DLN: 93490322020748

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2007 ca	lendar yea	r, or tax year beginning 01	-01-2007 and endin	g 12-31-200	7			
В	heck if ap	plicable	Please	C Name of organization UNITED STATES JUDO ASSOC	TATION INC			D Emp	loyer ic	lentification number
_ A	ddress ch	ange	use IRS	UNITED STATES JUDU ASSOC	LIATION INC			72-0	06299	34
-	lame char	ige	label or print or	Number and street (or P O to 21 NORTH UNION BLVD	oox if mail is not delivered	to street addre	ss) Room/suite	E Telep	ohone r	number
Г 1	nıtıal retur	n l	type. See Specific	21 NORTH UNION BLVD				(719	9)633	-7750
_	inal returr		Instruc- tions.	City or town, state or country COLORADO SPRINGS, CO 80				F Accou	inting me	thod Cash Accrual
_			tions.	COLORADO SPRINGS, CO 80	1909				ther (spe	ecify) 🕨
_	mended r									
Δ	pplication	pending					H and Tam	not applic	able to s	section 527 organizations
				501(c)(3) organizations and sust attach a completed Sch			1			r affiliates? Yes Vo
٠,	A7 - I:A -		04/11/63/4 31				H(b) If "Ye	s" enter n	umber c	of affiliates 🕨
G 1	web site	•: • - VV VV	/W USJA-JU				. H(c) Are al	l affiliates	ıncluded	17 Yes No
, נ	Organiza	tion type	e (check only	one) 🕨 🔽 🕏 501(c) (3) 🖪 (insert no)	1) or 527	(If "N	o," attach	a list S	ee instructions)
K (Check her	- ▶ □ ıf	the omanizat	ion is not a 509(a)(3) supportin	n omanization and its dros	ss receints are	1			filed by an organization
1	normally r	ot more	than 25,000	A return is not required, but if the				ed by a gi		<u> </u>
	be sure to	nie a con	nplete return					<u> </u>		umber 🕨
L	Gross re	ceipts	Add lines 6	b, 8b, 9b, and 10b to line	12 🕨 473,764		M Check attach	:⊫ l ∨ ıf ıSch B(F	the org	anization is not required to 0, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Changes	in Net Assets or	Fund Bal				· · · · · · · · · · · · · · · · · · ·
	1			s, grants, and sımılar amo			,			
	а	Contrib	outions to d	onor advised funds		1a				
	ь	Direct	public supp	ort (not included on line 1	a)	1b		21,834		
	c	Indirec	t public su	pport (not included on line	1a)	1c				
	d	Govern	nment contr	ibutions (grants) (not incl	uded on line 1a)	1d				
	e	Total /	add lines 1:	a through 1d) (cash \$ ^{21,8}	334 noncach d		```		1e	21,834
	2			evenue including governm			/ \/II line 93\		2	90,927
	3	-		and assessments		•	VII, lille 55)		3	321,721
	4			is and temporary cash inv				•	4	203
	5		_	erest from securities .				•	5	203
	6a		rents .							
	ь		ental exper			6b				
	c		·	or (loss) subtract line 6b	from line 6a	05			6c	
ılı	7			income (describe ►) .					7	
Revenue	8a			n sales of assets	(A) Securities		(B) O the	r		
Ď.	Ga		han invento		(A) Securities	8a	(B) O the	1		
	ь			sis and sales expenses		8b				
				ach schedule)						
	c d		, , ,	Combine line 8c, columns	(A) and (B)	8c			8d	
	9	_		d activities (attach sched			chack bara	. <u>-</u>	ou	
		Specia	i events an	u activities (attacii sciieu	ule) If ally allount is	nom gaming	, check here	1		
	а		•	ot including \$ orted on line 1b)	of	9a				
	ь		·	nses other than fundraising		9a 9b				
	c			ss) from special events Su					9c	
	10a		•	entory, less returns and a		10a		• 39,079		
	b			encory, iess recurns and a Issold		10a		35,148		
	c		-	rom sales of inventory (attach s				, - + 0	10c	3,931
	11		` ,	om Part VII, line 103)	•		<u> </u>	•	11	3,531
	12		•	l lines 1e, 2, 3, 4, 5, 6c, 7					12	438,616
	13			(from line 44, column (B))					13	258,348
92	14			general (from line 44, colu					14	213,831
Expenses	15	_		Jeneral (nom mie 44, colu line 44, column (D))					15	213,031
ж ж	16			ates (attach schedule)				•	16	
_	17	•		ld lines 16 and 44, columi					17	472,179
	18) for the year Subtract line					18	-33,563
<u>9</u>	19		•	I balances at beginning of					19	85,710
Net Asset	20			net assets or fund balance					20	05,/10
푈	21		_	het assets or lund balance I balances at end of year (•			21	52,147
	1 4 4	Mer de:	sers or init	i palalices at ella di Aegi (Sombine lines 10, 19,	ana ZU .		•	~1	1 34,14/

Part II	Statement	of
	Functional	Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	_				
		22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$) If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V - A. (attach schedule)	25a	62,458	31,229	31,229	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	117,491	58,745	58,746	
27	Pension plan contributions not included on lines 25a, b and c	27	2,600	1,300	1,300	
28	Employee benefits not included on lines 25a - 27	28	25,806		25,806	
29	Payroll taxes	29	16,102	8,051	8,051	
30	Professional fundraising fees	30				
31	Accounting fees	31	2,271	1,135	1,136	
32	Legal fees	32				
33	Supplies	33	13,472	6,736	6,736	
34	Telephone	34	9,095	4,547	4,548	
35	Postage and shipping	35	19,679	9,839	9,840	
36	Occupancy	36	18,610	7,783	10,827	
37	Equipment rental and maintenance	37	482	241	241	
38	Printing and publications	38	9,292	4,646	4,646	
39	Travel	39	4,275		4,275	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule) 📆	42	1,938		1,938	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	44	472,179	258 348	212.821	C
Joint	to lines 13—15) · · · · · · · · · · · · · · · · · · ·		4/2,1/9	258,348	213,831	
	ny joint costs from a combined educational campaign and fundraising	solici	tation reported	l ın (B) Prograr	n services?	- ┌ Yes ┌ No
	s," enter (i) the aggregate amount of these joint costs \$, (ii	i) the amount a	llocated to Pro	gram services \$	
(iii) th			the amount all			

Page 3

Form 990 (2007)

