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Department of the Treasury

** PUBLIC DISCLOSURE COPY ** **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.

OMB No. 1545-0047 h ublic

nter	nal Reve	nue Service	Information about Form 990 and its instructions is at	www.irs	.aov/form990.	Inspection
AI	For the	e 2016 calend	dar year, or tax year beginning and end	ding	-	
B	Check if applicabl	D Employer identific	ation number			
	Addre chang	ss ULTI	IMATE PLAYERS ASSOCIATION			
	Name chang		ousiness as USA ULTIMATE		84-11	152993
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final return	5825	5 DELMONICO DR., SUITE 350		719-2	219-8322
_	termin ated		town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,038,516.
	return		DRADO SPRINGS, CO 80919		H(a) Is this a group re	
	tion pendir		and address of principal officer: THOMAS CRAWFORD			? Yes X No
					H(b) Are all subordinates ind	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or USAULTIMATE.ORG	527		list. (see instructions)
					H(c) Group exemption	State of legal domicile: CO
	art I	Summary				I State of legal domicile. CO
		-	be the organization's mission or most significant activities: USA UL'		TE SERVES AS	
e	'	GOVERNT	ING BODY FOR THE SPORT OF ULTIMATE IN	J THE	US MAKING	<u>/ 1110</u> ፐጥ
Governance	2		bx ▶			
veri	3		pting members of the governing body (Part VI, line 1a)		1 1	12
ĝ	4		dependent voting members of the governing body (Part VI, line 1b)		12	
				20		
ties	6		of individuals employed in calendar year 2016 (Part V, line 2a)			500
Activities &	7a		ed business revenue from Part VIII, column (C), line 12			3,250.
¥	b		I business taxable income from Form 990-T, line 34			0.
		riot annoiatea			Prior Year	Current Year
	8	Contributions	s and grants (Part VIII, line 1h)		2,403,365.	461,736.
Revenue	9		vice revenue (Part VIII, line 2g)		1,176,476.	3,441,724.
eve	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)		39,231.	28,446.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,355.	55,641.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,694,427.	3,987,547.
	13	Grants and sir	imilar amounts paid (Part IX, column (A), lines 1-3)		0.	47,500.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		1,276,442.	1,313,540.
Expenses	16a	Professional f	fundraising fees (Part IX, column (A), line 11e)		0.	0.
ad x	. b	Total fundrais	sing expenses (Part IX, column (D), line 25) 48,553	•		
Ш	17	Other expense	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,291,739.	2,289,012.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,568,181.	3,650,052.
		Revenue less	expenses. Subtract line 18 from line 12		126,246.	337,495.
Net Assets or				Beg	inning of Current Year	End of Year
sets	20	Total assets (F	(Part X, line 16)	🖵	2,458,207.	2,884,333.
tAs	21		s (Part X, line 26)		1,015,196.	1,083,161.
P ²	22		fund balances. Subtract line 21 from line 20		1,443,011.	1,801,172.
Pa	art II	Signature	е вюск			

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. Τ.

Sign	Signature of officer			Date							
Here	THOMAS CRAWFORD, CHIEF	EXECUTIVE OFFICER									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	LANE MCMILLEN, CPA			self-employed P01426981							
Preparer	Firm's name 🕨 WAUGH & GOODWIN,	LLP		Firm's EIN 20-1766527							
Use Only Firm's address 1365 GARDEN OF THE GODS, SUITE 150											
	COLORADO SPRINGS	5, CO 80907		Phone no. (719) 590-9777							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
632001 11-1	1-16 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2016)							
_			~ ~								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		1152993	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	USA ULTIMATE SERVES AS THE GOVERNING BODY FOR THE SPORT OF U		IN
	THE US, MAKING IT RESPONSIBLE FOR ENHANCING AND PROMOTING TH	E SPORT	
	THROUGH CHARACTER, COMMUNITY AND COMPETITION.		
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	XNo
	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	XNo
	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	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	ital expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,431,748. including grants of \$) (Revenue \$)	900,	358.)
	COMPETITION & ATHLETE PROGRAMS - DEVELOP PROGRAMS AND TOOLS	TO FOSTE	<u>R</u>
	GROWTH AND KNOWLEDGE AT ALL LEVELS. RUN THE HIGHEST QUALITY		AT
	THE NATIONAL, REGIONAL, SECTIONAL, STATE AND LOCAL LEVEL FOR	ALL	
	DIVISIONS AND AGE GROUPS.		
4b	(Code:) (Expenses \$1,175,405. including grants of \$47,500.) (Revenue \$	2,797,	122.)
	MEMBERSHIP SERVICES & COMMUNITY DEVELOPMENT - PROVIDE PROGRA	М	
	DEVELOPMENT AND SUPPORT TO OVER 50,000 MEMBERS AND AFFILIATE		
	ORGANIZATIONS AND SANCTIONING SUPPORT FOR HUNDREDS OF EVENTS	ALL OVE	R
	THE US.		
4c	(Code:) (Expenses \$202,437. including grants of \$) (Revenue \$)	49,	993.)
	EDUCATION - DEVELOP AND RUN PROGRAMS TO CERTIFY COACHES, OBS.	ERVERS A	ND
	TOURNAMENT DIRECTORS AT ALL LEVELS.		
4d			
	(Expenses \$ 500, 289 · including grants of \$) (Revenue \$ 203,	834.)	
4e	Total program service expenses 3, 309, 879.		

