efile	e GRAPHIC	print - DO NOT PROCESS	As Filed Data -			DLN	: 93493320016117					
	000	Return of Org	anization E	cempt From	Income	Тах	OMB No 1545-0047					
Form	990	-	-	-			2016					
9		foundations)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
-	ment of the Trea	Surv Information about	al security numbers o it Form 990 and its in				Open to Public					
Interna	l Revenue Servio	re					Inspection					
A Fe	or the 2016	calendar year, or tax year begin	ning 01-01-2016	, and ending 12-3	1-2016							
_	ck if applicable	C Name of organization UNITED STATES JUDO ASSOCIATIO	N INC			D Employer ic	lentification number					
	dress change me change					72-062993	4					
Ini Fin	tial return	Doing business as										
Detur	n/terminated	Number and street (or P O box if m	ail is not delivered to stru	eet address) Room/su	ıte	E Telephone nu	ımber					
	iended return plication pendin	2005 MERRICK ROAD 313				(727) 937-	7120					
— · · r	,	City or town, state or province, cour MERRICK, NY 11566	ntry, and ZIP or foreign p	ostal code								
		F Name and address of principa	l officer			G Gross receipt	· · · · · · · · · · · · · · · · · · ·					
		JOHN PACCIONE	ii onicei			a group returr Inates?	i for Yes 🗹 No					
		916 SW 18TH ST CAPE CORAL, FL 33991			H(b) Are al	subordinates						
I Ta:	x-exempt statu	5 🔽 501(c)(3) 🔲 501(c)() ◀ ((Insert no) 4947(a)(1) or 🛛 527	includ If "No		(see instructions)					
J W	ebsite:► W	WW USJA-JUDO ORG				exemption nur	• •					
					• • • • • •							
K Forr	n of organızatıo	n 🗹 Corporation 🗌 Trust 🗌 Asso	ciation 🔲 Other 🕨		L Year of forma	tion M	State of legal domicile NY					
Pa	rt I Sur	nmary										
	1 Briefly d	escribe the organization's mission o										
		SION OF THE USJA IS TO SUPPORT _ES OF MAXIMUM EFFICIENCY AND										
Се	PARTICI	PANTS WHO WILL WORK TOGETHER I OF ALL AMERICANS, ESPECIALLY	R TO MAKE JUDO A FO	,								
Governance		OF ALL AMERICANS, ESPECIALLI										
ven												
3	2 Check t	his box \blacktriangleright \Box if the organization dis	continued its operation	ons or disposed of m	ore than 25%	of its net asset	-5					
×ð		of voting members of the governin			• • • •	or its net asse	3 7					
utie	4 Number	of independent voting members of	the governing body i	(Part VI, line 1b) .		•	4 7					
Activities &		imber of individuals employed in ca		rt V, line 2a) . .		•	5 0					
۲		imber of volunteers (estimate if nec				•	6					
		related business revenue from Part					7a 0 7b					
	D Net uni	elated business taxable income fron	n Form 990-1, line 54	•••••	 Pri	or Year	Current Year					
_	8 Contrib	utions and grants (Part VIII, line 1h)			340,532	344,668					
enu		n service revenue (Part VIII, line 2g				58,091	63,143					
enneven	10 Investm	nent income (Part VIII, column (A),	lines 3, 4, and 7d)			-705	6					
ш.	11 Other r	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, a	nd 11e)		25,086	9,458					
	12 Total re	venue—add lines 8 through 11 (mu	st equal Part VIII, col	umn (A), line 12)		423,004	417,275					
		and similar amounts paid (Part IX, o					0					
		s paid to or for members (Part IX, co				25,620	0					
SS		 other compensation, employee be ional fundraising fees (Part IX, colu 				35,629	0					
Expenses		draising expenses (Part IX, column (D), li					0					
Ä		xpenses (Part IX, column (A), lines				412,396	409,994					
		penses Add lines 13-17 (must equ	-			448,025	409,994					
	19 Revenu	e less expenses Subtract line 18 fro	om line 12		-25,021	7,281						
ces					Beginning	of Current Year	End of Year					
Net Assets or Fund Balances	20 Total ac	sets (Part Y line 16)				29,831	37,031					
t As d B		20 Total assets (Part X, line 16) . <t< td=""><td>0</td></t<>					0					
P L P		ets or fund balances Subtract line 2				29,750	37,031					
Par	tII Sig	nature Block										
		perjury, I declare that I have exam lef, it is true, correct, and complete										
	nowledge	ier, it is true, correct, and complete		_								
	N	**										
Cian	Signa	ature of officer		-								
Sign Here		TAMULIONIS TREASURER										
	11AIN	or print name and title										
	/ 	Print/Type preparer's name	Preparer's signature									
Paic	l k	PAUL C RIECK CPA	PAUL C RIECK CPA									
Pre	parer	Firm's name WYCKOFF & ASSOCIAT										
Use	Only	Firm's address ► 3280 E WOODMEN RD										
Use Only		COLORADO SPRINGS, (LU 80920									

May the IRS discuss this return with the preparer shown above? (see instru-For Paperwork Reduction Act Notice, see the separate instructions.