Part iii Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

OF JUDO IN THE THE ATHLETIC OF JUDO IN ON INVOLVING D STATES ALSO, D STATES ALSO, EXPENSES RT OF JUDO ATIONAL AND ATIONAL AND INVOLVING INVOLVING SHMENT OF PMENT OF EXCHANGE e number of clients served, cations and 4947(a)(1) nonexempt	TION	i grants, check here 🕨 🦵 258,348	grants, check here 🟲 🦵	grants, check here 🕨 🦳		igrants, check here 📭 🦳	ces)	Form 990 (2007)
COMPETITION IN THE SPORT OF JUDO IN THE COMPETITION IN THE SPORT OF JUDO IN THE ADVANCEMENT OF AMATEUR ATHLETIC COMPETITION IN THE SPORT OF JUDO IN THE COMPETITION INVOLVING THE CITIZENS OF THE UNITED STATES ALSO, TO DEVELOP THE PUBLIC INTEREST AND PARTICIPATION IN THE SPORT OF JUDO THROUGH A SERIES OF EDUCATIONAL AND INSTRUCTIONAL PROGRAMS INVOLVING RESEARCH, PUBLICATIONS, CLINICS, TO URNAMENTS, THE ESTABLISHMENT OF SCHOLARSHIPS AND DEVELOPMENT OF SCHOLARSHIPS AND DEVELOPMENT OF SCHOLARSHIPS AND DEVELOPMENT OF STRUCK ORDING CONCISE Manner State the number of clients served, is that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nor of creating or other ordinary or other ordinary or other.	BERS OF THE UNITED STATES JUDO ASSOCIATION	If this amount includes foreign grants, check here	If this amount includes foreign grants, check here	If this amount includes foreign grants, check here		If this amount includes foreign grants, check here If this amount includes foreign grants, check here	line 44, column (B), Program serv	
COMPETITION IN THE SPORT OF JUDO IN THE UNITED STATES AS WELL AS THE UNITED STATES AS WELL AS THE ADVANCEMENT OF AMATEUR ATHLETIC COMPETITION IN THE SPORT OF JUDO IN INTERNATIONAL COMPETITION INVOLVING THE CITIZENS OF THE UNITED STATES ALSO, TO DEVELOP THE PUBLIC INTEREST AND PARTICIPATION IN THE SPORT OF JUDO THROUGH A SERIES OF EDUCATIONAL AND INSTRUCTIONAL PROGRAMS INVOLVING RESEARCH, PUBLICATIONS, CLINICS, TO URNAMENTS, THE ESTABLISHMENT OF SCHOLARSHIPS AND DEVELOPMENT OF INTERNATIONAL CULTURAL EXCHANGE PROGRAMS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss adviewements that are not measurable (Section 501(c)(3) and (4) organizations and 4997(a)(1) nonexempt		(Grants and allocations \$)	(Grants and allocations \$	(Grants and allocations \$		(Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$	Total of Program Service Expenses (should equal line 44, column (B), Program services)	
All org	s	•	_	U 1 10	0	0	fī	

74

Total liabilities and net assets / fund balances Add lines 66 and 73

Ра	rt I\	Balance Sheets (See the instruc	tions	·.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			46,236	45	7,762
	46	Savings and temporary cash investments			35,627	46	43,024
	47a	Accounts receivable	47a				
	ь	Less allowance for doubtful accounts	47b			47c	
		Less allowance for doubtful accounts	475			4/0	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable	400			49	
	50a	Receivables from current and former officers	e dire	tors trustees and		77	
	504	key employees (attach schedule)		· · · · · · · · · · · · · · · · · · ·		50a	
	b	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)	•			50b	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
ا و	ь	Less allowance for doubtful accounts	51b			51c	
)))) (52	Inventories for sale or use			6,500	52	6,500
τ	53	Prepaid expenses and deferred charges .			·	53	
	54a	Investments—publicly-traded securities		Cost FMV		54a	
	ь	Investments—other securities (attach sche		' ' ⊢		54b	
	55a	•	,	- 1 3331 1 1111		340	
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	14,925			
	b	Less accumulated depreciation (attach schedule)	57b	11,023	3,355	57c	9 3,902
	58	Other assets, including program-related inv	/estme	nts			
		(describe ▶		,			
				— '		58	
	59	Total assets (must equal line 74) Add lines	45 th	rough 58	91,718	59	61,188
	60	Accounts payable and accrued expenses			6,008	60	9,041
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and	l key e	mployees (attach			
î		schedule)				63	
:;	64a	Tax-exempt bond liabilities (attach schedu		-		64a	
"	Ь	Mortgages and other notes payable (attach	sched	ule)		64b	
	65	Other liablilities (describe ►					
)				65	
	66	Total liabilities Add lines 60 through 65 .			6,008	66	9,041
\dashv		inizations that follow SFAS 117, check here in			5,508	00	3,041
	Olgo	67 through 69 and lines 73 and 74	- 10 0	na complete inics			
ςl	67	Unrestricted			85,710	67	52,147
≟	68	Temporarily restricted				68	
3	69	Permanently restricted				69	
-		nizations that do not follow SFAS 117, check		-			
		complete lines 70 through 74		'			
5	70	Capital stock, trust principal, or current fun	ds .			70	
	71	Paid-in or capital surplus, or land, building,	and eq	uipment fund		71	
ő l	72	Retained earnings, endowment, accumulate	d incor	me, or other funds .		72	
0 M0060	73	Total net assets or fund balances Add line		-			
ב		through 72 (Column (A) must equal line 19	and co	lumn (B) must equal	85,710		_
		line 21)					52.147

61,188

91,718

74

Part	IV-A Reconciliation of Reve	nue per Audited Fina	ncial Sta	tements V	Vith Reven	ue per	Return (See
а	Total revenue, gains, and other supp	ort per audited financial sta	tements			а	
ь	A mounts included on line a but not o	n Part I, line 12					
1	Net unrealized gains on investments	,	b1	I			
2	Donated services and use of facilitie		b2			1	
3	Recoveries of prior year grants .		b3			1 1	
4	• • •		-			1	
4	Other (specify)		b4				
	Add lines b1 through b4		- 🗀			Ь	
с	Subtract line b from line a					c	
						\vdash	
d	Amounts included on Part I, line 12,		1	ı			
1	Investment expenses not included of 6b	n Part I, line	d1				
2	Other (specify)					1	
-	Other (specify)		d2				
	Add lines d1 and d2					1 _a	
e	Total revenue (Part I, line 12) Add l						
-	d					e	
Part	IV-B Reconciliation of Expe	nses per Audited Fina	ancial St	atements	With Expe	nses pe	r Return
a	Total expenses and losses per audit	ed financial statements .				a	
b	A mounts included on line a but not o	n Part I, line 17					
1	Donated services and use of facilitie	s	b1	1			
2	Prior year adjustments reported on F					1	
_	20	art 1, mic	b2				
3	Losses reported on Part I, line					1	
	20	•	b3				
4	Other (specify)						
			_ b4			1. 1	
	Add lines b1 through b4					ь	
c	Subtract line b from line a					С	
d	Amounts included on Part I, line 17,	but not on line a:		_			
1	Investment expenses not included o	n Part I, line					
	6b		d1				
2	Other (specify)						
			_ d2			1.1	
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17) Add					e	
Down	d		v Emplo	waaa (List	aach parca		as an officer
Part	Current Officers, Direct director, trustee, or key e instructions.)	mployee at any time dur	ring the y	ear even if	they were r	not comp	pensated.) (See the
		(B) Title and average hours	(C) Cox		(D) Contribi		(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	employee ben deferred com		account and other allowances
					plans	S	allowarices
See A	dditional Data Table						