Form 990 (ASSOCIATION
Part IV	Checklist of	Required Scheo	dules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢' −		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	–		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		- 23
10		10		x
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			- 23
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schodule G. Part III	19		x

Form **990** (2016)

Form	000	(2016)	
Form	990	(2016)	

 Form 990 (2016)
 ULTIMATE
 PLAYERS
 ASSOCIATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.50		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	00-		x
a L	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~~~~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0		x
~	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	01		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		
32		0		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
9E -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
a	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 postion 512(b)(12)2 (cline a second to b) for a cline to b and the b and the bound of the bound	OFL		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O	1 30		1

Form 990 (2016)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedulo Ocentais a response or note to any line in the Part V Ver. No. a Enter the number or poptide in Box 3 of Form 1000. Enter 0- if not applicable 1 58 b Enter the number or poptide in Box 3 of Form 1000. Enter 0- if not applicable 1 0 c Did the organization comply with backup withholing rules to response and reportable gamming (gambing) winnings to prize women? 1 2 c Enter the number of enopolese reported on form W3, Transmita of W3pe and Tax Statements. 2 2 X a bit the sum of lines 1 and 2a is greate than 250, you may be required to a-dia fee line formit only over. a financial account in a formit on the year? 2 3 2 X a bit the organization have unrelated baciness gross income of 3,000 or more altering have? 3 3 3 X 3 X 3 X b If Yes, 'nate the name of the toregin county. See instructions to filing requestion for his year? 4 4 X b If Yes, 'nate the anom 200 to prohibited tax sheler transaction at any time duing the tax year? 5 X d If Yes, 'no line Sa of Sb, did the organization his the anomaly greater than \$10,000, and did the organization his anomany greater than \$10,000, a	Form	990 (2016) ULTIMATE PLAYERS ASSOCIATION		84-1152	993	P	_{age} 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0. If not applicable 1a 58 1b Enter the number of forms W-2G included in line 1a. Enter 0. If not applicable 1b 0 2 Define the number of forms W-2G included in line 1a. Enter 0. If not applicable 1c 1c 2a Enter the number of pomployees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 20 3a Enter the number of entrophyses reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 20 b If a least one in reported on line 2a, did the organization file all required to eding entrophyses entrophysication applicable entrophyse entrophysication applicable entrophysication entrophysication function with a problem table applicable entrophysication applicable entrophysication entrophysication problem table applicable entrophysication entrophysication entrophysication entophysicatis apartity the entrophysication entrophysicati	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number of ports With Deckuy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witheres?) 1c 1c 2 Enter the number of soms Work backuy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witheres?) 1c 1c 2 Enter the number of soms Work backuy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witheres?) 2d 2d 2 Enter the number of soms Work backuy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witheres?) 2d 2d 2 Enter the number of soms Work backuy withholding rules for reportable payments to vendors and reportable payments of the source of t		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-30 included in line 1a. Enter 0-1f not applicable 10 10 10 0 20 Did the organization comply withholding rules for reportable payments to vendors and reportable guming (gambling) winnings to prize winners? 10 10 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 20 20 20 Mote. If the sum of Ines 1a and 2a is greater the ley car overed by this return 20 X 30 Dd the organization have unstated business grass income of \$1,000 or more during the year? 3a X 31 If 'Yes, 'Isate fifth a Gene 00051 for this year? 3a X X 41 Any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account? 4a X 5a Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 5a Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 5a V'Yes,' id the organization include wit						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable parining (gambing) winnings to prize winners? In 20 Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements, field for the calendar year onling with or within the year covered by this return 20 21 If at least one is reported on the 2, did the organization fiel al required federal employment tax returns? 20 23 Dat the organization have an interest in 0, or a signature or other authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial account)? 3a X 34 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 toreign country (such as a bank account, securities account, or other financial account)? 4a X 35 See instructions for finan grangements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 36 Dott end reganization have enalty for set that shafter transaction? 5c C 5c 36 Dott end reganization have an interaction at any time during the tax shafter transaction? 5c X 36 V Yes, " of the organization have an interaction and any time during the grangement as toxicitation and a signatis and the accountis accountis text setheter transaction?	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	58			
gambling) winnings to prize winner? Ic Ic 2a Enter the number of enolyses reported on from W-3. Transmittal of Wage and Tax Statements. 20 b If at least one is reported on line 2a, did the organization fiele all equired federal employment tax etums? 2a X 3a Dd the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b X 3b If "ves," hast field a Form 090F1 for this year? 3a X 3b X 4a Any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 3a X 5a Dd the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Sa the organization neuron tax deductibles account, securities account, or other financial accounts (FBAR). 5a X 5a Sa the organization neuron tax deductibles accharization ordited tax shelter transaction solid any contributions that wen on tax deductibles accharization ordited accharization solid accounts (FBAR). 5a X 5b Dd shy taxable party nait yies acharizatio contributions any tax statement that such contributions at the during the searcharization solid accounts (FBAR). 5a X 5a Cf	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a X a Date the organization have unneaded business gost inceric 64 T/L MOO or more during the calendry seq, did the organization have nexplanation in Schedule O 3b X b If "Yes," has It filed a Form 90-T for this year? If No, 'to ine 3b, provide an explanation or the matchingty over, a financial accountly result for bregen country. 3a X c At any time tert the name of the foreign country. See instructors for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Se X 5a MX Ded any taxable patry notify the organization that twas or is a party to a prohibited tax shelter transaction? Se X 5b If "Yes," to line 6a or 6b, did the organization file Form 8888-77 Se Se X 6b If "Yes," to line 6a or 6b, did the organization file Form 8888-77 Se X 7c Organization Asia Cale State control 170(c). Se X 7c Yes, 'did	с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ole gaming			
tied for the calendary year ending with or within the year covered by this return 2a 20 b if at least one is reported on line 2a, dd the organization file all required foderal emplyment tax returns? 2b X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 44 At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a trenge orouth year of as a bank account, securities account; or other financial accounts? 4a X 55 Was the organization tay to a prohibited tax shelter transaction at any time during the tax year? 5a X 56 Was the organization have annual core of the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 57 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit ary contributions that were not tax doductibles? 5a X 7 Organization table zero tax doductibles contributions and early to groods and services provided to the pary action notify the dore of the value of the organization table zero. 5a X 7 Organization stat way receive deductibles contributions and early to groods and services provided to the pary azion in tait was or is pary to a prohibited tax shelter transaction? 5b 5c 6a X Y Organization stat way tree deductibles contributions and ea		(gambling) winnings to prize winners?			1c		
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13a 13a 14a X	•				8		
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c						
				•	14a		X
			e O				