FOITIN	n 990 (2016)				Page 2
Par	t III Statement of Program Se	rvice Accomplis	hments		
	Check if Schedule O contains a r	esponse or note to	any line in this Part III		🗹
1	Briefly describe the organization's missi				
PRIN WILL	MISSION OF THE USJA IS TO SUPPORT A ICIPLES OF MAXIMUM EFFICIENCY AND M . WORK TOGETHER TO MAKE JUDO A FOR CIALLY THE YOUNG	UTUAL WELFARE A	ND BENEFIT, AND TO PRO	OVIDE AN ORGANIZATION FOR ALL	PARTICIPANTS WHO
2	Did the organization undertake any sigr	uficant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe these new services or	Schedule O			
3	Did the organization cease conducting,	or make significant	changes in how it conduc	cts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe these changes on Sch	edule O			
4	Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organi expenses, and revenue, if any, for each	zations are required	to report the amount of		
4a	(Code) (Expenses \$ See Additional Data	248,547	including grants of \$) (Revenue \$	63,143)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	(Code) (Expenses \$ PROGRAM SERVICES OCCUPANCY	2,657	including grants of \$) (Revenue \$)
	Other program services (Describe in Sc	hedule O)			
4d	(Expenses \$ 2,657	including grants of	\$) (Revenue \$)

Form	990 (2016)			Page 3
Par	t IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 😒	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 🛸	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V \mathfrak{B}	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \mathfrak{B}	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
		F	orm 99	0 (2016)

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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		No
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
Ľ		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		·
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		0 (2016)

Form **990** (2016)

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Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction 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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			1
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN PACCIONE 916 SW 18TH ST CAPE CORAL, FL 33991 (239) 281-8057 20

orm 9	90	(201	6)
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Se	ection C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed \blacktriangleright	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t chu unles ficer	ss pers and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organızatıon and related organızatıons	
(1) DAVE GOODWIN SECRETARY	2 00	х		x				0	0	0	
(2) JOHN PACCIONE PRESIDENT	2 00	х		x				0	0	0	
(3) H C BOLLINGER DIRECTOR	2 00	х						0	0	0	
(4) CELITA SCHUTZ VICE PRESIDE	2 00	х		x				0	0	0	
(5) MARK TAMULIONIS TREASURER	2 00	х		x				0	0	0	
(6) ED RODRIGUEZ DIRECTOR	2 00	х						0	0	0	
(7) PAUL RUSH DIRECTOR	2 00	x						0	0	0	
										Form 990 (2016)	

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Par	t VII Section A. Officers, Direct	tors, Trustees	s, Key l	Emp	loye	ees,	and H	High	nest Cor	npensate	d Employees	(cont	inued)	
	(A) (B) Name and Title Average hours per week (list any hours for related		than one box, unless person cor is both an officer and a director/trustee) orga							D) ortable ensation m the ation (W- 9-MISC)	from related /- organizations (W		(F) Estimated amount of ot compensati /- from the organization	
	Instructed organizations below dotted line) instructors instructoral instructor									relat	ed			
c	Sub-Total	art VII, Sectio	nA.		•		>		eived mo	re than \$1	00.000			
	of reportable compensation from the									· - ···· + -			Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule .				ey e		oyee, c	or hig	ghest cor	npensated	employee on	з		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a recein services rendered to the organization								-	tion or indi	vidual for	5		No
S	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe	nsation for the c									n's tax year	mpen		
	Name a	(A) and business addre	955							Desc	(B) ription of services		(C Comper	
-				-		-								

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

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	VIII Statement of Reven							Page 9
Part	Check if Schedule O conta		onse or note to an	, line in this Part VI	TT			П
				(A) Total revenue	(I Relat exe func	B) ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			reve	enue		512-514
nts	b Membership dues	1b	336,911					
irar Nou	c Fundraising events	10 1 1 c	330,511					
S, G An	d Related organizations	10 11	<u> </u>					
Gift	e Government grants (contribution		<u> </u>					
ls, i	f All other contributions, gifts, grai		l					
tion er S	and similar amounts not included	1 Í	7,757					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions includ	led						
Conti and (ın lınes 1a-1f \$							
ы С	h Total.Add lines 1a-1f			344,668				
านษ	_		Busines	s Code	62.442	(2.4	42	
ieve	2a JUDO PROMOTIONS				63,143	63,1	43	
ie R	b							
er vic	c d							
n S	e							
Program Service Revenue	f All other program service reve	enue						
ĕ	gTotal.Add lines 2a-2f		►	63,143				
	3 Investment income (including		interest, and other		6	6		
	similar amounts)		ond proceeds					
	5 Royalties	-		►İ				
	(1)	Real	(II) Personal					
	6a Gross rents							
	b Less rental expenses			-				
	c Rental income or			_				
	(loss)							
	d Net rental income or (loss)		••• •					
	(I) Se	curities	(แ) Other	_				
	from sales of assets other							
	than inventory							
	b Less cost or other basis and							
	sales expenses C Gain or (loss)			-				
	d Net gain or (loss)	• •	•	-1				
	8a Gross income from fundraisin (not including \$	-						
nue	contributions reported on line	1c)	ļ					
eve	See Part IV, line 18			_				
r R	b Less direct expenses . . c Net income or (loss) from fun		ents 🕨					
Other Revenue	9a Gross income from gaming ac	tivities	–					
0	See Part IV, line 19	a]					
	b Less direct expenses			-				
	c Net income or (loss) from gar		ies 🕨					
	10a Gross sales of inventory, less returns and allowances							
		a	14,16	9				
	b Less cost of goods sold .	. ь	4,71	1				
	c Net income or (loss) from sale			9,4	58	9,458		_
	Miscellaneous Revenue		Business Code	_				
	110							
	b							
	c			1				1
	d All other revenue	•						
	e Total. Add lines 11a-11d .		· · •					
	12 Total revenue. See Instructi	ons	· · · •	417,2	75	72,607		

