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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning October 1 , 2008, and ending September 30 , 20 09										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td>C Name of organization Tennis Outreach Programs</td> <td>D Employer identification number 32 : 0047494</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 2285</td> <td>E Telephone number (425) 922-1128</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Redmond, WA 98073</td> <td>F Group Exemption Number . . . ▶</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Tennis Outreach Programs	D Employer identification number 32 : 0047494	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 2285	E Telephone number (425) 922-1128	City or town, state or country, and ZIP + 4 Redmond, WA 98073	F Group Exemption Number . . . ▶		
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Tennis Outreach Programs		D Employer identification number 32 : 0047494							
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 2285		E Telephone number (425) 922-1128							
	City or town, state or country, and ZIP + 4 Redmond, WA 98073		F Group Exemption Number . . . ▶							

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ tennisoutreach.org**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **31342****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	622
	2 Program service revenue including government fees and contracts	2	2985
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 622 of contributions reported on line 1)	6a	27734
	b Less: direct expenses other than fundraising expenses	6b	37383
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-9648	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	-6041	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	6275
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	647
	16 Other expenses (describe ▶ Insurance, Equipment, Computer Fees, Advertising)	16	3939
	17 Total expenses. Add lines 10 through 16	17	10861
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16902
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58259
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	41357

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

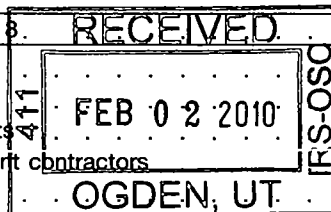
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50710	40659
23 Land and buildings		
24 Other assets (describe ▶ Prepaid Deposits, Fixed Assets)	7549	698
25 Total assets	58259	41357
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58259	41357

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No 106421

Form **990-EZ** (2008)

SCANNED FEB 10 2010



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

What is the organization's primary exempt purpose? To provide tennis instruction to at-risk kids

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Instruction, equipment and community events in Redmond and Kirkland WA		
	(Grants \$) If this amount includes foreign grants, check here	28a	1228
29	Work to build a new public tennis facility		
	(Grants \$) If this amount includes foreign grants, check here	29a	5205
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	6433

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ Washington		
42a	The books are in care of ▶ Susan Costa Telephone no. ▶ (206) 427-4780 Located at ▶ 3718 81st Ave SE, Mercer Island, WA 98040 ZIP + 4 ▶ 98040		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	Yes No ✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

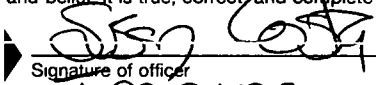
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

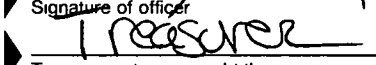
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶	0			

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ▶	0	



Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

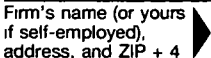


Sign Here  **Date** 11/27/2010

Signature of officer 

Type or print name and title Treasurer

Paid Preparer's Use Only

Preparer's signature  Date 

Firm's name (or yours if self-employed), address, and ZIP + 4  EIN  Phone no. 

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Tennis Outreach Programs

Profit & Loss

October 2008 through September 2009

	<u>Oct '08 - Sep 09</u>		
Income			
Auction	27,734.30	Contributions	\$ 622
Donations	622 23	Program Inc.	\$ 2,985
Program Fees	2,985 20	Events	\$ 27,734
Total Income	<u>31,341 73</u>	Less Costs	<u>\$ (37,383)</u>
Gross Profit	31,341 73	net	<u>\$ (9,648)</u>
Expense		Total	\$ (6,041)
Program Expenses			
Program Equipment and Supplies	450 39		
Staff	320 00		
Community Events	457 79	contractors	\$ 6,275
Total Program Expenses	<u>1,228 18</u>	printing	\$ 647
Office Expenses		other	\$ 3,939
Licenses and Permits	40 00	total	<u>\$ 10,861</u>
Computer Repairs	180 00		
Computer	54 45	Net	<u><u>\$ (16,902)</u></u>
Postage and Delivery	125.20		
Bank Service Charges	27 80		
Office Supplies	138 49		
Supplies	91 97		
Printing and Reproduction	522.21		
Total Office Expenses	<u>1,180 12</u>		
Other Expenses			
Insurance	1,512 00		
Advertising and Promotion	675 00		
Meetings	310 81		
Total Other Expenses	<u>2,497.81</u>		
Professional Fees			
Architect	2,542 50		
Accounting	750 00		
Consulting	2,662 50		
Total Professional Fees	<u>5,955.00</u>		
Auction Expenses			
Bank Fees for Credit Card Payme	1,267 89		
Facility	26,153 52		
Items for Bid	2,322 43		
Contract Labor	5,586 71		
Auction Supplies	2,052 24		
Total Auction Expenses	<u>37,382 79</u>		
Total Expense	<u>48,243 90</u>		
Net Income	<u><u>-16,902.17</u></u>		

11:36 AM
01/27/10
Accrual Basis

Tennis Outreach Programs
Balance Sheet
As of October 1, 2008

	<u>Oct 1, 08</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking - WAMU	50,710 26
Total Checking/Savings	50,710 26
Other Current Assets	
Deposits	6,851 00
Total Other Current Assets	6,851.00
Total Current Assets	57,561.26
Fixed Assets	
Computer Software	1,732 17
Equipment	1,664 97
Accumulated depreciation	-2,699 01
Total Fixed Assets	698 13
TOTAL ASSETS	<u><u>58,259.39</u></u>
LIABILITIES & EQUITY	
Equity	
Retained Earnings	58,259 39
Total Equity	58,259 39
TOTAL LIABILITIES & EQUITY	<u><u>58,259.39</u></u>

11:37 AM
01/27/10
Accrual Basis

Tennis Outreach Programs
Balance Sheet
As of September 30, 2009

	<u>Sep 30, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking - WAMU	40,659 09
Total Checking/Savings	<u>40,659 09</u>
Total Current Assets	40,659 09
Fixed Assets	
Computer Software	1,732 17
Equipment	1,664 97
Accumulated depreciation	-2,699 01
Total Fixed Assets	<u>698 13</u>
TOTAL ASSETS	<u>41,357.22</u>
LIABILITIES & EQUITY	
Equity	
Retained Earnings	58,259 39
Net Income	-16,902.17
Total Equity	<u>41,357 22</u>
TOTAL LIABILITIES & EQUITY	<u>41,357.22</u>