Form 990 (2016)

ULTIMATE PLAYERS ASSOCIATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
, N		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
o a	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	110
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 719-219-8322			
	5825 DELMONICO DR., SUITE 350, COLORADO SPRINGS, CO 80919			

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, and 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. Т

(A)	(B)				C)	_		(D)	(E)	(F)
Name and Title	Average hours per week	box			Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEANNA BALL	5.00								<u>^</u>	0
PRESIDENT		Х		X				0.	0.	0.
(2) HENRY THORNE VICE PRESIDENT	5.00	x		x				0.	0.	0.
(3) JOSH SEAMON	5.00	~		<u> </u>		-		0.	0.	0.
SECRETARY	5.00	x		x				0.	0.	0.
(4) BRIAN GARCIA	5.00	Λ	<u> </u>	<u> </u>		-		0.	0.	0.
TREASURER	5.00	x		x				0.	0.	0.
(5) KATHY HENDRICKSON	5.00	Δ							0.	
DIRECTOR	5.00	x						0.	0.	0.
(6) MIKE ECK	5.00					\vdash		Ŭ.		.
DIRECTOR		х						0.	0.	0.
(7) MIKE PAYNE	5.00					\vdash				
DIRECTOR		х		x				0.	0.	0.
(8) VANESSA FAJARDO	5.00									
DIRECTOR		х						0.	0.	0.
(9) VAL BELMONTE	5.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVE MOONEY	5.00									
DIRECTOR		Х						0.	0.	0.
(11) AUDRIUS BARZDUKAS	5.00									
DIRECTOR		Х						0.	0.	0.
(12) DAVE KLINK	5.00									
DIRECTOR		Х						0.	0.	0.
(13) THOMAS CRAWFORD	40.00									-
CHIEF EXECUTIVE OFFICER		х		X				222,938.	0.	0.
			<u> </u>		-	\vdash	-			
						<u> </u>				
			1		L	1	I		l	

Form 990 (2016) ULTIMATE	PLAYERS	S A	ss	oc	IA	TI	ON	1	84-11	529	93	Pa	ge 8
Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	, unle	Pos heck i ss per	more rson i) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo	(F) mateo ount c ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		compe fror orgar	ensat m the nizatio relate	e on ed
		-								_			
										_			
1b Sub-total								222,938.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0. 222,938.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 							o re			0.1			0.
compensation from the organization									•				
3 Did the organization list any former office				-	•			•		ſ		/es	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X
and related organizations greater than \$15Did any person listed on line 1a receive or										-	4	X	
rendered to the organization? If "Yes," col										<u></u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest or	ompensated inc	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	ensatio	on from	<u>า</u>	
the organization. Report compensation for (A)											(C)		
								Co	mpens				
2 Total number of independent contractors \$100.000 of compensation from the organ	u u	ot lir	nited	d to	thos (ted	above) who received mo	ore than				