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Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 9 Other employee benefits . . 10 Payroll taxes 11 Fees for services (non-employees) a Management **b**Legal 2,531 1,265 1,266 c Accounting . . . d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees . . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,390 2.390 12 Advertising and promotion . 13 Office expenses . . 11,204 11,204 14 Information technology . 15 Royalties . 403 403 16 Occupancy . 10.162 10.162 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates . . . 267 267 22 Depreciation, depletion, and amortization . 110,535 110,535 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 152,872 76,436 76,436 a COMPUTER/PRINTER/MAINT & b CONTRACT LABOR 85,598 42,799 42.799 11,012 5,506 5,506 c CREDIT CARD FEES 7,746 d POSTAGE 3.873 3,873 All other expenses 15,274 7,730 7,544 409,994 251,204 158,790 0 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720)

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

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Form 990 (2016)

Part X Balance Sheet

(A) (A) (B) 2 Cash-non-interest-bearing 7.100 1 7.804 2 Sampa ditemporty cash investments 20.81 2 27.326 3 Piedges and grants receivable, net 3 3 4 Accounts receivable, net 3 3 5 Loss and other receivable from current and former officers, directors, truttees, key employees, and highest compensated employees. Complete Part for and sponsorm organizations of detain constraints of scheron 501({30}) wainnay employees ibeneficiary organizations of scheron 501({30}) 6 10 Lad, building, and equipment. cost or other labs. 1.22 7 10 Lad, building, and equipmort cost or other labscheron employemente scheron			Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
2 Sounds and temporary cash investments 20068 2 27.326 3 Pledges and grants receivable, net 3 3 3 4 Accounts receivable, net 4 3 3 5 Loans and other receivables from other discubiling dipress Genetics 4 4 10 5 Loans and other receivables from other discubiling dipress 5 6 6 Loans and other receivables from other discubiling dipress Complete Part 5 6 7 Notes and loans receivables, net 7 7 7 10a 4.638 6 9 9 10a 4.638 6 9 120 10a 4.638 10 401 11 12 11a Investments						. ,		
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Lons and other receivables from unter degualified percons (as defined under econtrol (MI) (MI) (MI) (MI) (MI) (MI) (MI) (MI)		1	Cash-non-interest-bearing		•	7,190	1	7,804
4 Accounts receivable, net 4 5 Coans and other receivables from current and former officers, directors, trustess, lesy employees, and highest compensated employees. Complete Part I 5 6 Loans and other receivables from other disqualified persons (as defined under contributing employees in dependent action 4958(ff(11)), presons described in section 4958(ff(11)), presons described in the sectin 4958(ff(11)), presons described in the secti		2	Savings and temporary cash investments .		[20,681	2	27,326
5 Loans and other receivables from current and former officers, directors, the former of and other receivables from other disqualified periods. The former officers, directors, the former of and other receivables, net		3	Pledges and grants receivable, net		3			
trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Leans and other receivables from other disgualified persons (as defined under sector 4958)[1(1)], persons described in action 4958((2)(3), and contributing employers and sponsoing organizations of section 501(c)(9) Part II of Schedule L 6 7 Notes and loans recrivable, net		4	Accounts receivable, net		[4	
section 4958(r)(11), persons described in section 4958(r)(3(8), and contributing employees and spannamong organizations (see instructions) Complete Part II of Schedule L 6 Prepaid expenses and deferred charges 7 Investments for sile or use 10a Land, buildings, and equipment cost or other basis Complete Part II of Schedule D 10a 4.638 De Less accumulated depreciation 10a 4.638 11 Investments—policy V of Schedule D 10a 4.638 12 Investments—policy V of Schedule D 10a 4.638 13 Investments—policy V of Schedule D 111 14 113 114 15 00c 401 16 Total assets. See Part IV, line 11 113 17 15 17 18 0counts payable and accrued expenses 81 19 0 221 20 12 20 21 Escrow or custodial account liability 10s undified 22 22 22 23 Secrem through 15 (nucle qualline 34) 23 24 20 22 25 31 23			trustees, key employees, and highest compensa II of Schedule L	ated en	nployees Complete Part		5	
9 Prepad expenses and deterred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,638 b Less accumulated deprenation 10b 4.237 666 10c 401 11 Investments—publicly traded securities 111 112 113 114 114 114 114 113 114 Introglible assets . . 114 113 114 113 115 Other assets See Part IV, line 11 . 115 116 37,031 116 Total assets See Part IV, line 11 . 115 116 37,031 117 Accounts payable and accrued expenses . 116 37,031 117 118 Grants payable and accrued expenses . 118 117 118 121 Loss and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parties . . 221 221 223 Secured mottgages and notes payable to unrelated third parties . . 224 224 225 25 26 0	its		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 Itions d	(c)(3)(B), and if section 501(c)(9)		-	
9 Prepad expenses and deterred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,638 b Less accumulated deprenation 10b 4.237 666 10c 401 11 Investments—publicly traded securities 111 112 113 114 114 114 114 113 114 Introglible assets . . 114 113 114 113 115 Other assets See Part IV, line 11 . 115 116 37,031 116 Total assets See Part IV, line 11 . 115 116 37,031 117 Accounts payable and accrued expenses . 116 37,031 117 118 Grants payable and accrued expenses . 118 117 118 121 Loss and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parties . . 221 221 223 Secured mottgages and notes payable to unrelated third parties . . 224 224 225 25 26 0	Asse				. F	1.292	-	1.500
Note that and, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4.838 6 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 4.237 668 10c 401 11 Investments—publicly traded securities 11 11 11 11 13 Investments—program-related See Part IV, line 11 13 13 13 14 Intangible assets . . 14 . 16 Total assets.Add lines 1 through 15 (must equal line 34) . 28,831 16 37,031 17 Accounts payable and accrued express . . 19 . . 100 21 . . 18 .	As			• •	·	1,202	-	1,000
basis Complete Part VI of Schedule D 10a 4.638 00c 401 11 Investments—bublicly tradel securities . 11 11 11 12 Investments—bublicly tradel securities . 11 12 12 13 Investments—bublicly tradel securities . 11 12 12 14 Intrangible assets . 11 13 14 15 Other assets See Part IV, line 11 . 13 14 15 16 Total assets.Add lines 1 through 15 (must equal line 34) . 20.833 16 37.031 17 Accounts payable and accrued expenses . . 18 37.031 18 Grants payable and accrued expenses . . 19 0 20 Tax-exempt bond liabilities . . 20 21 22 21 Eacrow or custodial account liability Complete Part IV of Schedule D 22 22 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 25 Other liabilities (including federal income tax, payables to related third parties . . 24 25 24<		-			, · · F		9	
