Form 990)

OMB No 1545-0047

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

2015

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

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization USTA NEW ENGLAND INC

Employer identification number

04-6006570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH GRANTS FOR TENNIS (1) OPERATIONS	23	43,502			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

Software ID:
Software Version:
EIN: 04-6006570
Name: USTA NEW ENGLAND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACES AND ACADEMICS OF NEW HAVEN PO BOX 9506 NEW HAVEN, CT 06534			2,750				CASH GRANTS FOR TENNIS OPERATIONS
AMERICAN RED CROSS 2 MAITLAND ST CONCORD, NH 03301			1,000				CASH GRANTS FOR TENNIS OPERATIONS
BABSON COLLEGE NICHOLS HALL BABSON PARK, MA 02457			600				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF BEDFORD 24 N AMHERST RD BEDFORD, NH 03110			275				CASH GRANTS FOR TENNIS OPERATIONS
BOOTHBAY REGIONAL YMCA 261 TOWNSEND AVE BOOTHBAY HARBOR, ME 04538			800				CASH GRANTS FOR TENNIS OPERATIONS
BOSTON LOBSTERS 1776 BROADWAY NEW YORK, NY 10019			10,000				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON PRO TENNIS LEAGUE 51 MELCHER ST 1ST FL BOSTON, MA 02210			3,000				CASH GRANTS FOR TENNIS OPERATIONS
BOYS AND GIRLS CLUB OF RUTLAND COUNTY PO BOX 636 RUTLAND, VT 05701			1,250				CASH GRANTS FOR TENNIS OPERATIONS
BRATTLEBORO OUTING CLUB PO BOX 335 BRATTLEBORO, VT 05302			1,000				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BRISTOL PARK&REC DEPT 111 NORTH MAIN 2ND FLCITY HA BRISTOL,CT 06010			3,000				CASH GRANTS FOR TENNIS OPERATIONS
CARDINAL SHEHAN CENTER 1494 MAIN ST BRIDGEPORT,CT 06604			3,000				CASH GRANTS FOR TENNIS OPERATIONS
CATCO 2433 MAIN ST 2 ROCKY HILL,CT 06067			1,000				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CENTRAL FALL 580 BROAD ST CENTRAL FALLS, RI 02863			2,500				CASH GRANTS FOR TENNIS OPERATIONS
CENTRAL LINCOLN COUNTY YMCA 525 MAIN ST DAMARISCOTTA, ME 04543			1,000				CASH GRANTS FOR TENNIS OPERATIONS
CENTROS LAS AMERICAS 11 SYCAMORE ST WORCESTER, MA 01608			1,500				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES FOR SUCCESS 100 EAST AVE NORWALK, CT 06851			1,000				CASH GRANTS FOR TENNIS OPERATIONS
CHRISTIAN CAMP MEETING ASSOC 39 PROSPECT AVE CENTERVILLE, MA 02632			100				CASH GRANTS FOR TENNIS OPERATIONS
COLE TENNIS 135 BRISAS CIRCLE E GREENWICH, RI 02818			300				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNWALL COMMUNITY TENNIS PO BOX 134 CORNWALL BRIDGE, CT 06754			1,000				CASH GRANTS FOR TENNIS OPERATIONS
DANBURY GRASS ROOTS TENNIS PO BOX 2912 DANBURY, CT 06813			1,500				CASH GRANTS FOR TENNIS OPERATIONS
EAST LONGMEADOW TENNIS ASSOC 201 PARK AVE SUITE 2 WEST SPRINGFIELD, MA 01089			6,000				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERYONE'S A PLAYER PO BOX 172 NORTH ANDOVER, MA 01845			1,000				CASH GRANTS FOR TENNIS OPERATIONS
FAIRHAVEN TENNIS ASSOCIATION 22 WAMPANOAG DRIVE FAIRHAVEN, MA 02719			1,550				CASH GRANTS FOR TENNIS OPERATIONS
FALL RIVER TENNIS & EDUCATION FOUNDATIO 209 BEDFORD ST-SUITE 402 FALL RIVER, MA 02720			800				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARMINGTON VALLEY RACQUET CLUB 241 HOPEMEADOW ST SIMSBURY, CT 06089			2,000				CASH GRANTS FOR TENNIS OPERATIONS
FRIENDS FOR WATERBURY AREA RECREATION 6 UNION ST WATERBURY, VT 05676			1,700				CASH GRANTS FOR TENNIS OPERATIONS
FRIENDS OF ELLINGTON TENNIS 10 RIDGE DRIVE ELLINGTON, CT 06029			940				CASH GRANTS FOR TENNIS OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NEW LIFE 89 FERNBACK RD SPRINGFIELD, MA 01129			1,250				CASH GRANTS FOR TENNIS OPERATIONS
HALL NEIGHBORHOOD HOUSE 52 GEORGE E PIPKINS WAY BRIDGEPORT, CT 06608			1,000				CASH GRANTS FOR TENNIS OPERATIONS
HOLYOKE CENTER SCHOOL 1913 NORTHAMPTON ST HOLYOKE, MA 01040			1,200				CASH GRANTS FOR TENNIS OPERATIONS

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TOWN OF KENNEBUNKPORT PO BOX 566 KENNEBUNKPORT, ME 04046			100				CASH GRANTS FOR TENNIS OPERATIONS
KING STREET CENTER PO BOX 1615 BURLINGTON, VT 05402			5,000				CASH GRANTS FOR TENNIS OPERATIONS
LAKES REGION TENNIS ASSOC PO BOX 369 506 PROVINCE RD GILMANTON, NH 03237			3,500				CASH GRANTS FOR TENNIS OPERATIONS

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CITY OF LEWISTON 27 PINE ST LEWISTON, ME 04240			156				CASH GRANTS FOR TENNIS OPERATIONS
TOWN OF LUDLOW 500 CHAPIN ST LUDLOW, MA 01056			500				CASH GRANTS FOR TENNIS OPERATIONS
MAINE TENNIS ASSOCIATION 14 MACDONALD LANE BUXTON, ME 04093			12,637				CASH GRANTS FOR TENNIS OPERATIONS

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MARSHFIELD TENNIS CLUB 74 SHAWMUT AVE MARSHFIELD, MA 02050			2,000				CASH GRANTS FOR TENNIS OPERATIONS
MCGIVNEY COMMUNITY CENTER 338 STILLMAN ST BRIDGEPORT, CT 06610			1,500				CASH GRANTS FOR TENNIS OPERATIONS
MIDDLEBURY TENNIS ASSOCIATION 110 TURNPIKE RD WESTBOROUGH, MA 01581			250				CASH GRANTS FOR TENNIS OPERATIONS

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NEW BRITAIN PARKS & RECS 27 WEST MAIN ST NEW BRITAIN, CT 06051			2,000				CASH GRANTS FOR TENNIS OPERATIONS
NEW ENGLAND SENIOR TENNIS FOUNDATION 209 BEDFORD ST SUITE 302 FALL RIVER, MA 02722			750				CASH GRANTS FOR TENNIS OPERATIONS
NEW ENGLAND TENNIS ASSOCIATION 11 RESERVATION RD EASTHAMPTON, MA 01027			5,200				CASH GRANTS FOR TENNIS OPERATIONS

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NEW ENGLAND WHEELCHAIR SPORTS 20 HAVEN ST DOVER, MA 02030			2,000				CASH GRANTS FOR TENNIS OPERATIONS
NEW HAVEN YOUTH TENIS AND EDUCATION 80 SEAVIEW TERRACE 37 GUILFORD, CT 06437			2,500				CASH GRANTS FOR TENNIS OPERATIONS
NEW LONDON REC DEPT 120 BROAD ST NEW LONDON, CT 06320			2,000				CASH GRANTS FOR TENNIS OPERATIONS