m 990 (ERS ASSO	CIATION		84-1152	993 Page
art VII							_
	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
ហ្នូ 1a	Federated campaigns	1a					
	Membership dues						
c M	Fundraising events	1c					
h ar	Related organizations						
e E	Government grants (contribut						
ν, f	All other contributions, gifts, gran						
the	similar amounts not included abo	ve 1f	461,736.				
Ö g	Noncash contributions included in lines		209,025.				
ua n	Total. Add lines 1a-1f			461,736.			
			Business Code				
2 a	MEMBERSHIP DUES			2,270,264.	2,270,264.		
2 a b C C C C C C C C C C C C C C C C C C			711300	870,745.	870,745.		
one c			900099		176,610.		
a ser	CANCEL ON THE		900099	78,626.			
u He		דעעדע פי	900099	45,479.	45,479.		
e				45,475.	45,475.		
	All other program service reve			3,441,724.			
g				5,441,/24.			
3	Investment income (including			12 602			12 607
	other similar amounts)			13,693.			13,693
4	Income from investment of tax			0 400			0.400
5	Royalties	· · · · · · · · · · · · · · · · · · ·		8,408.			8,408
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
с	Rental income or (loss)						
d	Net rental income or (loss)		🕨				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	14,753.					
b	Less: cost or other basis						
	and sales expenses	0.					
с	Gain or (loss)	14,753.					
	Net gain or (loss)		>	14,753.			14,753
8 9	Gross income from fundraisin						
	including \$						
	contributions reported on line						
[Part IV, line 18	,					
b	Less: direct expenses						
	Net income or (loss) from fund		►				
	Gross income from gaming ac						
54	Part IV, line 19						
h	Less: direct expenses						
	Net income or (loss) from gam						
	Gross sales of inventory, less		67,739.				
	and allowances						
	Less: cost of goods sold			16 770	16 770		
C	Net income or (loss) from sale			16,770.	16,770.		
	Miscellaneous Revenu	e	Business Code		24 212		
11 a			900099	24,213.	24,213.	2 2 2 2	
b			541800	3,250.		3,250.	
С	LICENSING FEES		900099	3,000.	3,000.		
е	Total. Add lines 11a-11d			30,463.		= -	
12	Total revenue. See instructions.		►	3,987,547.	3,485,707.	3,250.	36,854

ULTIMATE PLAYERS ASSOCIATION Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			plete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	47,500.	47,500.		
2	Grants and other assistance to domestic	47,500.	1,5001		
2	in dividuale. One Dest IV line 00				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	219,521.	149,274.	48,295.	21,952.
6	Compensation not included above, to disqualified	21979210	11072710	10,2551	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	900,683.	780,935.	111,163.	8,585.
8	Pension plan accruals and contributions (include	500,005.		, ±0,5 •	0,000
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	113,574.	94,105.	16,340.	3 129
9 10		79,762.	66,089.	11,475.	3,129. 2,198.
11	Payroll taxes Fees for services (non-employees):	, , , , , 0 2 •		<u> </u>	2,190.
	Management				
a b		9,862.	8 171	1 419	272.
		9,100.	8,171. 7,540.	1,419. 1,309.	251.
d	Accounting	5,100.	7,5400	1,505.	2010
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	192,547.	180,641.	11,728.	178.
12	Advertising and promotion	15,765.	15,765.		2,00
13	Office expenses	299,605.	293,541.	5,119.	945.
14	Information technology	50,419.	44,108.	5,297.	1,014.
15	Royalties		/_001	• / = • · •	_,
16	Occupancy	80,528.	66,723.	11,586.	2,219.
17	Travel	369,200.	348,808.	20,126.	266.
18	Payments of travel or entertainment expenses	,		_ ,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,263.	4,263.		
20	Interest	_,,	_,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,851.	63,677.	11,057.	2,117.
23	Insurance	156,486.	129,660.	22,514.	2,117. 4,312.
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 0.)				
а	MARKETING	204,075.	204,075.		
b	FOOD	198,402.	190,611.	7,627.	164.
с	VALUE IN KIND	161,800.	161,800.		
d	FACILITY RENTAL	123,875.	123,675.	200.	
е	All other expenses	336,234.	328,918.	6,365.	951.
25	Total functional expenses. Add lines 1 through 24e	3,650,052.	3,309,879.	291,620.	48,553.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here bif following SOP 98-2 (ASC 958-720)				
					- 000 (as (a)

ULTIMATE	PLAYERS	ASSOCIATION

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	204,099.	1	266,448.
	2	Savings and temporary cash investments	639,793.	2	943,315.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,650.	4	49,711.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	18,711.	8	23,636.
	9	Prepaid expenses and deferred charges	43,586.	9	25,948.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 502,848.			
	b	Less: accumulated depreciation 10b 206,828.	261,699.	10c	296,020.
	11	Investments - publicly traded securities	1,232,369.	11	1,277,955.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,300.	15	1,300.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,458,207.	16	2,884,333.
	17	Accounts payable and accrued expenses	398,103.	17	422,141.
	18	Grants payable	<u> </u>	18	<u> </u>
	19	Deferred revenue	617,093.	19	649,949.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	0.	05	11 071
		Schedule D	1,015,196.	25	<u>11,071.</u> 1,083,161.
	26	Total liabilities. Add lines 17 through 25	1,013,190.	26	1,005,101.
		Organizations that follow SFAS 117 (ASC 958), check here 			
ces	27	complete lines 27 through 29, and lines 33 and 34.	1,443,011.	27	1,801,172.
lano	27 28	Unrestricted net assets Temporarily restricted net assets	1,110,0110	27	1,001,172.
Ва	20			29	
pur	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		23	
ц Ц		and complete lines 30 through 34.			
s o	30	Capital stock or trust principal, or current funds		30	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	32			32	
Net	33	Total net assets or fund balances	1,443,011.	33	1,801,172.
	33	Total liabilities and net assets/fund balances	2,458,207.	34	2,884,333.
	34	ו טומו וומטווונושט מווע וושו מטטבוט/ועווע טמומוונושט	2,30,207.	34	