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12 Investments—other securities See Part IV, line 11		b	Less accumulated depreciation	668	10c	401		
13 Investments—program-related See Part IV, line 11		11	Investments—publicly traded securities .			11		
14 Intangible assets		12	Investments-other securities See Part IV, line		12			
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line		13			
16 Total assets.Add lines 1 through 15 (must equal line 34) 29.831 16 37.031 17 Accounts payable and accrued expenses 81 17 18 Grants payable 19 19 20 Tax-exempt bond liabilities		14	Intangible assets		14			
17 Accounts payable and accrued expenses 81 17 18 Grants payable 18 19 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 20 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities, Add lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 81 26 29 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 20 Capital itabilities. Add lines 30 through 34. 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 20 through 34. 29,750 30 29,766 30 Capital istock or trust principal, or current funds		15	Other assets See Part IV, line 11		15			
18 Grants payable 11 11 19 Deferred revenue 11 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 26 26 Total liabilities.Add lines 17 through 25 . 81 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 Urrestricted net assets 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 30 through 34. 29, 50 29 Permanently restricted net assets 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete		16	Total assets.Add lines 1 through 15 (must equ	34)	29,831	16	37,031	
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20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 Complete Part X of Schedule D 21 27 28 Temporarily restricted net assets 27 27 29 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and capital stock or trust principal, or current funds 29 29 30 Capital stock or trust principal, or current funds 31 31 31 Capital stock or trust principal, or current funds 32 7,285 33 </td <th></th> <th>18</th> <td>Grants payable</td> <td></td> <td>18</td> <td></td>		18	Grants payable		18			
21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 29 29 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 29,750 30 29,746 30 Capital stock or trust principal, or current funds		19	Deferred revenue		19			
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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) 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 0rganizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 29 29 29 29 Permanently restricted net assets 29 29 29 30 Capital stock or trust principal, or current funds 29 29,750 30 29,746 31 Paid-in or capital surplus, or land, building or equipment fund 31 31 32 7,285 33 Total net assets or fund balances	s	21	Escrow or custodial account liability Complete F	of Schedule D		21		
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) 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 0rganizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 29 29 29 29 Permanently restricted net assets 29 29 29 30 Capital stock or trust principal, or current funds 29 29,750 30 29,746 31 Paid-in or capital surplus, or land, building or equipment fund 31 31 32 7,285 33 Total net assets or fund balances	ilitie	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) 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 0rganizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 29 29 29 29 Permanently restricted net assets 29 29 29 30 Capital stock or trust principal, or current funds 29 29,750 30 29,746 31 Paid-in or capital surplus, or land, building or equipment fund 31 31 32 7,285 33 Total net assets or fund balances	iał		persons Complete Part II of Schedule L .				22	
25 Other habilities (including federal income tax, payables to related third parties, and other habilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities.Add lines 17 through 25 81 26 0 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 27 28 29 Permanently restricted net assets 29 0 riganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 29 29 Permanently restricted net assets 29 30 Capital stock or trust principal, or current funds	Г	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D 81 26 26 Total liabilities.Add lines 17 through 25 81 26 0 0rganizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 27 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 29 30 Capital stock or trust principal, or current funds 29,750 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,285 33 Total net assets or fund balances 29,750 33 37,031		24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
Source Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 27 28 27 28 Temporarily restricted net assets 27 29 Permanently restricted net assets 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 29 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 30 0 rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 29,750 30 Capital stock or trust principal, or current funds 29,750 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,285 33 Total net assets or fund balances 29,750 33 37,031		25	and other liabilities not included on lines 17-24)	to related third parties,		25		
Complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 29,750 30 Capital stock or trust principal, or current funds 29,750 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,285 33 Total net assets or fund balances 29,750 33 37,031		26	Total liabilities. Add lines 17 through 25 .		81	26	0	
29Permanently restricted net assets29Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 3029,75030Capital stock or trust principal, or current funds29,75031Paid-in or capital surplus, or land, building or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances29,75033Total net assets or fund balances33	ances	27	complete lines 27 through 29, and lines 33				27	
29Permanently restricted net assets29Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.2930Capital stock or trust principal, or current funds2931Paid-in or capital surplus, or land, building or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances29,750343337,031	<u>al</u>	28	Temporarily restricted net assets				28	
check here >Image: Check here > </td <th>Б Б</th> <th>29</th> <td>Permanently restricted net assets</td> <td>F</td> <td></td> <td>29</td> <td></td>	Б Б	29	Permanently restricted net assets	F		29		
check here ▶✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds29,7503029,74630Paid-in or capital surplus, or land, building or equipment fund313132Retained earnings, endowment, accumulated income, or other funds327,28533Total net assets or fund balances29,7503337,031	5		Organizations that do not follow SFAS 117	(ASC	958),			
33 Total net assets or fund balances	٦	30			34.	29,750	30	29,746
33 Total net assets or fund balances	, et	31	Paid-in or capital surplus, or land, building or ec	uipme	nt fund		31	
33 Total net assets or fund balances	Ass	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	7,285
Z 34 Total liabilities and net assets/fund balances 37,031 34 37,031		33	Total net assets or fund balances			29,750	33	37,031
	z	34	Total liabilities and net assets/fund balances .			29,831	34	37,031

