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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](http://www.irs.gov/form990)

**2016****Open to Public Inspection****A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

<b>C Name of organization</b> ATP Tour Inc		<b>D Employer identification number</b> 95-2833251
Doing business as		<b>E Telephone number</b> (904) 285-8000
Number and street (or P O box if mail is not delivered to street address) 201 ATP Tour Blvd		<b>F Gross receipts \$ 126,662,781</b>
City or town, state or province, country, and ZIP or foreign postal code Ponte Vedra Beach, FL 32082		
<b>F Name and address of principal officer</b> Philip B Galloway 201 ATP Tour Blvd Ponte Vedra Beach, FL 32082		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**I Tax-exempt status**  501(c)(3)  501(c) ( 6 ) ► (insert no)  4947(a)(1) or  527**J Website:** ► [www.ATPWorldTour.com](http://www.ATPWorldTour.com)**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ►**K Form of organization**  Corporation  Trust  Association  Other ►**L Year of formation** 1973**M State of legal domicile** FL**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities ATP activities for the year include providing services and benefits for its members, promoting and growing the sport of tennis and administrating a circuit of professional tennis events	
<b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 4
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .	<b>5</b> 63
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 303,166
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> -312,576

<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 0 0
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<b>Current Year</b> 107,187,219 124,662,391
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	642,445 852,897
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	1,815,972 1,121,696
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	109,645,636 126,636,984

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	217,236 353,129
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,369,429 1,757,016
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	12,680,366 13,415,916
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0 0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► 0 . . . . .	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	78,368,942 97,797,015
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	92,635,973 113,323,076
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	17,009,663 13,313,908

<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b> 181,149,950	<b>End of Year</b> 200,253,051
<b>21</b> Total liabilities (Part X, line 26) . . . . .	34,651,401	40,617,396
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	146,498,549	159,635,655

**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  
Philip B Galloway COO & CFO  
Type or print name and title

2017-11-15

**Paid Preparer Use Only**

Print/Type preparer's name Rachel Spurlock	Preparer's signature Rachel Spurlock	Date	Check <input type="checkbox"/> if self-employed	PTIN P00520729
Firm's name ► CROWE HORWATH LLP		Firm's EIN ► 35-0921680		
Firm's address ► 750 N St Paul Suite 850 Dallas, TX 75201		Phone no (214) 777-5200		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

**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

None

**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

<b>4a</b>	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
See Additional Data				
<b>4b</b>	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
See Additional Data				
<b>4c</b>	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
See Additional Data				
<b>4d</b>	Other program services (Describe in Schedule O ) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4e</b>	<b>Total program service expenses ►</b>	0		

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
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 <i>Schedule C, Part I</i>	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i>	4	
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 <i>Schedule C, Part III</i>	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 <i>Schedule D, Part I</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 <i>Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i>	8	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? If "Yes," complete <i>Schedule D, Part IV</i>	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 <i>Schedule D, Part V</i>	10	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? If "Yes," complete <i>Schedule D, Part VI</i>	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 <i>Schedule D, Part VII</i>	11b	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? If "Yes," complete <i>Schedule D, Part VIII</i>	11c	Yes
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 <i>Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i>	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 <i>Schedule D, Part XI</i>	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i>	12a	No
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	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
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 <i>Schedule F, Parts I and IV</i>	14b	Yes
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 <i>Schedule F, Parts II and IV</i>	15	Yes
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 <i>Schedule F, Parts III and IV</i>	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 <i>Schedule G, Part I</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 <i>Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i>	19	No

**Part IV Checklist of Required Schedules (continued)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**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 . . . . .  
**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 . . . . .  
**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 . . . . .  
**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 . . . . .  
**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  
**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  
**25a** **Section 501(c)(3), 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 . . . . .  
**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 . . . . .  
**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 . . . . .  
**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 . . . . .  
**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 . . . . .  
**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
**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 . . . . .  
**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  
**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  
**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  
**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  
**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 . . . . .  
**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 . . . . .  
**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
**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 . . . . .  
**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  
**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  
**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 . . . . .