Form **990** (2016)

Form 990 (2016) ULTIMATE PL

	990 (2016) ULTIMATE PLAYERS ASSOCIATION	84-11	.52993	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,987		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,650	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	337	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443		
5	Net unrealized gains (losses) on investments	5	20	,66	66.
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	1,801	,1	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	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 X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v
	Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2016)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

	Attach t	o Form	990 or	Form	990-E	-

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

OMB No. 1545-0047
2016
Open to Public Inspection

Nam	e of t	he organization	-					Employer	identification number
				RS ASSOCIATIO					4-1152993
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	S.	
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	-						
7		An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10	x	university: An organization that norma	Illy roopiyoo: (1) moro	than 22 1/20/ of its sup	oort from a	optributio	na mambarak	nin food on	d aroos respirate from
10	21	activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Con				SCS acqui			
11		An organization organized a	• •	vely to test for public sa	fetv See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi	-	-					
е		Check this box if the orga					Туре I, Туре	II, Type III	
	-	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
t		er the number of supported o	•						
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	-	support (see instructions)
				above (see instructions))					
<u>Tota</u>									

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(

84-1152993 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~							
	Public support. Subtract line 5 from line 4.						
		() 00/0	(1) 00 / 0	()	() 00/7	() 00/0	(0, -,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2016. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o		-				
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test		• •				or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances test						
D D							
	more, and if the organization meets the						" ⊾ □
40	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	d, check this box a	na see instructions	S ▶∟

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1545892 1933819. 2160485. 2403365. 461,736. 8505297. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 919,998. 904,119. 1241501. 3477345. 7520801. 977,838. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2853817. 3064604. 3644866. 3939081.16026098. 2523730. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 10,200. 10,200. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 10,200. 10 200 16015898 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2015 (a) 2012 (b) 2013 (c) 2014 (e) 2016 (f) Total 9 Amounts from line 6 2523730. 2853817. 3064604. 3644866. 3939081.16026098. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,745. 11,306. 18,380. 49,561. 13,693. 100,685. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7.745. 11,306. 18,380. 49,561. 13,693. 100,685. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2531475. 2865123. 3082984. 3694427. 3952774.16126783. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 99.31 % 15 99.35 16 16 Public support percentage from 2015 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .62 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 .65 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

No

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
U	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	(ationa)		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D.				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
Ŀ.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
_7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount		[
		(i)	(ii)	(iii)		
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016		
			110 2010			
_1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
<u>a</u>						
b						
	From 2013					
	From 2014					
	From 2015					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
1	and 4c					
8	Breakdown of line 7:					
а						
b	Excess from 2013					
C	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016					

Schedule A	(Form 990 or 990-EZ) 2016 ULTIMATE PLAYERS ASSOCIATION	84-1152993 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, and 3, and	7a or 17b; Part III, line 12; res 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service
Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2016

Employer identification number

84-1152993	3
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ULTIMATE	PLAYERS	ASSOCIATION

y ganization type (check one).			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{xclusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{xclusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $e_{xclusively} = 1000 \text{ more} \text{ more}$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

ULTIMATE PLAYERS ASSOCIATION

Name of organization

Employer identification number

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 115,364. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 93,661. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

84-1152993

Employer identification number

84-1152993

ULTIMATE PLAYERS ASSOCIATION

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	RTS EQUIPMENT		
		\$\$	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u> <u>SPOR</u>	RTS APPAREL		
		\$93,661.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of orga	anization		Employer identification number		
ULTIMA	TE PLAYERS ASSOCIATION		84-1152993		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
(a) No. from	Use duplicate copies of Part III if addition				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gif	 t		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(c) use of gift			
		(e) Transfer of gif			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
┝		(e) Transfer of gif			
	Transferee's name, address, a		Relationship of transferor to transferee		

SCHEDULE D

(Form 990)

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.



Internal Revenue Service	
Name of the organizati	on

Department of the Treasury

ULTIMATE PLAYERS ASSOCIATION

Employer identification number 84-1152993

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 4 Aggregate value of open studies to (during year) 5 Did the organization inform all donos and donor advisors in writing that the assets held in donor advised funds are the organization inform all donos and donor advisors in writing that the assets held in donor advised funds are the organization inform all donos and donor advisors in writing that the assets held in donor advised funds are the organization inform all gentees, concer, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or davisor, or for any other purpose conferring impermisely or lower advisor, or for any other purpose conferring impermisely or lower advisor or advisor, or for any other purpose conferring impermisely or conservation esamerts held by the organization answered "Yes" on Form 980, Part IV, line 7. Part Lill Conservation Easements. Complete in babitat Prosesvation of land for public use (e.g., recreation or education) Preservation of a historically importnation assements. Prosesvation of goen space Zomplete lines 2.a through 2:d if the organization held a qualified conservation costinution assements and used in (a) cacuined after 8/17/06, and not on a historical trutture. 2 Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization share a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements included in (a) cacuinat after 8/17/06, and not an instance strutture. 2 Number of conservation easements modified, transfered, released, extinguished, or ter	Pa			Accounts. Complete if the
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Propose(6) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a for public use (e.g., recreation or education) Preservation of a conservation easements in the last do not a train a habitat Preservation of a for public use (e.g., recreation or education) Preservation of a conservation easement in the last do of the axy sar. Iteld at the End of the Tax Year. Iteld at the End of the Tax Year. a Total number of conservation easements: Iteld at the End of the Tax Year. Iteld at the End of the Tax Year. a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization Aver avittan policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements found the conservation easements included in (c) acquired after 8/17/06, and not on a historic gonservation easements during the year 4 Number of states where property subject to conservation easements included in (c) acquired after 8/17/06, and not an enforcing conservation easements during the year 4 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	~			
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 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 \$ 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 X \$ Assets included in Form 990, Part X 	_			
 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 \$ b 4ssets included in Form 990, Part X b 4ssets included in Form 990, Part X 	b	-		
 (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 b Assets included in Form 990, Part X 			ducation, or research in furtherance of public s	service, provide the following amounts
 (ii) Assets included in Form 990, Part X 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 \$ 		-		
 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 > \$ 				
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 	~			
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 	2			n, provide
b Assets included in Form 990, Part X 🕨 \$	_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Sche		E PLAYERS 2						<u>52993</u>		ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other	Similar	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that	t are a sig	nificant u	se of its c	ollection it	ems	
	(check all that apply):									
а	Public exhibition	c	l 🗌 Loan or e	xchange progra	ams					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further	the organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	easures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organiza [.]	tion answered	"Yes" on I	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custodi							-		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		7		
	Did the organization include an amount on Fe					y?	L	Yes	Щ	No
Par	If "Yes," explain the arrangement in Part XIII.									
I ai	t V Endowment Funds. Complete i							(-) [
4.	Desiration of seven had a seven	(a) Current year	(b) Prior year	(c) Two yea	rs dack (a) Three y	ears dack	(e) Four y	ears p	аск
1a	Beginning of year balance									
D	Contributions									
С d	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
f	and programsAdministrative expenses									
g 2	End of year balance Provide the estimated percentage of the curr	ent year end balanc	e (line 1a, column	(a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held	and administer	red for the	organiza	ation			
	by:	Ũ				Ũ		Y	'es	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c basis (investr	• •	ost or other is (other)		cumulate	ed	(d) Book	value	
1a	Land									
b	Buildings									
	Leasehold improvements			11,959.		3,98			<u>, 97</u>	
d	Equipment			50,117.		36,62			,48	
	Other			40,772.		66,22	13.	274		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (B). line</u>	10c.)				296	,02	0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ULTIMATE PLAYERS ASSOCIAT	ION
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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)		
Total. (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (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.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO USA ULTIMATE FOUNDATION	11,071.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col. (B) line 25)	11,071.

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

Sche	Schedule D (Form 990) 2016 ULTIMATE PLAYERS ASSOCIATION				84-1152993 P		
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	Revenue per Re			9	
	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	4,008	,213.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	20,666.				
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d			2e		,666.	
3	Subtract line 2e from line 1			3	3,987	,547.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,987	<u>,547.</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	ı.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	3,650	<u>,052.</u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e		0.	
3	Subtract line 2e from line 1			3	3,650	<u>,052.</u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c		0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,650	,052.	
Pa	t 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.

PART X, LINE 2:

THE CORPORATION AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIO	NS
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGI	Y, ARE
NOT SUBJECT TO FEDERAL INCOME TAX. ACCORDINGLY, NO INCOME TAX PROVI	SION
HAS BEEN RECORDED. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRE	ICTLY
RELATED TO THE CORPORATION'S AND FOUNDATION'S TAX-EXEMPT PURPOSES AND	
SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.	

EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY VARIOUS TAXING

AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE THEY WERE FILED.

MANAGEMENT OF THE CORPORATION AND THE FOUNDATION BELIEVES THAT THEY DO NOT 632054 08-29-16 Schedule D (Form 990) 2016 Part XIII Supplemental Information (continued)

HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL

STATEMENTS.

	t of the Treasury venue Service		Information abo	out Schedule F	► Attach to Form 990. (Form 990) and its instructions is at	www.irs.gov/fc	orm990	Open to Public Inspection
	the organizatior				()	WWW.iio.gov/ic		dentification number
ודית.	MATE PLAY	VERS	S ASSOCT	ΔͲΤΟΝ			84-115	2993
Part I					side the United States. Compl	ete if the organ		
	 Form 990, I							
	-		-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
LIN	e grantees engit	Jiiity it	or the grants of a		The selection chiefla used to award the	grants or assis		
	or grantmakers. hited States.	Desci	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	e outside the
3 Ac		on. (Th			an be duplicated if additional space is r			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
UNITED	KINGDOM		0	0	PROGRAM SERVICES	NATIONAL TE	AMS	116,374.
POLAND			0	0	PROGRAM SERVICES	U-20 NATION	AL TEAMS	18,211.
	ıb-total		0	0				134,585.
	tal from continuters to Part I		0	0				٥.
	o tals (add lines 3 Id 3b)		0	0				134,585.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

OMB No. 1545-0047

2016

SCHEDULE F (Form 990)

Schedule F (Form 990) 2016

ULTIMATE PLAYERS ASSOCIATION

84-1152993

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t	foreign country,	recognized as tax-ex	empt by		1
the IRS, or for which t 3 Enter total number of			501(c)(3) equivalency letter			►		

Schedule F (Form 990) 2016

Page 2

ULTIMATE	PLAYERS	ASSOCIATION	J
	THUTHUD	HODOCTHITON	e

84-1152993

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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	X 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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 ULTIMATE PLAYERS ASSOC	CIATION
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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.

SCHEDULE I	Grants and Other Assistance to Organizations,						ON	OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2016	
Department of the Treasury Attach to Form 990.								Open to Public Inspection	
Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization ULTIMATE PLAYERS ASSOCIATION								fication number - 1152993	
Part I General Information on Gra		SOCIATION					04	-1122332	
1 Does the organization maintain rec		amount of the grants	or assistance, the	prantees' eligibility	for the grants or assis	stance, and the selecti	ion		
criteria used to award the grants or							X	Yes 🗌 No	
2 Describe in Part IV the organization	n's procedures for monit	oring the use of grant	funds in the United	States.					
Part II Grants and Other Assistand recipient that received more	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for an	У	
1 (a) Name and address of organizat or government	i /	(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 noncash assistance		se of grant istance	
NEW ENGLAND ULTIMATE INCORPORAT 143 BROAD STREET, UNIT 2 HUDSON, MA 01749	YED 81-1890444	501(C)(3)	15,000.	0.			STATE ORGANIZ	ATION	
MINNESOTA HIGH SCHOOL ULTIMATE LEAGUE - 3329 32ND AVENUE SOUTH MINNEAPOLIS, MN 55406	I - 30-0218188	501(C)(3)	15,000.	0.			STATE ORGANIZ	ATION	
NORTH CAROLINA ULTIMATE 504 MONROE STREET CHAPEL HILLS, NC 27516	81-0914424	501(C)(3)	15,000.	0.			STATE ORGANIZ	ZATION	
 2 Enter total number of section 501(c 3 Enter total number of other organiz LHA For Paperwork Reduction Act N 	ations listed in the line 1	table	e line 1 table				Schedule ()	3 . Form 990) (2016)	

ULTIMATE PLAYERS ASSOCIATION Schedule I (Form 990) (2016) 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. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (d) Amount of nonrecipients cash grant cash assistance

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

PART I, LINE 2:

Part III

AFFILIATE ORGANIZATIONS ARE ELIGIBLE TO APPLY FOR GRANT FUNDS USING GRANT

APPLICATIONS. GRANTS ARE APPROVED BASED ON MEETING CERTAIN CRITERIA LISTED

IN THE GRANT DOCUMENTATION. STATE ORGANIZATIONS AUTOMATICALLY QUALIFY TO

RECEIVE GRANT FUNDS ON A SPECIFIC SCHEDULE OVER A 3-YEAR PERIOD ONCE THEY

ARE APPROVED AS A STATE ORGANIZATION.

84-1152993

Page 2

CHEDULE J Compensation Information							
(Form 990)	,						
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	10				
Department of the Treasury	expartment of the Treasury Attach to Form 990.						
Internal Revenue Service	ernal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.						
Name of the organization		oyer identification $34 - 115299$		nber			
Part I Question	ULTIMATE PLAYERS ASSOCIATION 8 S Regarding Compensation	4-115299	3				
			Yes	No			
1a Check the approp	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Tes	INO			
	, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or		<u>ــــــــــــــــــــــــــــــــــــ</u>					
Travel for cor							
	cation and gross-up payments X Health or social club dues or initiation fees						
	spending account Personal services (such as, maid, chauffeur, che	ef)					
,		,					
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
-	provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х				
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization's						
CEO/Executive Di	ector. Check all that apply. Do not check any boxes for methods used by a related organization to						
establish compens	ation of the CEO/Executive Director, but explain in Part III.						
X Compensatio	n committee X Written employment contract						
Independent	compensation consultant I Compensation survey or study						
Form 990 of	other organizations X Approval by the board or compensation commit	tee					
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	elated organization:			v			
	ce payment or change-of-control payment?			X			
	eceive payment from, a supplemental nonqualified retirement plan?			X			
	eceive payment from, an equity-based compensation arrangement?	<u>4c</u>		<u> </u>			
If res to any off	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingent on the							
-		5a		Х			
	zation?			X			
	or 5b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
contingent on the							
-		6a		Х			
	zation?			Х			
	or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	nes 5 and 6? If "Yes," describe in Part III	7	Х				
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х			
9 If "Yes" on line 8,	did the organization also follow the rebuttable presumption procedure described in						
Regulations section	n 53.4958-6(c)?						
_HA For Paperwork F		Schedule J (Form	n 990)	2016			

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 aren't 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) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) THOMAS CRAWFORD	(i)	201,907.	15,531.	5,500.	0.	0.	222,938.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

THE ORGANIZATION PAID A PERFORMANCE BONUS TO THE CHIEF EXECUTIVE OFFICER.

SCHEDULE J PART I, LINE 1A

OFFICERS WHO ARE EMPLOYEES OF THE ORGANIZATION ARE PROVIDED COUNTRY

CLUB MEMBERSHIPS. THESE MEMBERSHIPS ARE PRIMARILY USED FOR PURPOSES

RELATED TO THEIR DUTIES, AND ON BEHALF OF THE ORGANIZATION. THE

PERSONAL USE PORTION OF THE DUES IS REPORTED AS TAXABLE COMPENSATION

AND REPORTED IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION OF

SCHEDULE J PART II.

Noncash Contributions

Department of the Treasury	
Internal Revenue Service	

SCHEDULE M

(Form 990)

Part I

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

(b)

Number of

contributions or

ULTIMATE PLAYERS ASSOCIATION

(a)

Check if

applicable

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

Name of the organization

Types of Property

	Employ

(c)

Noncash contribution

amounts reported on

over identification number 84-1152993

(d)

Method of determining

noncash contribution amounts

items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 115,364.FMV (SPORTS EQUIPM) х 1 25 Other 🕨 93,661.FMV (SPORTS APPARE) Х 1 26 Other 🕨 27 Other ► () Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement _____ 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) (2016)



Schedule M (Form 990) (2016) ULTIMATE PLAYERS ASSOCIATION

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B IN PART I RELATES TO THE ACTUAL NUMBER

OF CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Name of the organization

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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



ULTIMATE PLAYERS ASSOCIATION

84-1152993

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBLE FOR ENHANCING AND PROMOTING THE SPORT THROUGH CHARACTER,

COMMUNITY AND COMPETITION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTERNATIONAL DEVELOPMENT - FOSTER GROWTH OF THE INTERNATIONAL

COMMUNITY THROUGH COMPETITION AND COLLABORATION AT THE INTERNATIONAL

LEVEL.

EXPENSES \$ 500,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 203,834.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS A MEMBER ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

USA ULTIMATE IS GOVERNED BY A BOARD OF DIRECTORS THAT IS A BLEND OF ELECTED AND APPOINTED DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN WAS CIRCULATED TO THE ENTIRE BOARD OF DIRECTORS

FOR COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT ANNUALLY. THE AUDIT & ETHICS COMMITTEE, WHO IS AWARE OF

THE POTENTIAL CONFLICTS OF INTEREST, CLOSELY MONITORS AND ENFORCES THE

CONFLICT OF INTEREST STATEMENT.

84-1152993

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS HAS A CLOSED PERSONNEL SESSION AND DECIDES ON

COMPENSATION AND HIRING ISSUES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON USA

ULTIMATE'S WEBSITE AND AVAILABLE UPON REQUEST.

SCH	EDL	JLE	R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

ULTIMATE PLAYERS ASSOCIATION

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

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ublic charity Direct controlling tus (if section entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
USA ULTIMATE FOUNDATION - 46-5012449							
5825 DELMONICO DR., SUITE 350	SUPPORT OF ULTIMATE			LINE 12C,	ULTIMATE PLAYERS		
COLORADO SPRINGS, CO 80919	PLAYERS ASSOCIATION	COLORADO	501(C)(3)	III-FI	ASSOCIATION	x	
	_						
	_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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Insp	ectio	on

Employer identification number

84-1152993

Schedule R (Form 990) 2016 ULTIMATE PLAYERS ASSOCIATION

84-1152993 Page 2

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.

	· · · · · · · · · · · · · · · · · · ·											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
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	{											
	{											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2016 ULTIMATE PLAYERS ASSOCIATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
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?			x			
а	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)						
с	Gift, grant, or capital contribution from related organization(s)	1c	X				
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e	X				
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	i Exchange of assets with related organization(s)						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X				
	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
	Reimbursement paid by related organization(s) for expenses	1q		X			
-							
r	Other transfer of cash or property to related organization(s)	1r		Х			
	s Other transfer of cash or property from related organization(s)						
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)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2016 ULTIMATE PLAYERS ASSOCIATION

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.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
								\square				
												

Schedule R (Form 990) 2016

ULTIMATE PLAYERS ASSOCIATION

Schedule R (Form 990) 2016 ULTI

Provide additional information for responses to questions on Schedule R. See instructions.