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			417,275
2	Total expenses (must equal Part IX, column (A), line 25)	2			409,994
3	Revenue less expenses Subtract line 2 from line 1	3			7,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $$. $$.	4			29,750
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			37,031
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	Зb		

Form **990** (2016)

Additional Data

Software ID: Software Version:

EIN: 72-0629934 Name: UNITED STATES JUDO ASSOCIATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SERVICES PROVIDED TO MEMBERS OF THE UNITED STATES JUDO ASSOCIATION

efil	e GR/	APHIC prin	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493320016117
SCI	HED			Public (Charity Statu	s and Put	lic Sunn	ort -	OMB No 1545-0047
	m 99		Con		ganization is a sect				2016
990I	EZ)				4947(a)(1) nonexe				2010
Denart	ment of	f the Treasury	► Inf	ormation abou	Attach to Form 9 It Schedule A (Form			ictions is at	Open to Public
Interns	d Rever	ue Service	tion		<u>www.irs.g</u>	ov/form990.		Employor idontific	Inspection
UNITE	D STAT	he organiza TES JUDO ASSO	CIATION INC					Employer identific	ation number
Pa		Descer	ar Dublic					72-0629934	
					is (All organization: it is (For lines 1 thro			see instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches of	described in sect	ion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ))		
3					vice organization descr			iii).	
4				•	ed in conjunction with			-	nter the hospital's
_		name, city,	and state _	•	-	•			·
5			ition operate (iv). (Comple		t of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7				mally receives ((vi). (Complete	a substantial part of it: Part II)	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	Complete Part I	[)		
9					escribed in 170(b)(1) ee instructions Enter f				ege or university or a
10		from activit investment	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% ctions—subject to cert ess taxable income (le mplete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its su	
11		•			l exclusively to test for	- public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	l exclusively for the be lescribed in section 5 the type of supporting	09(a)(1) or sec	tion 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled ii ation vested in the san and C.				2
С					supporting organization ons) You must com				ted with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satisf t IV, Sections A and	fy a distribution i			
е					ved a written determin integrated supporting		RS that it is a Ty	ре I, ⊤уре II, ⊤уре II	I functionally
f	Enter			organizations		-			
g					pported organization(
(i)N	ame o	f supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organız your governın	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see ınstructions)
						Yes	No		