	Yes	No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	
<b>22</b>		No
<b>23</b>	Yes	
<b>24a</b>		No
<b>24b</b>		
<b>24c</b>		
<b>24d</b>		
<b>25a</b>		
<b>25b</b>		
<b>26</b>		No
<b>27</b>		No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>	Yes	
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>	Yes	
<b>35b</b>	Yes	
<b>36</b>		
<b>37</b>		No
<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	311	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	63	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ►AS , MN , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12a</b>		
<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	7	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	4	
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>	No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No	
<b>9</b> 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			

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?	<b>15a</b>	Yes
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>16a</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>16b</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
<b>b</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?		

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed►	
<b>18</b> 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)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ►Philip B Galloway 201 ATP Tour Blvd Ponte Vedra Beach, FL 32082 (904) 285-8000	

**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	Institutional Trustee	Officer	Key Employee	Employee			
(1) CHRIS KERMODE CHAIRMAN/PRESIDENT	50 0 .....	X		X			1,335,277	0	5,619
(2) JUSTIN GIMELSTOB DIRECTOR	30 0 .....	X					177,609	0	0
(3) GAVIN FORBES DIRECTOR	20 0 .....	X					90,886	0	0
(4) DAVID EGDES DIRECTOR	20 0 .....	X					90,886	0	0
(5) GIORGIO DI PALERMO DIRECTOR	20 0 .....	X					90,013	0	0
(6) CHARLES SMITH DIRECTOR	10 0 .....	X					92,602	0	0
(7) MARK WEBSTER DIRECTOR	11 0 .....	X					90,734	0	0
(8) PHILIP GALLOWAY COO & CFO	50 0 .....			X			609,298	0	40,593
(9) MARK YOUNG VICE CHAIR CMO&CLO	50 0 .....			X			734,571	0	51,737
(10) JEFF REEL VP AND GENERAL COUNSEL	50 0 .....			X			225,011	0	30,371
(11) ALISON LEE EVP INTERNATIONAL GROUP	50 0 .....			X			232,167	0	24,446
(12) DAVID MASSEY EVP TOUR - EUROPE	50 0 .....			X			0	257,053	55,896
(13) MURRAY SWARTZBERG SVP IT/DIGITAL MEDIA SYST	50 0 .....				X		308,164	0	33,246
(14) ERIC STARELLI VP SALES & SPON MNGMT	50 0 .....				X		223,152	0	16,455
(15) ROSS HUTCHINS CHIEF PLAYER OFFICER	50 0 .....					X	311,506	0	14,083
(16) GAYLE BRADSHAW EVP RULES & REGULATIONS	50 0 .....					X	241,353	0	24,498
(17) LINDA CLARK VP TOUR - AMERICAS	50 0 .....					X	182,959	0	14,619

<b>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)</b>								
<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)				<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Director	Officer	Key employee			
(18) NICOLA ARZANI SVP PR & MARKETING	..... 50 0				X	0	227,677	46,961
(19) GEORGE CIZ SVP MARK & BUS DEVELOPMENT	..... 50 0				X	0	228,685	47,130
<b>1b Sub-Total</b>								
<b>c Total from continuation sheets to Part VII, Section A</b>								
<b>d Total (add lines 1b and 1c)</b>						5,036,188	713,415	405,654