Secure of Officers, Directors, Trustees, and Key Employees (continued) Yes No	Form	990 (20	007)						Page 6
meetings b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II and FII-8, related to each other through family or business relationships? c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II and FII-8, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of frelated organization. If Yes, fratech is statement that includes the information described in the instructions. The former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer) for interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other benefits of the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (G) Compensation (G) Compensation (G) Compensation (G) Compensation (G) Expense account and other independent to the IRS? 76 No 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 No If Yes, fatsch a conformed copy of the changes 78 Did the cognizion of the changes 79 Were any changes made in the organization or substantial contraction during the year overed by this return? 78 No 17 If Yes, fatsch is conformed copy of the changes 79 No 17 If Yes, art tack a conformed copy of the changes 79 No 18 If Yes, enter the name of the organization or substantial contraction during the year overed by this return? 79 No 18 Enter direct or indirect political expenditures (See line 81	Par	t V-A	Current Officers, Director	s, Trustees, and Key	y Employees (cont	inued)		Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated or each other through family or business relationships? If Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, rustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any under organization. If Yes, I are the statement that includes the information described in the instructions of the definition of Freiated organization. The Part VI of Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy? The Part VI organization have a written conflict of interest policy. The Part VI organization have a written conflict of interest policy. The Part VI organization have a written conflict of interest policy. The Part VI organization have a written written have a writ	75a	Enter tl	ne total number of officers, director	rs, and trustees permitted	l to vote on organizatio	n business at board			
employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or III-B, rate to each other through family or business relationships?) C Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or III-B, raceive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions of the definition of "related organization". Fart V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits of the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (A) Name and address (B) Loans and Advances (C) Compensation (C) Co		meetin	js		<u>12</u>				
relationships If "Yes," attach a statement that identifies the individuals and explains the relationship(s). C Do any officers, directors, rustees, or key employees listed in Schedule A, Part II, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation may other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions. The prince of the critical profession of the compensation or other definition of "related organization". The prince of the critical profession or described by during the year (list that preson below and enter the amount of compensation or other benefits (described below) during the year (list that preson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Itame and address (B) Lians and Advances (C) Compensation (If not pad enter-0-1) D) Completions to enter the instructions of conducting activities? If Yes," attach a decided distance of each charge. The prince of the changes of the c	b	A re any	officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V-A, or hi	ghest compensated			
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or III-B, receive compensation from any other organizations, whether tax exempt or traixable, that are related to the organization? See the instructions for the definition of "related organization" or the programmation of the programmation and the instructions of the definition of "related organization" or the programmation or the profits of the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (C) Compensation (D) Compensation or the programmation		employ	ees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other inc	dependent			
employees listed in Schedule A, Part I, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent tax exempt or taxable, that are related to the organization? See the instructions of the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions of the definition of "related organization". Part V=8 Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (If not paid enter -0) (C) Compensation (If not paid enter -0) (D) Combinious ion other allowances and deteimed compensation or other allowances. (E) Deteim the manual of compensation of the instructions.) Yes No Part VI Other Information (See the Instructions.) (B) Loans and Advances (B) Compensation (If not paid enter -0) (C) Compensation (If not paid enter -0) (D) Expense account and other allowances and deteimed compensation or other allowances. (E) Compensation (If not paid enter -0) (E) Expense account and other allowances are stationary to the compensation of the calculation of the c		contrac	tors listed in Schedule A, Part II-	A or II-B, related to each	other through family o	r business			
employees listed in Schedule A, Part II - A or II-8, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". ### To see the organization of the organization or organization or organization		relation	ıshıps? If "Yes," attach a statemer	nt that identifies the indivi	iduals and explains the	relationship(s) .	75b		Νο
contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions of the definition of frelated organization." If "Yes," attach a statement that includes the information described in the instructions of Dees the organization and organization includes the information described in the instructions. One the organization have a written on officer of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Banefits (If any former officer, director, trustee, or, key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (B) Compensation or plains (C) Compensation (B) Compensation or plains (B) Loans and Advances (C) Compensation (B) Compensation or other benefits of conducting advites? If "Yes," attach a defauled statement of each charge (B) Loans and Advances (B) Loans and Advances (C) Compensation (B) To paid enter-0-1 (B) Expense account and control or plains (B) Expense account and other allowances of employee benefit plans and deferred compensation plains (B) Expense account and other allowances of employee benefit plans and deferred compensation or other benefits of employee benefit plans and deferred compensation or other defaults and deferred compensation or defaults and deferred compensation or defaults and deferred compensation or defaults and default	c	Do any	officers, directors, trustees, or ke	y employees listed in Forr	m 990, Part V-A, or hig	hest compensated			
tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related" organization. If "Yes," attach a statement that includes the information described in the instructions d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (If any former officer, director, trustee, or key employee exceived compensation or other benefits (If any former officer, director, trustee, or key employee exceived compensation or other benefits (If any former officer, director, trustee, or key employee exceived compensation or other benefits (If any former officer, director, trustee, or key employee exceived compensation or other benefits (If any former officer, director, direct		employ	ees listed in Schedule A , Part I , or	highest compensated pro	ofessional and other inc	dependent			
organization* If "Yes," attach a statement that includes the information described in the instructions d Does the organization have a written conflict of interest policy? 75d Yes Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compension (If not paid enter-III) and deferred compensation or other policy be benefit plans and deferred compensation or phins. (B) Loans and Advances (C) Compension (If not paid enter-III) and deferred compensation or other phins. (B) Loans and Advances (C) Compension (If not paid enter-III) and deferred compensation or other phins. (B) Loans and Advances (C) Compension (If not paid enter-III) and deferred compensation or other phins. (B) Loans and Advances (C) Compension (If not paid enter-III) and deferred compensation or other phins. (B) Expense account and compensation and deferred compensation or other phins. (B) Expense account and compensation (If not paid enter-III) and deferred compensation (If not paid enter-IIII) and deferred compensation (If not paid enter-IIII) and deferred compensation (If not paid enter-IIII) and deferred compensation (If not		contrac	tors listed in Schedule A , Part II-	A or II-B, receive compei	nsation from any other	organızatıons, whether			
Part VI Other Information (See the Instructions.) Part VI Other Information (See the Instructions.) Other Information (See the Instructions.) Part VI Other		organız	ation"			finition of "related	75c		No
Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Ves No									
Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, its that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (I'n ot paid enter -0-) (C) Compensation (I'n ot paid enter -0-) (B) Loans and Advances (C) Compensation (I'n ot paid enter -0-) (B) Loans and Advances (B) Loans and Advances (C) Compensation (I'n ot paid enter -0-) (B) Compensation (B) Loans and Advances (B) Loans and Advances (C) Compensation (I'n ot paid enter -0-) (B) Compensation (B) Loans and Advances (B) Loans and Advances (C) Compensation (I'n ot paid enter -0-) (B) Compensation (B) Loans and Advances (C) Compensation (B) Compensation (B) Loans and Advances (C) Compensation (B) Compensation (C) Compensation (B) Compensa	d	Does th							
The plant and address (IF not paid enter -0 -) and defened compensation plans other allowances of the plants of t	Раг	t V-6	Benefits (If any former offi (described below) during the	cer, director, trustee, e year, list that person	or key employee re- below and enter the	ceived compensation amount of compens	or ot	her be	nefits
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		(4) Name and address	(B) Loans and Advances		employee benefit plans and deferred compensation			
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
detailed statement of each change	Par							Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS?	76		-	-	·		7.		N -
If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a No b If "Yes," has it filed a tax return on Form 990-T for this year? 78b 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 No 80a No b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct or indirect political expenditures (See line 81 instructions)81a									
78a No b If "Yes," has it filed a tax return on Form 990-T for this year? 78b 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 No 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a No b If "Yes," enter the name of the organization If "Yes," enter the name of th	//			•	but not reported to the	IRS/	//		IN O
b If "Yes," has it filed a tax return on Form 990-T for this year?	70-		• •	-			70-		N -
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			•	• •					IN O
a statement							780		-
governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	, ,		•	_	•		79		No
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct or indirect political expenditures (See line 81 instructions) 81a	80a		· · · · · · · · · · · · · · · · · · ·						
and check whether it is exempt or nonexempt 81a Enter direct or indirect political expenditures (See line 81 instructions) 81a		governin	g bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	nnization?		80a		No
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a	b	If"Yes	" enter the name of the organization			onexempt			
	81a	Enter d	rect or indirect political expendition			Jueve mbr			
							81b		No