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

Total

P	art II Support Schedule for (Drganizations	Described in S	ections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)		
	(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Par III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
		ils to qualify un	der the tests lis	ted below, pleas	se complete Parl	t III.)			
3	ection 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								
2	Include any "unusual grant ") Tax revenues levied for the								
-	organization's benefit and either paid								
-	to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 3								
5	The portion of total contributions by								
	each person (other than a governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the amount								
6	shown on line 11, column (f) Public support. Subtract line 5 from								
<u> </u>	line 4								
S	ection B. Total Support			-	-				
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total		
7	(or fiscal year beginning in) ► Amounts from line 4								
8	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties and								
9	income from similar sources 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								
12	10 Gross receipts from related activities, e	tc (see instructio	ns)			12			
	First five years. If the Form 990 is fo			urd fourth or fifth	tax year as a sec				
	check this box and stop here	-			•]		
	ection C. Computation of Public						J		
	Public support percentage for 2016 (lin			column (f))		14			
	Public support percentage for 2015 Sch					15			
	33 1/3% support test-2016. If the			on line 13 and lin	e 14 is 33 1/3% o		hox		
104	and stop here. The organization qualit					i more, eneer ene			
h	33 1/3% support test-2015. If the				and line 15 is 33 1	/3% or more, chec			
-	box and stop here. The organization								
17a	10%-facts-and-circumstances test	•		-	ne 13, 16a, or 16b	, and line 14			
	is 10% or more, and if the organization								
	In Part VI how the organization meets	the facts-and-cire	cumstances test	The organization (qualifies as a publi	iciy supported	• □		
	organization 10%-facts-and-circumstances tes	+	rearization did not	t chack a bay on l	no 12 165 166 /	ar 17a and line			
D	15 is 10% or more, and if the organiz								
	Explain in Part VI how the organizatio								
	supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see			
	instructions								

Calendar year

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a)2012

(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

(c)2014

(d)2015

(e)2016

(b)2013

(or fiscal year beginning in) ► Gifts, grants, contributions, and 1 380,493 421,879 370,578 340,532 344,668 1,858,150 membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in 133,161 143,968 131,115 91,716 77,318 577,278 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 513,654 565,847 501,693 432,248 421,986 2,435,428 Total. Add lines 1 through 5 6 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 b received from other than disgualified 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 Public support. (Subtract line 7c 8 2,435,428 from line 6) Section B. Total Support Calendar year (a)2012 (b)2013 (c)2014 (d)2015 (e)2016 (f)Total (or fiscal year beginning in) ► 513,654 565,847 501,693 432,248 421,986 2,435,428 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 16 30 52 6 securities loans, rents, royalties and income from similar sources Unrelated business taxable income h (less section 511 taxes) from businesses acquired after June 30, 1975 52 Add lines 10a and 10b 6 16 30 С 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain 12 or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 13 565.863 513,660 501,723 432,248 421,986 2,435,480 11, and 12) 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, 14 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)) 15 100 000 % Public support percentage from 2015 Schedule A, Part III, line 15 16 100 000 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f)) 0 % 17 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 0 % 18 19a 331/3% 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 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

(f)Total

(Complete only if you checked a box on line 12 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
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	1		
	In section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
Ľ	If "Yes," explain in Part VI what controls the organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
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			
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
U	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
с	supervised by or in connection with its supported organizations 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	10		
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			
Ь	5 5 ,			
	organization's organizing document?	5b		
		5c		
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 .	6		
7	 a 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 a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12 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 support any foreign supported organizations c Did the organization support any foreign supported organizations b Did the organization support any foreign supported organizations c Did the organization support any foreign supported organizations c Did the organization support any foreign supported organizations c 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, substitute, or removed, (ii) the reasons for each such action, (iii) the authority under the organizations added, substitute, or removed, (ii) the reasons for each such action and (iv) how the action was accomplished (such as by amendment to the organizing document? c Substitutions ondy. Was the substitution the result of an event beyond the organization's control? Did the organization provide signant duded or substituted supported or	_		
		7		
8		8		
9a	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting	98		
2		9 b		
с				
10~		9c		
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether	10a		
-		10b		

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the а governing body of a supported organization?
- b A family member of a person described in (a) above?
- 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 С

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint o elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa **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
- 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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

The organization satisfied the Activities Test Complete line 2 below

3

- b The organization is the parent of each of its supported organizations Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С

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

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2016

3b

	Yes	No
11a		
11b		
11 c		

		Yes	No
or			
or art			
	1		
	2		

Yes

1

No

Т

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

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

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- з Other gross income (see instructions)
- Add lines 1 through 3 4
- 5 Depreciation and depletion
- 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)

7	Other	expenses	(see instructions)	
	Other	CAPCINGCO .	(See maduucions)	

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	

- a Average monthly value of securities
- **b** Average monthly cash balances
- c Fair market value of other non-exempt-use assets

Section B - Minimum Asset Amount

- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- Subtract line 2 from line 1d 3
- Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

(B) Current Year

(optional)

(A) Prior Year

1a

1b

1c 1d

2

3

4

5

6

7 8

Schedule A (Form 990 or 990-EZ) 2016

			Fage 7
Part V Type III Non-Functionally Integrate	ed 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accompli	sh exempt purposes		
 Amounts paid to perform activity that directly further excess of income from activity 	s exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requi	red)		
6 Other distributions (describe in Part VI) See instructi	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	which the organization is respor	isive (provide	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
	1	1	1
Section E - Distribution Allocations (see	(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
 Applied to underdistributions of prior years 			
b Applied to 2016 distributable amount			
c 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Page **8**

Part VI Supplemental Information.