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NILLS NATION TENNIS 270 BENHAM ST HAMDEN,CT 06514			500				CASH GRANTS FOR TENNIS OPERATIONS
NORTHEASTERN UNIVERSITY 219 CABOT360 HUNTINGTON AVE BOSTON,MA 02115			1,000				CASH GRANTS FOR TENNIS OPERATIONS
NORWALK GRASSROOTS TENNIS 394 WEST AVE NORWALK,CT 06850			2,500				CASH GRANTS FOR TENNIS OPERATIONS

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TOWN OF PEMBROKE 311 PEMBROKE ST PEMBROKE, NH 03275			76				CASH GRANTS FOR TENNIS OPERATIONS
PITTSFIELD CTA 47 RICHARD DRIVE DALTON, MA 01226			1,200				CASH GRANTS FOR TENNIS OPERATIONS
PTR PO BOX 4739 HILTON HEAD, SC 29938			1,800				CASH GRANTS FOR TENNIS OPERATIONS

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SHILOH DEVELOPMENT CORP 3 GARVIN ST NEW LONDON, CT 06320			2,000				CASH GRANTS FOR TENNIS OPERATIONS
SPORTSMANS TENNIS & ENRICHMENT CENTER 950 BLUE HILL AVE DORCHESTER, MA 02124			21,056				CASH GRANTS FOR TENNIS OPERATIONS
SPOT TENNIS 20 MERIDIAN RD NORWALK, CT 06853			800				CASH GRANTS FOR TENNIS OPERATIONS

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SPRINGFIELD NJTL 89 FERNBANK RD SPRINGFIELD, MA 01129			1,500				CASH GRANTS FOR TENNIS OPERATIONS
ST AEDANSST BRENDANS 351 MCKINLEY AVE NEW HAVEN, CT 06515			1,250				CASH GRANTS FOR TENNIS OPERATIONS
STAMFORD YOUTH TENNIS ACADEMY INC 37 ETHAN ALLEN LANE STAMFORD, CT 06930			3,000				CASH GRANTS FOR TENNIS OPERATIONS

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TENACITY 38 EVERETT ST BOSTON, MA 01234			12,680				CASH GRANTS FOR TENNIS OPERATIONS
TENNIS4ALLINC 48 RUTLAND SQUARE BOSTON, MA 02118			4,000				CASH GRANTS FOR TENNIS OPERATIONS
TRUMBULL RACQUET CLUB 35 LINDEMAN DRIVE TRUMBULL, CT 06611			488				CASH GRANTS FOR TENNIS OPERATIONS

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USTA FOUNDATION RED OAK DRIVE WHITE PLAINS, NY 10606			1,000				CASH GRANTS FOR TENNIS OPERATIONS
THE URBAN LEAGUE OF SPRINGFIELD 1 FEDERAL ST -BLDG 111-3 SPRINGFIELD, MA 01105			3,500				CASH GRANTS FOR TENNIS OPERATIONS
USA TENNIS VERMONT 78 STONINGTON CIRCLE S BURLINGTON, VT 05403			11,428				CASH GRANTS FOR TENNIS OPERATIONS

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USPTA NEW ENGLAND PO BOX 126 WEST KINGSTON,RI 02892			1,000				CASH GRANTS FOR TENNIS OPERATIONS
USTA CONNECTICUT 110 TURNPIKE RD WESTBOROUGH,MA 01581			35,375				CASH GRANTS FOR TENNIS OPERATIONS
USTA EMASS 110 TURNPIKE RD WESTBOROUGH,MA 01581			32,836				CASH GRANTS FOR TENNIS OPERATIONS

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USTA MID ATLANTIC SECTION 11410 ISAAC NEWTON SQUARE N RESTIN, VA 20190			1,000				CASH GRANTS FOR TENNIS OPERATIONS
USTA NEW HAMPSHIRE 110 TURNPIKE RD WESTBOROUGH, MA 01581			13,396				CASH GRANTS FOR TENNIS OPERATIONS
USTA RHODE ISLAND PO BOX 462 GREENVILLE, RI 02828			11,044				CASH GRANTS FOR TENNIS OPERATIONS

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USTA WESTERN MA 11 KENNEDY DRIVE HADLEY, MA 01035			12,930				CASH GRANTS FOR TENNIS OPERATIONS
WATERBURYCT PUBLIC SCHOOLS 236 GRAND ST SUITE 163 WATERBURY, CT 06702			2,500				CASH GRANTS FOR TENNIS OPERATIONS
WELLINGTON ACADEMY OF TENNIS 340 BELLEVUE RD NEW HAVEN, CT 06511			1,308				CASH GRANTS FOR TENNIS OPERATIONS

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TOWN OF WETHERSFIELD 505 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109			3,000				CASH GRANTS FOR TENNIS OPERATIONS
WHEELCHAIR SPORTS FEDERATION 6454 82ND ST SUITE 2 MIDDLE VILLAGE, NY 11379			1,000				CASH GRANTS FOR TENNIS OPERATIONS
YALE UNIVERSITY PO BOX 208216 NEW HAVEN, CT 06520			400				CASH GRANTS FOR TENNIS OPERATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
USTA NEW ENGLAND INC

Employer identification number

04-6006570

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EVERY ORGANIZATION THAT JOINS USTA NEW ENGLAND INC BECOMES A VOTING MEMBER FOR THAT YEAR
FORM 990, PART VI, SECTION A, LINE 7A	EVERY MEMBER IS ALLOWED TO VOTE FOR THE MEMBERS OF THE BOARD OF DIRECTORS A SLATE OF THE BOARD IS MAILED TO THE MEMBERS WITH THE DATE, TIME AND LOCATION OF THE ELECTION
FORM 990, PART VI, SECTION A, LINE 7B	ALL MEMBERS ARE INVITED TO ATTEND THE ANNUAL MEETING AND VOTE ON ITEMS THAT REQUIRE ACTION BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS AVAILABLE FOR THE BOARD TO REVIEW BEFORE SIGNING AND WAS REVIEWED BY THE TREASURER BEFORE SIGNING
FORM 990, PART VI, SECTION B, LINE 12C	THE PRESIDENT EXAMINES THE CONFLICT OF INTEREST DISCLOSURES PREPARED BY BOARD MEMBERS ON AN ANNUAL BASIS THE PRESIDENT ALSO REMINDS THE BOARD MEMBERS AT THE BEGINNING OF EACH BOARD MEETING TO REPORT ANY CHANGES IN THEIR SITUATION
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS MEETS ONCE A YEAR TO REVIEW AND DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR THE ORGANIZATION ALSO CONTRACTED WITH AN OUTSIDE COMPANY DURING THE YEAR TO REVIEW THE SALARIES PAID TO THE EXECUTIVE DIRECTOR
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 24E	COMMUNITY TENNIS EXPENSES PROGRAM SERVICE EXPENSES 80,192 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 80,192 USTA SCHOOL TENNIS PROGRAM SERVICE EXPENSES 55,454 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,454 PUBLICATIONS PROGRAM SERVICE EXPENSES 44,252 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 44,252 MEMBERSHIP PROMOTION PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 40,277 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,277 USTA TEAM TENNIS PROGRAM SERVICE EXPENSES 38,759 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 38,759 SUPPLIES PROGRAM SERVICE EXPENSES 32,565 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 32,565 TENNIS HALL OF FAME EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 29,531 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 29,531 ADULT TENNIS COMPETITION EXPENSES PROGRAM SERVICE EXPENSES 14,851 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,851 TELEPHONE PROGRAM SERVICE EXPENSES 14,250 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,250 MISCELLANEOUS EXPENSES PROGRAM SERVICE EXPENSES 8,123 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,123 MEMBERSHIP BOOTH PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 6,377 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,377 VEHICLE EXPENSES PROGRAM SERVICE EXPENSES 2,123 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,123 EQUIPMENT RENTAL PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,957 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,957
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE REVIEWS WITH THE INDEPENDENT AUDITORS THE RESULTS OF THE AUDIT