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	,	Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►			
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
_	transaction?			
		89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		Νo
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		89g		Νο
90a	List the states with which a copy of this return is filed 🕨			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			4
91a	The books are in care of LUNITED STATES JUDO ASSOCIATION INC Telephone no (719)	633-7	750	
	21 N UNION BLVD Located at ► COLORADO SPRINGS, CO ZIP + 4 ► 80909			
L				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Νο
	account)?	91b		Νο
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

rm	990	(20	071

Page **8**

Part	VI Other Information (cont	tinued)						Yes	No
с	At any time during the calendar year	, dıd the organizatıc	n maintain	an office outside	of the United	States?	91c		Νο
	If "Yes," enter the name of the foreign	a country 🛌						•	
	Section 4947(a)(1) nonexempt charitab	· -	990 in lieu	of Form 1041—C	heck here				
	and enter the amount of tax-exempt	_					i		- ,
	VII Analysis of Income-Pro					. , , , , , ,			
	Enter gross amounts unless otherwise	_		d business income		ection 512, 513	3, or 514	(E))
	3		(A) Business	(B)	(C) Exclusion	(D)		Related exempt for	
			code	Amount	code	Amoun	t	incon	
93	Program service revenue								
а	CERTIFICATIONS								8,141
b	MARTIAL ARTS SERVICES								7,324
c	PROMOTIONS								73,362
d	SANCTIONS								2,100
е									
f	Medicare/Medicaid payments								
g	Fees and contracts from governmen	t agencies							
94	Membership dues and assessments				3	(3)	321,721		
95	Interest on savings and temporary cash inve	estments							203
96	Dividends and interest from securiti	es							
97	Net rental income or (loss) from rea	l estate							
а	debt-financed property	[
ь	non debt-financed property	[
98	Net rental income or (loss) from personal pi	roperty							
99	Other investment income								
100	Gain or (loss) from sales of assets other tha	-							
101	Net income or (loss) from special ex	ents							
102	Gross profit or (loss) from sales of i	nventory			3		3,931		
103	Other revenue a								
b									
c									
d									
e									
104	Subtotal (add columns (B), (D), and	(E))				3	325,652		91,130
105	Total (add line 104, columns (B), (D)	, and (E))					<u> </u>	4	16,782
Note:	Line 105 plus line 1e, Part I, should eq	ual the amount on li	ne 12, Part I	•					
Part	VIII Relationship of Activ	ities to the Acc	omplish	ment of Exem	pt Purpos	es (See th	ne instru	ıctions	;,)
	No. Explain how each activity for which								
₹	of the organization's exempt purp				rposes)				
93A									
93E									
93D			COMPLI	1110113					
Pari			idiaries	and Disregard	led Entities	s (See the	instruc	tions.)
	(A)	(B)		(C)		(D)		(E)	
N	ame, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities	;	Total inco	me	End-of- asse	
		%							
		%		<u> </u>					
		%							
Par	t X Information Regarding	. Transfers Λεσ	cociated	with Personal	Renefit Co	ntracto (See the		
Pal	instructions.)	i i i alisiei S ASS	ocialed	WILLI PEISUIIAI	Belletit C	muacis (see uie		
(a)	Did the organization, during the year, receive	any funds, directly or i	ındırectly, to p	pay premiums on a be	ersonal benefit co	ontract?		☐ Yes	✓ No
	Did the organization, during the year,							☐ Yes	✓ No
	: If "Yes" to (b), file Form 8870 and								

Part XI

Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No.
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	n make any transfers to a controlled entity as dithe schedule below for each controlled entity	efined in section 512 (b		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	ısfer
ра					
U					
	Totals				
				:	-
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	n receive any transfers from a controlled entity the schedule below for each controlled entity	as defined in section 51	Yes 12(b)(13) of	o 2
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Sfer
а					
q					
U					
	Totals				
				; -	-
108	Did the organization have a binding written or royalties and annuities described in question	inding written contract in effect on August 17, 2006 covering the interests, rents, ibed in question 107 above?	2006 covering the inter	Yes ests, rents,	2
	Under penalties of perjuny, 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.	examined this retum, including accompa aration of preparer (other than officer) is	nying schedules and stateme based on all information of	ents, and to the best of my kn which preparer has any know	now ledge ledge
Please			2008-11-12		
Sign	Signature of officer		Date		
Пеге	JAMES R WEBB PRESIDENT Type or print pame and title				
		_			
Paid Prepa	Paid signature DEFFREY A WYCKOFF CPA Preparer'S	Date 2008-11-12	Check if self-empolyed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)	n Inst W)
Use Only	If self-employed), address, and ZIP + 4 waveners, and ZIP of address.	YIEC DC		EIN •	

Phone no ▶ (719) 633-8607

COLORADO SPRINGS, CO 80920 3280 E WOODMEN RD STE 210 WYCKOFF & ASSOCIATES PC

DLN: 93490322020748

Employer identification number

OMB No 1545-0047

2007

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED STATES JUDO ASSOCIATION INC

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

72-0629934 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None." (d) Contributions (e) Expense to employee benefit (a) Name and address of each employee (b) Title and average hours (c) Compensation account and other paid more than \$50,000 per week devoted to position plans & deferred allowances compensation None Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Total number of other contractors receiving over

\$50,000 for other services

Par	Part III Statements About Activities (See page 2 of the Instructions.)		Yes	§ S
H	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ►\$ (Must equal amounts on line 38, Part VI-A, or line	•		2
		-		0
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
7	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
ď	principal beneficially" (1) the alisiver to any question is lies, accarded statement explaining the transactions.) Sale, exchange, or leasing property?	2a		0 Z
	ng of money or other exte	2b		٥N
U	Furnishing of goods, services, or facilities?	2c		o N
ס	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🖈	2d	Yes	
Ð	Transfer of any part of its income or assets?	2e		o N
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	За		٥N
р	Did the organization have a section 403(b) annuity plan for its employees?	3b		٥N
U	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or structures? If "Yes" attach a detailed statement	32		0 N
σ	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	34		٥N
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		0 N
Р	Did the organization make any taxable distributions under section 4966?	4b		
U	Did the organization make a distribution to a donor, donor advisor, or related person?	4		
σ	Enter the total number of donor advised funds owned at the end of the tax year			
Ø	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
4 -	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
ס	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

6	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization	section 170(b)(1)(A)(iii) Section 170(b)(1)(A)(v) Ith a hospital Section 170(b)(1) ersity owned or operated by a g dule in Part IV-A) fits support from a government dule in Part IV-A) ste the Support Schedule in Part (13% of its support from contributions—subject to certain exceptions—subject to certain exceptions (less section 509(a)(2) (Also complete in the foundation management for the f	repart V) Italian Section 170(b)(1)(A)(III) Inction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city, and title in Part IV-A) Inction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city, our schedule III Part IV-A) In part of its support from a governmental unit or from the general public sort Schedule III Part IV-A) In o complete the Support from a governmental unit or from the general public sort Schedule III Part IV-A) In than 331/3% of its support from contributions, membership fees, and gross to, functions—subject to certain exceptions, and (2) no more than 331/3% of elated business taxable income (less section 511 tax) from businesses See section 509(a)(2) (Also complete the Support Schedule III Part IV-A) Inalified persons (other than foundation managers) and otherwise meets the that describes the type of supporting organization	ital's name, city, ral public s, and gross han 331/3% of sinesses Part IV-A) meets the
L L L L L L L L Name(s	ernment or governmental unit Section 170 ernment or governmental unit Section 170 tion operated in conjunction with a hospita the benefit of a college or university owned iso complete the Support Schedule in Part y receives a substantial part of its support iso complete the Support Schedule in Part of occidental or part is support in the support iso complete the Support Schedule in Part in the support is complete the Support Schedule in Part in the support is charitable, etc., functions—subject in the income and unrelated business taxal after June 30, 1975. See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	(b)(1)(A)(III) (b)(1)(A)(V) I Section 170(b)(1 d or operated by a g IV-A) from a government IV-A) ort Schedule IN Part upport from contribut it to certain exceptible in Complete is C Also complete in than foundation mention in the complete in th	overnmental unit overnmental unit IV-A) IV-A) Itions, membership feesons, and (2) no more tl ction 511 tax) from bus he Support Schedule in anagers) and otherwise	ral public ral public s, and gross han 331/3% of resses Part IV-A)
L L L L L L L Name(s	tion operated in conjunction with a hospita tion operated in conjunction with a hospita the benefit of a college or university owner is complete the Support Schedule in Part y receives a substantial part of its support is complete the Support Schedule in Part 170(b)(1)(A)(vi) (A is complete the Support Schedule in Part in receives (1) more than 331/3% of its sign of its charitable, etc., functions—subject in the income and unrelated business taxal after June 30, 1975. See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	1 Section 170(b)(1) 1 Section 170(b)(1 2 or operated by a g 1V-A) 1V-A) 1V-A) ort Schedule in Part upport from contribut t to certain exceptible in come (less se 2) (Also complete in	overnmental unit overnmental unit IV-A) Iv-A) tions, membership feesons, and (2) no more tl ction 511 tax) from bus he Support Schedule in anagers) and otherwise	ral public s, and gross han 331/3% of Part IV-A) meets the
L L L L L L L Name(s	tion operated in conjunction with a hospita the benefit of a college or university owner is complete the Support Schedule in Part y receives a substantial part of its support is o complete the Support Schedule in Part of its support is complete the Support Schedule in Part 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part if it is charitable, etc., functions—subject in the its charitable, etc., functions—subject in the income and unrelated business taxal after June 30, 1975. See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	I Section 170(b)(1 d or operated by a g IV-A) from a government IV-A) ort Schedule in Part upport from contribut it to certain exceptible income (less se 2) (Also complete in	overnmental unit overnmental unit IV-A) Iv-A) tions, membership feesons, and (2) no more tl ction 511 tax) from bus he Support Schedule in anagers) and otherwise	ral public s, and gross han 331/3% of Part IV - A) meets the
Name(s	the benefit of a college or university owned is a complete the Support Schedule in Part y receives a substantial part of its support is complete the Support Schedule in Part 170(b)(1)(A)(vi) (A is a complete the Support Schedule in Part 170(b)(1)(A)(vi) (A is a complete the Support Schedule in Part is a charitable, etc., functions—subject iment income and unrelated business taxal after June 30, 1975. See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	d or operated by a g IV-A) from a government IV-A) ort Schedule in Part upport from contribut it to certain excepti ble income (less se 2) (Also complete in	overnmental unit al unit or from the gene IV-A) tions, membership fees ons, and (2) no more tl tion 511 tax) from bus he Support Schedule in anagers) and otherwise	ral public s, and gross han 331/3% of sinesses Part IV-A) meets the
Name(s	y receives a substantial part of its support Iso complete the Support Schedule in Part 170(b)(1)(A)(vi) (Also complete the Suppo y receives (1) more than 331/3% of its sign ed to its charitable, etc., functions—subjectiment income and unrelated business taxal after June 30, 1975 See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	from a government IV-A) ort Schedule in Part upport from contribu it to certain excepti ble income (less se 2) (Also complete in	al unit or from the gene IV-A) tions, membership fees ons, and (2) no more tl ction 511 tax) from bus he Support Schedule in anagers) and otherwise	ral public s, and gross han 331/3% of sinesses Part IV-A) meets the
Name(s	170(b)(1)(A)(v1) (Also complete the Suppe y receives (1) more than 331/3% of its super to its charitable, etc., functions—subjectiment income and unrelated business taxal after June 30, 1975 See section 509(a)(3) ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	ort Schedule in Part upport from contribu it to certain excepti ble income (less se ble income (less se c) (Also complete	IV-A) tions, membership fees ons, and (2) no more tl ction 511 tax) from bus he Support Schedule in anagers) and otherwise	s, and gross han 331/3% of sinesses Part IV - A) meets the
Name(s	y receives (1) more than 331/3% of its sign to its charitable, etc., functions—subjectiment income and unrelated business taxal after June 30, 1975. See section 509(a)(3 ontrolled by any disqualified persons (othe (a)(3).	upport from contribut to certain exceptible income (less see 2) (Also complete in their foundation mention men	tions, membership feesons, and (2) no more tlestion 511 tax) from bushe Support Schedule in anagers) and otherwise	s, and gross han 331/3% of sinesses Part IV-A) meets the
An organization that is not requirements of section 50 Type I Provide the followi (a)	ontrolled by any disqualified persons (othe (a)(3) Check the box that describes the ty	r than foliadation m	anagers) and otherwise	meets the
Provide the following inform (a) (a) Name(s) of supported organization(s)		pe of supporting or	שמוודמיוסוו	
Provide the following inform (a) Name(s) of supported organization(s)	√ Type III - Functionally Integrated	Γ Tγpe III - Other)ther	
(a) Name(s) of supported organization(s)	ng information about the supported organizations. (see page 7 of the instructions.)	ations. (see page 7	of the instructions.)	
	(c) Type of (b) Employer (described in ident if ication number 12 above or		(d) Is the supported organization listed in the supporting organization's governing documents?	(e) A mount of support?
	IRC section)	ction) Yes	No	
Total			•	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not	1,366	7,162	1,292		15,935	25,755
16	include unusual grants See line 28)	271.626	204 100	200.766		204.050	
16	Membership fees received Gross receipts from admissions, merchandise	371,626	284,109	289,766		304,058	1,249,559
17	sold or services performed, or furnishing of						
	facilities in any activity that is related to the	53,997	75,830	76,439		87,767	294,033
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section	394	309	307		333	1,343
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975 Net income from unrelated business activities						
19	not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without						
	charge Do not include the value of services or						0
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						0
23	Total of lines 15 through 22	427,383	367,410	367,804		408,093	1,570,690
24	Line 23 minus line 17	373,386	291,580	291,365		320,326	1,276,657
25	Enter 1% of line 23	4,274	3,674	3,678		4,081	. ,
26	Organizations described on lines 10 or 11: a En	nter 2% of amount	: ın column (e), lır	ne 24	26a	<u> </u>	
ь	Prepare a list for your records to show the name of	and amount cont	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	anization) whose t	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	<u>-</u>	-	_			
	of all these excess amounts		,	▶	26b		
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		
	Add Amounts from column (e) for lines 18		19			İ	
					26d	l	
	Public support (line 26c minus line 26d total)		-		26e		
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		26f	<u> </u>	
27	Organizations described on line 12: a For amou			7 that were receiv	ed from	a "disqua	alified person."
	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sur	,		, , , , , , , , , , , , , , , , , , , ,			
	(2006) (2005)		(2004)		(2003)		
Ŀ	For any amount included in line 17 that was receiv	ed from each pers	on (other than "d		· · ·	pare a list	for your
_	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de						
	return. After computing the difference between the	amount received	and the larger an	nount described ir	(1) or ((2) , enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2006) (2005)		(2004)		(2003)		
					_		
c	Add Amounts from column (e) for lines 15	25	755 16	1,249,559			
	17 294,033 20		0 21	0	▶	27c	1,569,347
c	Add Line 27a total	and line 27b tot	al		▶	27d	
e	Public support (line 27c total minus line 27d total)			•	27e	1,569,347
f	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f	1,570,690		, ,
	Public support percentage (line 27e (numerator) d			•	27g	i '	99 91 %
e H				denominator)) 🕨	27h		0 09 %
28	Unusual Grants: For an organization described in li					02 throug	
	prepare a list for your records to show, for each ye		-	-	_	_	·
	description of the nature of the grant Do not file t	·	·		_		· · - ·

Sche	edule A (Form 990 or 990-EZ) 2007		Pa	age 5
Pa	rt V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	31		
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		-		
		4		
	-	4		
32	Does the organization maintain the following	4		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	324		
'	b Accords documenting that scholarships and other infancial assistance are awarded on racially hondiscriminatory basis?	32b	 	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320		
•		22-		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
•	1 Copies of all material used by the organization of on its behalf to solicit contributions?	320	 	<u> </u>
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	If you allowered to ally of the above, please explain (If you need more space, attach a separate statement)			
	-	-		
33	Does the organization discriminate by race in any way with respect to	\dashv		
33	boes the organization discriminate by ruce in any way with respect to			
	a Students' rights or privileges?	33a		
•	,			<u> </u>
	h Admissions policies?	33b		
	, manipolicito politica	332		<u> </u>
	Employment of faculty or administrative staff?	33c		
,	, Employment of tacately of administrative stair	550		<u> </u>
	Scholarships or other financial assistance?	33d		
•	a solidaiships of other interioral assistance	554		<u> </u>
	e Educational policies?	33e		
•	s Laded Horian Politics	1550		<u> </u>
	Use of facilities?	33f		
			l	<u> </u>
	a Athletic programs?	33g		
,	, · · · · · · · · · · · · · · · · · · ·			<u> </u>
	h Other extracurricular activities?	33h		
			l	<u> </u>
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		\dashv		
		1		
		1		
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	i i	i

Part VI-A	Lobbying	Expenditures by	Electing	Public Charities	(See page	9 of the instructions.)
	· ·					

(To be completed **ONLY** by an eligible organization that filed Form 5768)

C ne	ck Fa If the organization belong	s to an amiliated group Check F b If you	и спескеа	a and limited con	troi provisions apply
		bbying Expenditures " means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		_
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add line	es 36 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures ((add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter t	he amount from the following table—			
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (ente	r 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36	43		
44	Subtract line 41 from line 38 Enter	-0 - ıf lıne 41 ıs more than lıne 38	44		
	Caution: If there is an amount on either	er line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lo	bbying Expendit (ıres During 4-Yea	r Averaging Peri	od
	Calendar year (or fiscal year beginning in) 🏲	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

	(For reporting only by organizations that did not complete Part VI-A) (See page 11	of th	e inst	ructions.)
	ng the year, did the organization attempt to influence national, state or local legislation, including any npt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	A mount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h}_{f c}$)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h .)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

		· _	•					
Part	t VII				and Relationships With N	lonch	arita	ble
51 D	ud th			age 12 of the instructions.) Iv engage in any of the following v	with any other organization descri	ibed in	sectio	n
					, relating to political organization			
				ncharitable exempt organization o		-	Yes	No
	(i)	Cash			Ū	51a(i)		No
	(ii)	O ther assets			ļ l	a(ii)		No
ьο	ther	transactions			Ī			
	(i)	Sales or exchanges of	of assets with a nonch	arıtable exempt organızatıon	į	b(i)		Νo
	(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		No
((iii)	Rental of facilities, ed	quipment, or other ass	sets		b(iii)		Νo
		Reimbursement arrar	-			b(iv)		Νο
		Loans or loan guaran			_	b(v)		No
			·	fundraising solicitations	-	b(vi)		No
_				er assets, or paid employees		c		No
					nn (b) should always show the fair			
_		•			zation received less than fair mar	ket vali	ue in a	iny
tr	ransa	ction or snaring arran	igement, snow in colu I	mn (d) the value of the goods, oth	·			
(a) Line i		(b) A mount involved	Name of noncha	(c) ırıtable exempt organızatıon	(d) Description of transfers, trans arrangemen		, and	sharıng
					arrangemen			
d	es c rı		of the Code (other th	with, or related to, one or more to an section 501(c)(3)) or in secti	· -	Г	Yes	V N
		(a)		(b)	(c)			
		Name of organiza	ation	Type of organization	Description of relat	ions hip		

Additional Data

Software ID:

Software Version:

EIN: 72-0629934

Name: UNITED STATES JUDO ASSOCIATION INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

L	FORM 390, Part 11, Lille 43 - Other expenses not covered above (itemize):	מפווטמ	s iiot covereu a	nove (itellize):		
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
"	a EXPENSES	43a				
	b advertising	43b	400	200	200	
	c AWARDS	43c	1,136	1,136		
J	d BANK CHARGES	43d	247	123	124	
	e COMPUTER SUPPLIES	43e	25,150	12,575	12,575	
+	f CONTRACT SERVICES	43f	1,650	825	825	
Ji	g CREDIT CARD FEES	43g	12,559	6,279	6,280	
_	h DUES - CLASS A USJI	43h	1,500	750	750	
	i EQUIPMENT LEASE	43i	15,152	7,576	2,576	
ij	j GRASS ROOTS DEV EXPENSES	43j	13,840	6,920	6,920	
-	k insurance - property	43k	1,408	704	704	
_	I INSURANCE - MEMBERS	431	79,691	79,691		
=	m INSURANCE - WORKERS COMP	43m	3,261	1,630	1,631	
-	n LICENSES / FEES	43n	806	454	454	
٠	• PENALTIES	430	1,240		1,240	
-	p TEMPORARY STAFFING	43p	10,466	5,233	5,233	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Tit le and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
KATRINA LUCADAMO 4920 S CAREFREE CIRCLE COLORADO SPRINGS, CO 80917	EXEC OFF MGR 40 00	61,833	625	1,259
JAMES S BREGMAN 1111 ARLINGTON BLVD ARLINGTON, VA 22209	DIRECTOR 100	0		
JAMES R WEBB 3811 WOODED CREEK DR DALLAS, TX 75244	PRESIDENT 1 00	0		3,016
DR ANNMARIA ROUSEY DEMARS 2111 7TH ST 8 SANTA MONICA, CA 90405	V-PRESIDENT 1 00	0		
LOWELL F SLAVEN 4840 N 350 E LEBANON, IN 46052	TREASURER 100	0		
PETER A CONTARDO 3758 DIVISION DT E GREENWICH, RI 02818	DIRECTOR 100	0		
MICHELLE B HOLTZE 4200 WILLISTON RD MINNETONKA, MN 55345	DIRECTOR 100	0		
VIRGIL J BO WLES 645 S FRANKLIN RD INDIANAPOLIS, IN 46239	DIRECTOR 100	0		
JAMES E PEDRO SR 67 SHORE DR SALEM, NH 03079	DIRECTOR 100	0		
ROBERT H SPRALEY 717 W MAIN ST TIPP CITY, OH 45371	DIRECTOR 100	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and ot her allowances
GARY S GOLTZ 2233 N CAMPUS AVE UPLAND, CA 917841372	COO 100	0		
GEORGE R WEERS JR 1121 ROYAL AVE PEKIN, IL 61554	SECRETARY 1 00	0		

DLN: 93490322020748

OMB No 1545-0172

Department of the

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retu	urn.		Attachment Sequence No. 67
Name(s) shown on retur	n	Business or a	activity to which	this form relat	es Iden	t if y in	g number
UNITED STATES JUDO	ASSOCIATION		EPRECIATION		72-0	06299	334
Part I Election	To Expense (Certain Property Un			72-0	70293	777
		sted property, comple			lete Part I.		
1 Maximum amount S	ee the instructions	for a higher limit for cert	taın busınesses			1	125,000
2 Total cost of section	179 property plac	ced in service (see instru	ctions) .			2	
		before reduction in limit				3	500,000
		from line 2 If zero or les				4	
		line 4 from line 1 If zero	•		ling.		
	•	illie 4 from fille 1 Tr Zero	or less, efficer -	o- Il illallieu ill	illig	5	
separately, see insti	uctions	· · · · · ·				3	<u> </u>
(a)	Description of pro	perty	1	(business use	(c) Elected	cost	
			'	only)			_
6							\dashv
7 Listed property Ente	er the amount from	line 20		. 7			┦
,							
		erty Add amounts in col	umn (c), lines 6	and /		8	
9 Tentative deduction						9	
10 Carryover of disallov	ved deduction from	line 13 of your 2006 Fo	rm 4562 .			10	
11 Business income limitatio	n Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expens	e deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 •	[12	
13 Carryover of disallow	ved deduction to 2	008 Add lines 9 and 10,	less line 12	. 🕨			
Note: Do not use Pai	rt II or Part III b	elow for listed proper	ty. Instead, u	se Part V.			·
		Allowance and Othe			nclude listed pr	opert	y) (See instructions)
property) and cellulo	•	rk Liberty or Gulf Opportu ol plant property placed			listed		
(see instructions)						14	
15 Property subject to s	section 168(f)(1) 6	election				15	
16 Other depreciation (16	221
Part IIII MACRS I	Depreciation (I	Do not include listed p		e instructions	5.)		
47.WA CDC			ection A	007		47	1 220
		n service in tax years be				17	1,220
-		ssets placed in service	e during the t	ax year into d			
general asset acc	ounts, check hei	1			▶!	<u> </u>	
(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment	(d) Recovery period	(e) Conventio	n (f) Metho	d	(g)Depreciation deduction
p. 0 p 0 ,	service	use only—see instructions)	Porrod				4044011
19a 3-year property		only—see mstructions)					
b 5-year property		2,485	5 0	НҮ	200 DB		497
c 7 - year property				1			
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresıdentıal real			39 yrs	ММ	S/L		
property				ММ	S/L		
	ion C—Assets Plac	ced in Service During 2007	7 Tax Year Using	the Alternativ		Syst	em
20a Class life					S/L		
b 12-year			12 yrs		S/L		
c 40-year		tions	40 yrs	ММ	S/L		
	ary (see instruc					24	T
21 Listed property Ente						21	
and on the appropria	te lines of your ret	14 through 17, lines 19 urn Partnerships and S o	corporations—se	ee instr .	LI Enter here	22	1,938
23 For assets shown ab portion of the basis a	•	service during the curren tion 263A costs	t year, enter the	23			

Form 4562 (2007)															Page 2
		t y (Include							ular te	elephon	es, cer	taın c	ompu	ters, a	and
		or entertain									al a.b.!				
		vehicle for 24a, 24b, c													ble.
Section A—Depred															
24a Do you have evidenc	e to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гпо		24	b If "Ye	s," is the	ev idence	written?	Гүе	sГN	<u> </u>
		(-)			T		П								
(a) Type of property (list Districted First)	(b) Pate placed in service	(c) Business/ investment use	(d Cost o ba	rother	Basis for (busines			(f) Recovery period	(g Meth Conve	nod/	(h Depreci deduc	ation/	:	(i) Electe section :	
		percentage			usi	e offig)								cost	
25 Special allowance for qua year and used more than						ced in se	ervice o	during the	tax	25					
26 Property used more			•							· · ·					
		%													
		%					\dashv			-			_		
27 Property used 50%	or less ın a	qualified bus	ıness us	е											
		%					\dashv		S/L - S/L -				_		
		%							S/L -				_		
28 Add amounts in col	umn (h), lır	nes 25 throug	h 27 En	ter here	and on lir	ne 21,	page	1 .	28						
29 Add amounts in col	umn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1						29				
C					mation					. " . " ".					
Complete this section f If you provided vehicles to y													se vehic	les	
30 Total business/inve	estment mi	les driven dui	ına the		a)		b)		(c)		(d)	-	∍)		f)
year (do not include				ven	icle 1	veni	cle 2	V e	hicle 3	Ver	ncle 4	Vehi	cie 5	veni	cle 6
31 Total commuting m	ıles drıven	during the ve	ar .												
32 Total other persona															
33 Total miles driven of through 32	during the y	ear Add line	s 30												
34 Was the vehicle ava	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .														
35 Was the vehicle use owner or related pe		/ by a more th	nan 5%												
36 Is another vehicle a	avaılable fo	r personal us	e? .												
Sectio Answer these questions 5% owners or related p	s to determ		et an exc											not mo	re than
37 Do you maintain a v				nibits all	personal	use of	vehic	les, inc	luding	commut	ng, by y	our .		es	No.
employees? .		·			·						• •		<u> </u>	-	NO
38 Do you maintain a v employees? See the															
39 Do you treat all use															
40 Do you provide mor				oyees, o	btaın ınfo	rmatio	n fron	n your e	mploye	ees abou	t the us	e of th	e 🗔		
41 Do you meet the red				automob	ıle demor	nstratio	on use	e? (See	ınstruc	tions)					
Note: If your answe	r to 37, 38	, 39, 40, or 4	1 is "Ye:	s," do no	t comple	te Sec	tion B	for the	covere	d vehicle	es			\neg	
Part VI Amor	tization	· · · · · ·												I	
	Т	(b)				- 1				(e)	1				
(a) Description of co	sts	Date amortization	1	A mort amo	ızable		С	(d) ode ction	p e	ortizatioi eriod or	ח		(f) rtızatıd hıs yea		
42 A mortization of cos	ts that ben	begins iins during yo	 ur 2007			tructio			pei	centage	1		•		
				,											

43 A mortization of costs that began before your 2007 tax year

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

43 44

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TY 2007 General Explanation Attachment

Name: UNITED STATES JUDO ASSOCIATION INC

EIN: 72-0629934

ldentifier	Return Reference	Explanation
GENERAL ELECTIONS		

DLN: 93490322020748	
As Filed Data -	
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TY 2007 Land etc. Schedule

Name: UNITED STATES JUDO ASSOCIATION INC

EIN: 72-0629934

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
MACHINERY AND EQUIPMENT	14,925	11,023	3,902

TY 2007 Sales Of Inventory Schedule

Name: UNITED STATES JUDO ASSOCIATION INC

EIN: 72-0629934

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
SALES OF INVENTORY	39,079	35,148	3,931