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

Facts And Circumstances Test

Schedule & (Form 000 or 000-E7) 2016

efile	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -					N: 934933	
		Supple	mental Fina	ncial State	ements				1545-0047
► 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.							/600	Open)16 to Public
	l Revenue Service ne of the organ		D (Form 990) and	its instructions	is at <u>www.ii</u>			<u>entification</u> r	pection
	ED STATES JUDO A						629934		iumber
Par	rt I Organi	zations Maintaining Donor	Advised Funds of	or Other Simi	lar Funds o				
		te if the organization answere	ed "Yes" on Form 9	990, Part IV, lı					
1	Total number	at end of year	(a) Donor ad	vised funds		(b)	Funds and	d other accou	nts
2		ue of contributions to (during							
-	year)								
3	Aggregate val	ue of grants from (during year)							
4		ue at end of year							
5	Did the organization funds are the or	ation inform all donors and donor ganization's property, subject to	advisors in writing th the organization's ex	hat the assets he clusive legal con	ld in donor ad trol?	lvised			
6		ation inform all grantees, donors,	-	-		he		L Ye	es ∐ N
Ū	used only for ch	aritable purposes and not for the					rpose	_	_
Par		rmissible private benefit? •vation Easements. Complet	to if the organizati	an answord "	Voc" on Forn	<u>~ 000</u>	Dart IV		es ∐ N
1		onservation easements held by th			Tes Un Form	11 990	Fait IV,	, iiiie /.	
		on of land for public use (e g , rec			ervation of an	histori	cally impo	ortant land ar	ea
	Protection	of natural habitat		Pres	ervation of a c	ertified	historic	structure	
	Preservation	on of open space							
2		2a through 2d if the organization e last day of the tax year	held a qualified cons	ervation contribu	ition in the for	m of a		tion t the End of	the Year
а	Total number of	conservation easements				2a			
	-	stricted by conservation easemen				2b			
-		ervation easements on a certified ervation easements included in (c		. ,	- historic	2c 2d			
		n the National Register) acquired after 0/1/			Zu			
3	Number of cons	ervation easements modified, tra	nsferred, released, e	xtınguıshed, or t	erminated by	the or <u>c</u>	janization	during the	
4	Number of state	es where property subject to cons	ervation easement is	located ►					
5		zation have a written policy regar it of the conservation easements		nitoring, inspect	ion, handling o	of viola	tions,	🗌 Yes	□ No
6	Staff and volunt ▶	eer hours devoted to monitoring,	inspecting, handling	of violations, ar	nd enforcing co	onserva	ition ease	ements during	the year
7	Amount of expe	nses incurred in monitoring, inspe	ecting, handling of vi	olations, and eni	forcing conserv	vation	easement	s during the	year
8	Does each const and section 170	ervation easement reported on lir i(h)(4)(B)(II)?	ne 2(d) above satisfy	the requirement	s of section 1	70(h)(4	∔)(B)(⊧)	🗌 Yes	
9	balance sheet, a	scribe how the organization report and include, if applicable, the text a's accounting for conservation ea	of the footnote to th						
Part		zations Maintaining Collecter to the organization answere				er Sir	nilar As	sets.	
1a	art, historical tr	ion elected, as permitted under Si easures, or other similar assets h XIII, the text of the footnote to it	eld for public exhibiti	on, education, o	r research in f				orks of
b	historical treasu	ion elected, as permitted under Si ires, or other similar assets held f nts relating to these items							
(i) Revenue includ	led on Form 990, Part VIII, line 1					▶\$		
(ii	Assets included	ın Form 990, Part X					▶\$		
2		ion received or held works of art, hts required to be reported under				ncıal g	ain, provid	de the	
а	Revenue include	ed on Form 990, Part VIII, line 1					►\$		
b	Assets included	ın Form 990, Part X					▶ \$		