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 ► 35

	<b>Yes</b>	<b>No</b>
3 Did the organization list any <b>former</b> 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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
INTERNATIONAL TENNIS FEDERATION BANK LANE ROEHAMPTON SW15XZ UK	ANTIDOPING/INTEGRITY	1,547,357
CLEAN CUT MEDIA LTD 14A BROADWICK STREET LONDON W1F8HP UK	TV/PRODUCTION SERVICES	1,091,005
CHARLES RUSSELL SPEECHLAYS LLP	INDEPENDENT REVIEW PANEL	946,240
5 FLEET PLACE LONDON EC4M7RD UK	PROGRAMMING	686,655
INFOSYS LTD ELECTRONICS CITY HOSUR RD BANGALORE 560100 KARNATAKA IN	TV/PRODUCTION SERVICES	676,266
WITHOUT LIMITS PRODUCTION LLC 319 S MEDIO DR LOS ANGELES, LA 90049	INDEPENDENT REVIEW PANEL	946,240
<b>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 ► 15</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
		0	0	0	0
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				
g Noncash contributions included in lines 1a-1f \$ . . .					
<b>h Total.</b> Add lines 1a-1f . . . ►		0			
Program Service Revenue		Business Code			
2a Member Services and Benefits . . .		711300	79,694,906	79,653,130	41,776
b Membership Dues and Fees . . .		711300	17,599,214	17,599,214	
c Professional Tournament Revenues . . .		711300	19,250,127	19,250,127	
d Player Benefit Plans . . .		711300	3,962,519	3,962,519	
e Challenger Circuit Fees . . .		711300	1,528,571	1,528,571	
f All other program service revenue . . .			2,627,054	2,627,054	0
<b>g Total.</b> Add lines 2a-2f . . . ►			124,662,391		
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ►			852,897		852,897
4 Income from investment of tax-exempt bond proceeds . . . ►					
<b>5 Royalties . . . . .</b> ►		1,025,999		261,390	764,609
<b>6a Gross rents</b>	(i) Real	(ii) Personal			
b Less rental expenses . . .	103,190				
c Rental income or (loss) . . .	25,797				
d Net rental income or (loss) . . . ►	77,393	0	77,393		77,393
<b>7a Gross amount from sales of assets other than inventory</b>	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses . . .					
c Gain or (loss) . . .	0	0			
d Net gain or (loss) . . . ►					
<b>8a Gross income from fundraising events (not including \$ . . . of contributions reported on line 1c) See Part IV, line 18 . . .</b> a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . . ►					
<b>9a Gross income from gaming activities See Part IV, line 19 . . .</b> a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . . ►					
<b>10a Gross sales of inventory, less returns and allowances . . .</b> a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ►					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a Miscellaneous Revenue</b>	900099		18,304	18,304	
b . . .					
c . . .					
d All other revenue . . . .			0	0	0
<b>e Total.</b> Add lines 11a-11d . . . . ►			18,304		
<b>12 Total revenue.</b> See Instructions . . . . ►			126,636,984	124,638,919	303,166
					1,694,899

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	214,924			
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, line 15 and 16	138,205			
4 Benefits paid to or for members	1,757,016			
5 Compensation of current officers, directors, trustees, and key employees	4,588,817			
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	7,113,909			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	380,281			
9 Other employee benefits	929,544			
10 Payroll taxes	403,365			
11 Fees for services (non-employees)				
a Management				
b Legal	819,754			
c Accounting	112,701			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	44,358			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,315,875	0	0	0
12 Advertising and promotion	6,873,124			
13 Office expenses	898,315			
14 Information technology	2,133,210			
15 Royalties				
16 Occupancy	221,103			
17 Travel	4,271,570			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	559,562			
20 Interest				
21 Payments to affiliates	3,035,279			
22 Depreciation, depletion, and amortization	167,360			
23 Insurance	789,609			
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 Tournament Member Payments	42,800,722			
b Player Member Payments	14,708,989			
c Television Production Costs	7,034,365			
d Challenger Payments	3,975,769			
e All other expenses	3,035,350	0	0	0
<b>25 Total functional expenses.</b> Add lines 1 through 24e	113,323,076	0	0	0
<b>26 Joint costs.</b> 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 IX 

		(A) Beginning of year		(B) End of year	
	<b>1</b> Cash—non-interest-bearing		<b>1</b>		
	<b>2</b> Savings and temporary cash investments	21,273,643	<b>2</b>	27,756,543	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>		
	<b>4</b> Accounts receivable, net	10,944,157	<b>4</b>	9,872,337	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	0	
	<b>6</b> 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		<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net		<b>7</b>		
	<b>8</b> Inventories for sale or use		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges	774,265	<b>9</b>	836,304	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,026,698		
	<b>b</b> Less accumulated depreciation	10b	2,830,008	1,093,116	
			<b>10c</b>	1,196,690	
	<b>11</b> Investments—publicly traded securities		26,810,119	<b>11</b>	27,289,957
	<b>12</b> Investments—other securities See Part IV, line 11		272,328	<b>12</b>	268,284
	<b>13</b> Investments—program-related See Part IV, line 11		119,187,754	<b>13</b>	132,201,475
	<b>14</b> Intangible assets			<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		794,568	<b>15</b>	831,461
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		181,149,950	<b>16</b>	200,253,051
	<b>17</b> Accounts payable and accrued expenses		22,550,550	<b>17</b>	26,104,286
	<b>18</b> Grants payable			<b>18</b>	
	<b>19</b> Deferred revenue		5,246,193	<b>19</b>	7,938,665
	<b>20</b> Tax-exempt bond liabilities			<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b> 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			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			<b>24</b>	
	<b>25</b> 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		6,854,658	<b>25</b>	6,574,445
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25		34,651,401	<b>26</b>	40,617,396
	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets		28,205,746	<b>27</b>	30,000,000
	<b>28</b> Temporarily restricted net assets			<b>28</b>	
	<b>29</b> Permanently restricted net assets		118,292,803	<b>29</b>	129,635,655
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b> Total net assets or fund balances		146,498,549	<b>33</b>	159,635,655
	<b>34</b> Total liabilities and net assets/fund balances		181,149,950	<b>34</b>	200,253,051

**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	126,636,984
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	113,323,076
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	13,313,908
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	146,498,549
5	Net unrealized gains (losses) on investments . . . . .	5	-176,802
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	159,635,655

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

Separate basis  Consolidated basis  Both consolidated and separate basis

2c 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

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?

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:** 16000421

**Software Version:** 2016v3.0

**EIN:** 95-2833251

**Name:** ATP Tour Inc

Form 990 (2016)

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### Form 990, Part III, Line 4a:

ATP continued to deliver value to its members through sponsorship, TV, prize money, and pension benefits. ATP renewed many commercial sponsorship agreements. On-site prize money on the ATP World Tour continued to increase, reaching a record US\$ 108 million, with a player bonus pool of US\$ 9,000,000. Meanwhile the player pension plan continued to grow, reaching US\$ 120 million in total value. On the ATP Challenger Tour, prize money reached US\$ 10.3 million.

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## **Form 990, Part III, Line 4b:**

The ATP's marketing and promotional efforts continued to grow men's professional tennis in 2016. More than 4.3 million fans attended ATP World Tour events on-site in 2016, while 938 million viewers tuned into ATP World Tour tournament broadcasts across the season, more than double the audience from 2008 when a number of structural changes were made to the Tour. The ATP's weekly magazine TV show - ATP World Tour Uncovered - attracted more than 60 million viewers throughout the season, meaning more than 1 billion fans tuned into ATP tennis across the year. TV viewership at the season-ending Barclays ATP World Tour Finals broke the 100 million mark for the third consecutive year, while more than 250,000 fans came to watch the eight-day tournament in London, meaning the tournament has welcomed more than 2 million fans to The O2 since it moved to London in 2009. The Tour's official website, ATPWorldTour.com, attracted 131 million visits, with total website page impressions reaching 503 million. The ATP, its players & tournaments, generated a social media following of more than 121 million people.

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## **Form 990, Part III, Line 4c:**

The ATP successfully governed the men's professional tennis circuits - the ATP World Tour, the ATP Challenger Tour, and the ATP Champions Tour. The ATP World Tour featured 62 tournaments in 32 countries. The ATP announced a new tournament, the Next Gen ATP Finals, set to take place in Milan in November 2017. The tournament will serve as a platform to promote the next generation of players, while at the same time providing an opportunity to trial with rule changes and innovation in the game. The ATP Challenger Tour featured 166 tournaments in 41 countries.

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2016

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

► 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](http://www.irs.gov/form990).

Name of the organization ATP Tour Inc	Employer identification number 95-2833251
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**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.

	(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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
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		<b>Held at the End of the Year</b>
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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" on 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 on 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 on 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" 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

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

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on 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 . . . . .		443,945		443,945
b Buildings		1,764,208	1,345,491	418,717
c Leasehold improvements		259,840	240,992	18,848
d Equipment . . . . .		1,424,451	1,128,348	296,103
e Other . . . . .		134,254	115,177	19,077
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				1,196,690

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on 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
(1) Pension Investment-Equities	12,592,918	F
(2) Pension Investment-Fixed Income	7,758,447	F
(3) Pension Investment-Short-term investments	10,602,980	F
(4) Investment in partnership	789,856	F
(5) PENSION LOANS RECEIVABLE	99,593,189	F
(6) PENSION INVESTMENT-INSURANCE CONTRACTS	864,085	F
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	132,201,475	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Player Deferred Comp Plan	5,508,011
Executive Deferred Comp Plan	789,926
Due to ATP Tennis LTD	79,676
Due to ATP Tour Sam	98,522
Equity in Earnings-ATP Tour Sam Sub	93,632
Other Liabilities	4,678
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	6,574,445

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' on Form 990, Part IV, line 12a.

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

**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	
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	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	

**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
See Additional Data Table	

## **Part XIII      Supplemental Information (*continued*)**

Return Reference	Explanation

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 95-2833251  
**Name:** ATP Tour Inc

### Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	ATP is exempt from income taxes on income from related activities under Section 501(c)(6) of the U.S. Internal Revenue Code and corresponding state tax law. Certain of its activities are subject to tax on net unrelated business income from those activities. Also, certain activities conducted outside the United States are subject to a corporate income tax as assessed by the respective governmental authorities. ATP's subsidiary is a taxable entity. ATP is not considered to be a private foundation under Section 509(a) of the Internal Revenue Code. ATP has adopted applicable guidance with respect to accounting for uncertainty in income taxes. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit will be recorded. ATP is no longer subject to examination by taxing authorities for years before 2012. ATP does not expect the total amount of unrecorded tax benefits to significantly change in the next 12 months. ATP recognizes interest and/or penalties related to income tax matters in income tax expense. ATP did not have any amounts accrued for interest and penalties at December 31, 2016 and 2015.

SCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
ATP Tour Inc

Employer identification number

95-2833251

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. Yes  No

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total	3	225			50,090,385
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	3	225			50,090,385

<b>Part II Grants and Other Assistance to Organizations or Entities Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .								10
(6)									
(7)	Enter total number of other organizations or entities . . . . .								0
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1)							
( 2)							
( 3)							
( 4)							
( 5)							
( 6)							
( 7)							
( 8)							
( 9)							
( 10)							
( 11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							
( 17)							
( 18)							

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**Part V****Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	Contributions are made only to qualified charities

## Return Reference

Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS

Contributions are made only to qualified charities

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 95-2833251  
**Name:** ATP Tour Inc

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	REGIONAL CIRCUIT ADMIN	30,235
East Asia and the Pacific	1	41	Program Services	REGIONAL CIRCUIT ADMIN	6,387,307
Europe (Including Iceland and Greenland)	2	143	Program Services	REGIONAL CIRCUIT ADMIN	35,384,736

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	12	Program Services	REGIONAL CIRCUIT ADMIN	1,825,970
North America (Canada & Mexico only)	0	6	Program Services	REGIONAL CIRCUIT ADMIN	1,988,539
Russia and Neighboring States	0	2	Program Services	REGIONAL CIRCUIT ADMIN	547,931

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	18	Program Services	REGIONAL CIRCUIT ADMIN	2,550,301
South Asia	0	3	Program Services	REGIONAL CIRCUIT ADMIN	1,019,457
Europe (Including Iceland and Greenland)	0	0	Grantmaking		47,005

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Grantmaking		15,000
Europe (Including Iceland and Greenland)	0	0	Investments		215,734
East Asia and the Pacific	0	0	Grantmaking		30,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Grantmaking		15,000
Sub-Saharan Africa	0	0	Program Services	REGIONAL CIRCUIT ADMIN	1,970
South America	0	0	Grantmaking		15,000

# Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		16,200

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	7,229	WIRE TRANSFER			
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	13,576	WIRE TRANSFER			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	10,000	WIRE TRANSFER			
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	16,200	WIRE TRANSFER			

# Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	GENERAL SUPPORT	15,000	WIRE TRANSFER			
		East Asia and the Pacific	GENERAL SUPPORT	15,000	WIRE TRANSFER			

# Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	15,000	WIRE TRANSFER			
		Sub-Saharan Africa	GENERAL SUPPORT	16,200	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	GENERAL SUPPORT	15,000	WIRE TRANSFER			
		South Asia	GENERAL SUPPORT	15,000	WIRE TRANSFER			

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service

OMB No 1545-0047

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public  
Inspection**Name of the organization  
ATP Tour Inc**Employer identification number**

95-2833251

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**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

(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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	ATP Tour, Inc makes contributions to qualified charities nominated by players and tournaments. Number of charities and amounts are approved by charity committee on an annual basis after going through the application process. All other contributions to qualified charities must be approved by a management committee member

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 95-2833251  
**Name:** ATP Tour 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
CHARITIES AID FOUNDATION AMERICA 1800 DIAGONAL ROAD SUITE 150 ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	10,000				OPERATION SUPPORT
THE UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	31-0896555	501(C)(3)	15,000				OPERATION SUPPORT

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
ACEING AUTISM INC 9064 NEMO ST LOS ANGELES, CA 90069	26-2688140	501(C)(3)	15,000			OPERATION SUPPORT	
ATP TOUR CHARITIES INC 201 ATP TOUR BLVD PONTE VEDRA BEACH, FL 32082	59-3046932	501(c)(3)	64,305			OPERATION SUPPORT	

2015

Open to Public  
Inspection**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" on 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](http://www.irs.gov/form990).Name of the organization  
ATP Tour Inc

Employer identification number

95-2833251

**Part I Questions Regarding Compensation**

	Yes	No
1a		
b	1b Yes	
2	2 Yes	
3		
4		
a	4a	No
b	4b	No
c	4c	No
5		
a	5a	
b	5b	
6		
a	6a	
b	6b	
7		
8		
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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

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?

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 on 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?  
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
 c Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?  
 b Any related organization?  
 If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on 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?  
 b Any related organization?  
 If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**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 on 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.

<b>(A)</b> Name and Title	<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred benefits	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
	<b>(i)</b> Base compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
See Additional Data Table							

**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.

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a Provided benefits	BENEFITS CHECKED IN QUESTION 1a APPLY TO SOME OR ALL THE KEY EXECUTIVES LISTED IN PART II OF SCHEDULE J. BENEFITS ARE REPORTED AS TAXABLE IN ACCORDANCE WITH APPLICABLE COUNTRY TAX REGULATIONS

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 95-2833251  
**Name:** ATP Tour Inc

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
		(i)	(ii)	(iii)				
1 CHRIS KERMODE CHAIRMAN/PRESIDENT		935,212	187,043	213,022	0	5,619	1,340,896	0
	(i)	935,212	187,043	213,022	0	5,619	1,340,896	0
	(ii)	0	0	0	0	0	0	0
1 JUSTIN GIMELSTOB DIRECTOR		177,609	0	0	0	0	177,609	0
	(i)	177,609	0	0	0	0	177,609	0
	(ii)	0	0	0	0	0	0	0
2 PHILIP GALLOWAY COO & CFO		536,737	47,479	25,082	26,837	13,756	649,891	0
	(i)	536,737	47,479	25,082	26,837	13,756	649,891	0
	(ii)	0	0	0	0	0	0	0
3 MARK YOUNG VICE CHAIR CMO&CLO		653,858	59,506	21,207	31,741	19,996	786,308	0
	(i)	653,858	59,506	21,207	31,741	19,996	786,308	0
	(ii)	0	0	0	0	0	0	0
4 JEFF REEL VP AND GENERAL COUNSEL		207,502	12,725	4,784	10,375	19,996	255,382	0
	(i)	207,502	12,725	4,784	10,375	19,996	255,382	0
	(ii)	0	0	0	0	0	0	0
5 ALISON LEE EVP INTERNATIONAL GROUP		192,621	21,790	17,756	20,369	4,077	256,613	0
	(i)	192,621	21,790	17,756	20,369	4,077	256,613	0
	(ii)	0	0	0	0	0	0	0
6 DAVID MASSEY EVP TOUR - EUROPE		0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	164,931	25,780	66,342	51,297	4,599	312,949	0
7 MURRAY SWARTZBERG SVP IT/DIGITAL MEDIA SYST		270,890	26,528	10,746	13,250	19,996	341,410	0
	(i)	270,890	26,528	10,746	13,250	19,996	341,410	0
	(ii)	0	0	0	0	0	0	0
8 ERIC STARELLI VP SALES & SPON MNGMT		200,000	17,275	5,877	10,000	6,455	239,607	0
	(i)	200,000	17,275	5,877	10,000	6,455	239,607	0
	(ii)	0	0	0	0	0	0	0
9ROSS HUTCHINS CHIEF PLAYER OFFICER		243,968	31,174	36,364	12,198	1,885	325,589	0
	(i)	243,968	31,174	36,364	12,198	1,885	325,589	0
	(ii)	0	0	0	0	0	0	0
10 GAYLE BRADSHAW EVP RULES & REGULATIONS		214,832	23,165	3,356	10,742	13,756	265,851	0
	(i)	214,832	23,165	3,356	10,742	13,756	265,851	0
	(ii)	0	0	0	0	0	0	0
11 LINDA CLARK VP TOUR - AMERICAS		163,281	10,072	9,606	8,164	6,455	197,578	0
	(i)	163,281	10,072	9,606	8,164	6,455	197,578	0
	(ii)	0	0	0	0	0	0	0
12 NICOLA ARZANI SVP PR & MARKETING		0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	149,727	14,463	63,487	45,828	1,133	274,638	0
13 GEORGE CIZ SVP MARK & BUS DEVELOPMT		0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	162,616	15,237	50,832	45,997	1,133	275,815	0



**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) WITHOUT LIMITS LLC	DIRECTOR JUSTIN GIMELSTOB IS OWNER	675,876	TV SHOW PRODUCTION		No
(2) Ten events Asia Ltd	Director Charles Smith is co-owner	257,127	Tournament sponsorship rights fees		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

Department of the Treasury

Internal Revenue Service

Name of the organization

ATP Tour Inc

**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](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

95-2833251

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 1a Material differences in voting rights	Executive Chairman's vote is not counted in certain specific matters as indicated in the By-laws

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	DAVID EGDES AND JUSTIN GIMELSTOB - Business relationship

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	ATP Tour, Inc is a member organization consisting of both players and tournament owner members

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	ATP Tour, Inc is a member organization consisting of both players and tournament owner members. ATP board members are elected by the respective tournament owner members and by the player members through a player council that is elected by the player members.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	<p>The 990 return is sent via email to each member of the Board of Directors prior to filing. Management is responsible for preparing the Form 990 and an independent professional accounting firm reviews the return. A copy of the filed return is made available to each member.</p> <p>The CFO performs a complete review of Form 990 prior to filing.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Annual declarations for board members and management regarding conflicts of interest are required by policy. A board orientation process which includes a session on dealing with and disclosing conflicts of interest is required for all board members. If COI arise then the conflicted board member may excuse himself from discussions and voting on the conflicted item. COI are considered before any board's discussion or decision making.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD HAS A SOLE AUTHORITY TO HIRE AND APPROVE CHAIRMAN'S/PRESIDENT'S COMPENSATION AS PART OF THAT PROCESS A SEARCH FIRM IS USUALLY ENGAGED WHO PROVIDES INPUT INTO THE PACKAGE OF COMPENSATION OFFERED FURTHER RESEARCH IS DIRECTED BY THE BOARD ON COMPARABLE ROLES IN THE INDUSTRY BEFORE ANY COMPENSATION PACKAGE IS OFFERED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Board has established a Compensation Subcommittee that has advisory responsibility for compensation levels of top management. Management performs industry research both directly and through independent surveys to determine reasonableness of top management and other staff compensation.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	ATP Tour, Inc does not typically provide governing documents, conflict of interest policy or financial statements to the general public. Such documents are made available to ATP Tour, Inc members upon request

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 2627054, Related or Exempt Function Revenue 2627054, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ATP Tour Inc

**Employer identification number**

95-283325

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34a because it had one or more related organizations treated as a corporation or trust during the tax year.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ATP TOUR SAM	P	3,359,617	FMV
(2)ATP TOUR SAM	Q	120,532	FMV
(3)ATP TOUR CHARITIES INC	B	64,305	CASH

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII      Supplemental Information**

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

Return Reference	Explanation
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