For Paperwork Reduction	NAct Notice, see th	ne Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Sche	dule D	(Form 990) 2016												Page 2
Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	listori	cal Tr	eası	ires, o	r Othe	er Similar	Assets ((continued)
3		g the organızatıon's acq s (check all that apply)	uisition, accessio	n, and other	records,	check a	any of	the fo	llowing t	that are	e a significan	t use of it	s collection	n
а		Public exhibition				d		Loan	or exch	ange p	rograms			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provi Part 3	de a description of the XIII	organızatıon's col	lections and	explain ł	now the	ey furth	ner the	e organiz	zation's	s exempt pur	pose in		
5		ng the year, dıd the orga ts to be sold to raıse fur											es 🗆	No
Pai	rt IV	Escrow and Cust Complete if the ore X, line 21.			' on Fori	m 990	, Part	IV, lı	ne 9, o	r repo	rted an am	ount on	Form 99(), Part
1a		e organization an agent ded on Form 990, Part 3		an or other ı	ntermedı	ary for	contril	oution	s or othe	er asse	ts not	□ Y	es 🗌	No
Ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table					Amount		
с		ning balance		· ····		,				1c				
d	Addıt	ions during the year								1d				
е		ibutions during the year	r							1e				
f	Endır	ng balance								1f				
2a	Dıd tl	he organization include	an amount on Fo	orm 990, Pari	t X, line 2	21, for e	escrow	or cu	stodial a	account	: liability?	□ γ	es 🗌	No
b	If "Y∈	es," explain the arrange	ment in Part XIII	Check here	e if the ex	planati	on has	been	provide	d ın Pa	rt XIII		C]
Ра	rt V	Endowment Fun	ds. Complete if	the organi	zation a	nswer	ed "Ye	es" or	ו Form	990, I	Part IV, line	e 10.		
				(a)Current	t year	(b) Pr	rior yeai	r	(c) Two y	ears ba	ck (d)Three	years back	(e)Four y	ears back
	-	ning of year balance .	• • •											
		butions												
		vestment earnings, gair												
d	Grants	or scholarships	•											
		expenditures for facilitie ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance 🛛 🔒												
2		de the estimated percei	-	ent year end	balance	(line 1 <u>c</u>	g, colur	nn (a)) held a	IS				
а		d designated or quasi-e	ndowment 🕨											
b		anent endowment 🕨												
С		porarily restricted endov												
2-		percentages on lines 2a here endowment funds									6			
3a		nization by	not in the posses	sion of the c	organizati	on that	are ne	eid an	a aamin	isterea	for the		Yes	i No
	-	nrelated organizations										3	la(i)	
	(ii) r	elated organizations										3	a(ii)	
b	If "Y∈	es" on 3a(II), are the rel	lated organizatior	ns listed as re	equired o	n Sche	dule R	· ·		• •		· [3b	
4	Desci	ribe in Part XIII the inte	ended uses of the	organizatior	n's endow	/ment f	unds							
Pa	rt VI				_									
	Descr	Complete if the orgonization of property	ganization answ (a) Cost or ot		on Forn (b)Cost (orm 990, P d depreciation		10 10. (d)Book va	lue
	Descri	profit of property	(investme			s ouler	20313 (0	aner)		annunate			(G)DOOK Vd	
1a	Land													
	Buildin		<u> </u>											
		nold improvements												
		nent						4,638			4,23	7		401

401

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	Form 990) 2016			Page 3
Part VII	Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	ation answ	vered 'Yes' on Form 990, F	Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value	(c) Method o Cost or end-of-ye	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
			wared Weel on Form 000	Davt IV lung 11g
Part VIII	Investments—Program Related. Complete if the organi See Form 990, Part X, line 13.			
	(a) Description of investment (b) E	Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990 P-	ort IV, June 11d, See Form 990	Part V Jupa 15
	(a) Description	IIII 990, Fa	at iv, me iid see form 550	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Other Liabilities. Complete if the organization answered "		orm 990, Part IV, line 11e	or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) B	ook value	
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)			

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

Schedule D (Form 990) 2016

Pa	rt XI Reconciliation of Revenue per Audited Financi				
	Complete if the organization answered 'Ye			<u>ne 12a</u>	I
1	Total revenue, gains, and other support per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d	• •		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒	4a			
b	Other (Describe in Part XIII)	4b		1	
с	Add lines 4a and 4b	· · ·		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Ye				
Par 1		es' on	Form 990, Part IV, lu		
	Complete if the organization answered 'Y	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1	Complete if the organization answered 'Y Total expenses and losses per audited financial statements	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>es' on</u>	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a	Complete if the organization answered 'Yo Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	es' on • •	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a b	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	es' on • • 2a 2b	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a b c	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	es' on 2a 2b 2c 2d	Form 990, Part IV, III	<u>ne 12a</u>	
1 2 b c d	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	ne 12a	
1 2 b c d e	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments . Other losses . Other (Describe in Part XIII) . Add lines 2a through 2d .	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d 8 3 4 a	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	es' on 2a 2b 2c 2d 4a 4b	Form 990, Part IV, III	1 1 2e	
1 2 6 6 3 4 8 5	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	es' on 2a 2b 2c 2d 4a 4b	Form 990, Part IV, III	2e 3	

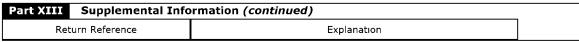
Supplemental Information Part XIII

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 Explanation

Return Reference









efile GRAPHIC prin	DLN: 9	3493320016117				
SCHEDULE O	Sunnlement	al Informatio	on to Form 990 or 990-E7		OMB No 1545-0047	
(Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o ▶ Information about	mental Information to Form 990 or 990-EZ e to provide information for responses to specific questions on m 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. n about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				
Internal Revenue Service L Employer iden Name of the organization UNITED STATES JUDO ASSOCIATION INC Employer iden					ation number	
			72-06299	34		

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE USJA IS TO SUPPORT AND PROMOTE THE OLYMPIC SPORT OF JUDO (THE GENTLE WA Y), FURTHER ITS FOUNDING PRINCIPLES OF MAXIMUM EFFICIENCY AND MUTUAL WELFARE AND BENEFIT, AND TO PROVIDE AN ORGANIZATION FOR ALL PARTICIPANTS WHO WILL WORK TOGETHER TO MAKE JUDO A FORCE IN BUILDING THE CHARACTER AND DEVELOPING THE SPIRITUAL GROWTH OF ALL AMERICANS, ESPE CIALLY THE YOUNG

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	PROGRAM SERVICES OCCUPANCY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW CONDUCTED BY THE PRESIDENT

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST