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# **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the 2009 c	alendar	year, or tax year		Novermber 1		-		nber 31		
<b>B</b> Che	eck if applicable	Please	C Name of organiza	•	Youth Tennis &	§ Education	Founda	tion	D Emplo	oyer identification i	umber
☐ Ad	dress change	use IRS label or	Doing Business A	As					35	187546	6
☐ Na	ime change	print or type	Number and street (	(or PO box if mail is	not delivered to street	address) F	Room/suite		E Telepi	hone number	
	tial return	See	1310 E 96th St	treet			10	00	(317	) <b>577-513</b>	0
$\overline{}$	rminated	Specific Instruc-	City or town, stat	te or country, and	ZIP + 4						
$\overline{}$	nended return	tions.	Indianapolis, I	N 46240					G Gross	receipts \$	
	plication pending	F Nan	me and address of pa	rincipal officer				H(a) Is this	a group retu	rm for affiliates? Yes	7 No
	, ,									s included? Yes	
1 Ta	ax-exempt status	<b>Z</b> 5	501(c) ( 3 )◀ (insert	t no ) 4947(	a)(1) or 527					a list (see instructio	
JW	/ebsite: ▶							H(c) Group e			
K Fo	orm of organization	✓ Corp	oration 🔲 Trust 🔲 A	Association Other	er ►	L Year o	f formation	1992	M State	of legal domicile IN	
Par	t I Summ	ary									
	1 Briefly de	escribe	the organization	n's mission or	most significar	nt activities:					
			e life skills of yo			action					
ခို											
& Governance											
Š	2 Check this	hox ►	if the organization	on discontinued it:	s operations or disr	osed of more t	han 25% of	f its net asse	ets		
Ğ			ng members of t							1	14
ွတ္မ			pendent voting i							<del></del>	14
ctivities			f employees (Par							<del>                                     </del>	0
			f volunteers (esti								14
, ,			elated business i						·	<u> </u>	(803)
١			usiness taxable				<u> </u>		. 7b	-	(000)
_	2 1101 01110	<u> </u>	dominoco taxabio	WIGGING WORLD	01111 000 1, 1111	, 0 1	<del></del>	Prior Ye		Current Yea	<u>_</u> _
	8 Contribu	tions of	nd grants (Part \	VIII lino 1h)					293,704	1	3,817
<u>a</u>									2,450	<del></del>	60
. ნ			e revenue (Part \						4,379		878
			ome (Part VIII, co Part VIII, column				• • -		(84,192)		52,874
			add lines 8 throug				12) -		216,341		7,629
_			<u>_</u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · ·	98,350		0
			llar amounts paid	-		-3)	.		<del>90,330</del> 0		<u>0</u>
		-	or for members	•	, , , ,				0		0
ŠĽ.		5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  6a Professional fundraising fees (Part IX, column (A), line 11e)						0			
Expenses							.a. ├─			<del> </del>	<u>_</u>
			expenses (Part I						110 275	-	1 070
	17 Other ex	<del>Penses</del>	And Times 13-1 penses. Sublige	n (A), lines 11a	i–11d, 11f–24f)		. •		118,275		1,879
	18 Total ext	loss ox	-Add lines 13-1	7 (must equal	Part IX, columr	ı (A), line 25	)		216,625		1,879
				line 18 from ili	1e 12	· · · ·			(284)	i e	95,750
Net Assets or Fund Balances			2010   우	ł			Beg	ginning of Cu		<del></del>	
Bat	1 1		art X, line 16)()						374,823	<del>                                     </del>	3,386
t a d			Part X, line 28) mblbalahtes Sl	.btrast line 01	· · · · · · · ·		· ·		098,959		1,035
Par	_		Block	Jouract line 21	irom line 20.	· · · · -			275,864	1,34	12,351
r ai			f perjury, I declare that	at I have examined	this satura include		an anhadula	a and states	nonto and	to the best of my les	
	and bel	i, viş tru	ie, correct, and comp	plete Declaration	of preparer (other the	nan officer) is b	ased on all	information	of which p	preparer has any kno	wiedge wiedge
Sign	//.	/VX#	_ / Muni	<i>f</i>				1	611	0/10	
Here		ature of c	officer					Date	<del> \ '</del>		
пеге		EXTE		DIRECTOR	MARK	Saund	T C	Dati	5		
	Type		name and title	2110BLIGHT	1 TAPOR	-34JONES	30				
	у туре	or print	Traine and title	<del></del>		Dete	Check	r if			
	Preparer' signature					Date	self-		Preparer's (see instru	identifying number ctions)	
Paid	Signatule	7					emplo	oyed ▶ L		•	i
Prepai	rer's Firm's na	me (or	Oure A							<del> </del>	
	nly if self-em	ployed),						EIN		; 	
Use O											
Use O	address,		return with the					Phone no	<b>&gt;</b> (		

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.  To develop the life skills of youth through tennis and education.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Promote the advancement of Junior Tennis by offering grants and programs to assist them.
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 60 )  To provide grants to individuals and programs that help in their development.
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Scholarships to assist Junior tennis players towards the cost of college tuition.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 0

Par	rt IV Checklist of Required Schedules			
	•		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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<b>\</b>
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21, 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 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° If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<b>√</b>
14a	<b>3</b>	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
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	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			./
20	If "Yes," complete Schedule G, Part III	19 20		<b>V</b>

Pai	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>V</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
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		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
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		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<b>✓</b>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<b>√</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	_	✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	· ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b>↓</b>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	ļ
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		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b		5b		<b>V</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		-
	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?	6a	<b>V</b>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
7	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?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>-</b> ✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<del> </del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
_	organization, have excess business holdings at any time during the year?	8	-	<del>                                     </del>
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>/</b>
10	Section 501(c)(7) organizations. Enter.			T
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year     12b	12a		<u> </u>

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

Sec	tion A. Governing Body and Management					
			4.0		Yes	No
1a		1a	14	┪		
b	Enter the number of voting members that are independent	_1b_	14	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business			-	<del> </del>	1
_	any other officer, director, trustee, or key employee?			_2_	<del> </del>	-
3	Did the organization delegate control over management duties customarily performed by or			2		
_	supervision of officers, directors or trustees, or key employees to a management company or o			3	<del> </del>	1
4	Did the organization make any significant changes to its organizational documents since the prior For			4		1
5	Did the organization become aware during the year of a material diversion of the organization		assets7	<u>5</u>	1	
6	Does the organization have members or stockholders?			-	<b>- v</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one o			7-	1	
	of the governing body?			7a 7b	1	
_	Are any decisions of the governing body subject to approval by members, stockholders, or oth			/ D	-	
8	Did the organization contemporaneously document the meetings held or written actions ur	nderta	ken during			
	the year by the following:			00	1	
_	The governing body?			8a 8b	1	
ь 9	Each committee with authority to act on behalf of the governing body?	 nnot i	· · · ·	OU	<del>  •</del>	<del> </del>
9	at the organization's mailing address? If "Yes," provide the names and addresses in Sched			9a		./
500	tion B. Policies (This Section B requests information about policies not requ					<u> </u>
	enue Code.)	<i>n</i> ca	by and mi	ciriai		
			<del></del>		Yes	No
102	Does the organization have local chapters, branches, or affiliator?			10a	1	1
	Does the organization have local chapters, branches, or affiliates?	· ·			<u> </u>	<b>_</b>
D	affiliates, and branches to ensure their operations are consistent with those of the organization		•	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body			102		
• •	forms	y Delo	ie illing the	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form	aan .			<b></b> -	
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	000		12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interest	s that	could give			
-	rise to conflicts?	o mat	oodia give	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the	Dalia				
C	describe in Schedule O how this is done	polic	res,	12c	1	l
13	Does the organization have a written whistleblower policy?			13	1	
14	Does the organization have a written document retention and destruction policy?			14	1	
15	Did the process for determining compensation of the following persons include a review	and a	pproval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a		
	Other officers or key employees of the organization			15b		
	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 sim	ıılar aı	rangement	L	L	
	with a taxable entity during the year?			16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organiz	ation	to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken st	eps to	safeguard	<u></u>		
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990	, and	990-T (501(	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that appl	у				
	Own website  Another's website  Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing do	cume	nts, conflict	of int	erest	
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses th	e boo	ks and reco	rds o	f the	
	organization: ▶ Dorain A Dyson 1310 E 96th Street, Suite 100, Indianapolis, In 46240 3	17-57	7-5130 x223	3		

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Doug Wenger, President				<b>√</b>						
Steve Butzlaff, Vice President				1						
Don Harris, Treasurer				1						
Beverly Wentz, Secretary				1						
Gary Alexander, Delegate				1						
Ron Brooks, Delegate				1						
Violet Clark, Delegate				1						
Laurie Covert, Delegate				1						
Bobbie Farley, Delegate				1						
Tom Gray, Delegate				1						
Jay Hacker, Delegate				1						
Jim Hendrix, Delegates				1						
Jonelle Smith, Delegate				1						
Barbara Wynne, Delegate				1						
Mark Saunders, Executive Director					1					

Pa	Section A. Officers, Directors, Tru		Emp	loye			a Hig	nes				
	(A)	(B)	(C) Position (check all that ap						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
	Name and title	Average hours per week	urs per O = O N O I TO Compensation compensation		comper from organi and re	unt of ner nsation n the ization elated						
	·											
										<del></del>		
						-						
												-
1b	Total					<u></u>	•	<u> </u>	0	0		0
2	Total number of individuals (including but in reportable compensation from the organization)		to th	ose	liste	ed a	above	e) wh	no received mo	ore than \$100,0	100 in	
										<u> </u>	Y	es No
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated 	3	1
4	For any individual listed on line 1a, is the sthe organization and related organizations											
5	individual	or accrue		oens	satio	on i	from	 any	unrelated org	anızatıon for	4	<b>√</b>
Se	services rendered to the organization? If " ction B. Independent Contractors	Yes," comp	olete	Sch	edu	le <u>.</u>	l for s	uch	person	<u> </u>	5	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent o	contra	acto	rs that received	d more than \$1	00,000 o	f
_	(A) Name and business add	draga.							(B) Description of se		(C) Compensa	
	Name and business add								Description of si	ervices	Compensa	
_												
2	Total number of independent contractors (i					to	those	liste	ed above) who	received		
	more than \$100,000 in compensation from	the organ	izatio	n 🕨	•					i		

Pari	VII	Statement of Re	venue					
<u> </u> 	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, gand similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	the description of the descripti	0 0 43,063 0 0 10,754	53,817			
_				Business Code				
Program Service Revenue	2a	Diversity Training Ca	mp		60	60		
E	b							-
Š	C					-		
Se	d							
јгап	e	All other program service						
rog_	g			<b>&gt;</b>	60		<u> </u>	
		Investment income (incother similar amounts)		, interest, and	878	878		
	4	Income from investment o	of tax-exempt bond	d proceeds 🕨				
	5	Royalties	<del></del>					
			(ı) Real	(II) Personal				
	6a	Gross Rents	87,976	·				
		Less: rental expenses	88,779					
		Rental income or (loss)	(803)	<b>•</b>	(000)		(000)	
	l l	Net rental income or (lo	(i) Secunties		(803)		(803)	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	С	Less cost or other basis and sales expenses .  Gain or (loss)  Net gain or (loss)		•				
anu	1	Gross income from	fundraising					,
Other Reven		events (not including \$ of contributions reported See Part IV, line 18	d on line 1c)	0				
Ě	þ	Less direct expenses Net income or (loss) fro	b		0	0		
9		, ,		venta.		<u>U</u>		1
		Gross income from gam See Part IV, line 19 Less: direct expenses.	a					
	c	Net income or (loss) from	<b>b</b>	ties ▶	0			
		, .						
		Gross sales of inverteurns and allowances	a					
		Less. cost of goods so Net income or (loss) from		prv <b>Þ</b>	0			
	-	Miscellaneous Reve		Business Code	0			<del> </del>
	44-	Unrealized Gain/Loss		Laginosa Oode	53,677			53,677
	iia b				33,011			55,577
	"							
	ن اہر	All other revenue						
		Total. Add lines 11a-1		<b>•</b>	53,677		-	
		Total revenue. See ins			107,629	938	(803)	53,677

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all colu	mns.	
All other organizations must complete column (A) but are not required to complete co	olumns (B), (C), an	id (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	<del></del>			
	Other				
12	Advertising and promotion	846		846	
13	Office expenses	040		0.10	
14 15	Information technology				
16	<u></u>				<del></del>
17	Travel				
., 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Annual Fundraising Event	11,033	<del>_</del>		11,033
b					
G			. <u> </u>	<del> </del>	
d					
e f	All other expenses		· · · · · · · · · · · · · · · · · · ·	-	
25	Total functional expenses. Add lines 1 through 24f	11,879		846	11,033
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				<del></del>

Part X **Balance Sheet** (A) Beginning of year (B) End of year 673,592 709,804 1 1 Cash - non-interest-bearing 3,600 2 1,600 Savings and temporary cash investments . . . . . 2 87.876 9,068 3 3 Pledges and grants receivable, net . . . . . . 4 Accounts receivable, net . . . 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . 6 . . . . . . . 7 Notes and loans receivable, net Assets 8 Inventories for sale or use . . . . . . 9 39,037 35,106 9 Prepaid expenses and deferred charges . Land, buildings, and equipment cost or 10a 4,038,472 10a other basis Complete Part VI of Schedule D . . 10b 539,088 3,524,495 10c 3,499,384 **b** Less accumulated depreciation 46,223 11 138,424 11 Investments—publicly traded securities . . . 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,374,823 16 4.393.386 97,905 17 83,802 17 Accounts payable and accrued expenses . . . . 18 18 Grants payable . . . . . . . . . . . . . . . . . . 24,956 19 49,739 19 Deferred revenue . . . . . 20 20 Tax-exempt bond liabilities . . . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2,671,463 23 2,662,846 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D . . . . . . 304,635 25 25 254,648 Total liabilities. Add lines 17 through 25 . . . . 26 3,098,959 26 3,051,035 Organizations that follow SFAS 117, check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 1,210,888 27 1,189,815 Unrestricted net assets . . . . . . . . . . . . . 27 64,976 64,976 28 28 29 87,560 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 1,342,351 1,275,864 33 33 34 Total liabilities and net assets/fund balances 4,374,823 34 4,393,386

Page	1	2

Oiiii	330 (2003)		raș	je iz
Pa	rt XI Financial Statements and Reporting			
	·		Yes	No
1	Accounting method used to prepare the Form 990			
	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?	2a		✓_
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
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	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			ŀ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

5

Employer identification number Midwest Youth Tennis & Education Foundation 1875466 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** ☐ Type II c Type III-Functionally integrated d Type III-Other e 

By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

		tin =	1						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))			in col. (i) listed in your the organization in		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes No		
			_						· · · · · · · · · · · · · · · · · · ·
Total	~		*	**	# 45				

509(a)(1) or section 509(a)(2).

following persons?

No

11g(i)

11g(ii)

|11g(iii)|

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iy) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. **Public Support** Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 319,826 142,827 200,157 53,817 include any "unusual grants.") 293,704 1,010,331 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 319,826 142,827 200.157 293.704 53,817 1,010,331 Total. Add lines 1 through 3 ŵ The portion of total contributions by each person (other than a governmental unit or 0 W. Š. publicly supported organization) included on line 1 that exceeds 2% of the amount 411,026 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 599,305 Section B. Total Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total 53,817 319.826 142,827 200.157 293.704 1,010,331 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 11,213 1,922 11,351 4,379 878 29,743 Net income from unrelated business activities, whether or not the business is 0 (109, 118)(36, 291)(8,750)(803)(154,962) regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets 65.000 75.000 75.000 84.816 0 299,816 (Explain in Part IV.) . . . . . . 1,184,928 Total support. Add lines 7 through 10 , ě 6,638 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 50 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 49 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	ed the box of	II IIIIE 5 OI FE	ir ( i.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2003	(b) 2000	(6) 2007	(u) 2008	(8) 2009	(1) 10(a)
•	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
6	organization without charge  Total. Add lines 1 through 5					-	
_	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .			<u> </u>			
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С 8	Add lines 7a and 7b	<i>*</i> • * •	-3° , 0° , ° ,		₩ \$ 1 7 79 1	, ce	
	line 6.)	. '* ""		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses	:					
	acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						***
14	First five years. If the Form 990 is for toganization, check this box and stop				•	ear as a section	
Sec	tion C. Computation of Public Su			<u> </u>	· · · · · ·	<u> </u>	· · · · · ·
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	%
16	Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	<u> </u>		16	%
Sec	tion D. Computation of Investmen					<del></del>	
17	Investment income percentage for 2009			-		17	<u>%</u> _
18	Investment income percentage from 20					18	<u>%</u>
19a	33% % support tests – 2009. If the orga 17 is not more than 33% %, check this b						
b	331/3 % support tests-2008. If the organ	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33⅓ %, and
	line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	es as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this be	ox and see inst	ructions 🕨 🔲

	Fage =
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II I ins	e 10 Net receipts from admissions.
	To recipe non damosers.
·	
•••••	

# SCHEDULE D (Form 990) .

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Midwest Youth Tennis & Education Foundation 35 1875466

Pai	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subj		
6	Did the organization inform all grantees, d	onors, and donor advisors in writing that	grant funds can be
	used only for charitable purposes and not	for the benefit of the donor or donor adv	sor, or for any other
	purpose conferring impermissible private t		
Pai	Conservation Easements. Com	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	d by the organization (check all that apply	).
	Preservation of land for public use (e.g	, recreation or pleasure) 🔲 Preservati	on of an historically important land area
	☐ Protection of natural habitat	☐ Preservat	on of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contrib	ution in the form of a conservation
easement on the last day of the tax year.			
			Held at the End of the Tax Year
а	Total number of conservation easements .		I I
b	Total acreage restricted by conservation e		
C	Number of conservation easements on a c	``	
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified the tax year ►	ed, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject	to conservation easement is located >	
5	Does the organization have a written polic	y regarding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conserv	vation easements it holds?	Yes L No
6	Staff and volunteer hours devoted to mon	toring, inspecting, and enforcing conserva	ation easements during the year
	·		
7	Amount of expenses incurred in monitoring  \$	g, inspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requireme	nts of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .		
9	In Part XIV, describe how the organization		
	balance sheet, and include, if applicable, t		's financial statements that describes
Par	the organization's accounting for conserva	ections of Art, Historical Treasures, c	ar Other Similar Assets
r aı		vered "Yes" to Form 990, Part IV, line 8	
	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted un		
	art, historical treasures, or other similar assi provide, in Part XIV, the text of the footnot		
	•		
b	If the organization elected, as permitted un		
	historical treasures, or other similar assets provide the following amounts relating to t	hese items	·
	(i) Revenues included in Form 990, Part \		
	(ii) Assets included in Form 990, Part X .		▶ \$
2	If the organization received or held works following amounts required to be reported		ar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII,		▶ \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaini	ng Collections	of Art, Historic	al Treasure	es, or O	ther Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	other records, ch	neck any of the	he follow	ing that are a	significant use of its
а	Public exhibition		d 📙	Loan or exc			
b	Scholarly research		е 📙	Other			
С	Preservation for future generate						
4	Provide a description of the organization Part XIV.	ation's collections	s and explain ho	w they furth	er the or	ganızation's e	xempt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ained as part of t	he organization	on's colle	ction?	
Pa	Escrow and Custodial A IV, line 9, or reported an a				answer	ed "Yes" to F	Form 990, Part
	Is the organization an agent, trustee included on Form 990, Part X?				itions or	other assets	not Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	ring table.		<del>.</del>	A
					10	1	Amount
C					ı		
d	Additions during the year						
e	Distributions during the year				1e		
f	Ending balance				. <u>1f</u>		
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV					
Pa	t V Endowment Funds. Cor						
	_	(a) Current year	(b) Prior year	(c) Two yea	irs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	87,981		0		<del></del>	
b	Contributions					<del></del>	
С	Net investment earnings, gains, and losses						
d	Grants or scholarships	0					
е	Other expenditures for facilities and programs						
f g	Administrative expenses End of year balance	87,981		0			
2	Provide the estimated percentage of	the year end bal	ance held as				
а	Board designated or quasi-endowment	ent ▶	0 %				
b	Permanent endowment ▶10	<u>)0</u> %					
С	Term endowment ▶ 0 %						
3a	Are there endowment funds not in the organization by:	possession of th	e organization th	nat are held a	and admi	nistered for th	e Yes No
							3a(i) ✓
	(ii) related organizations						3a(ii) ✓
	If "Yes" to 3a(II), are the related orga	nizations listed a	s required on Si	chedule R?			. <b>3b √</b>
4	Describe in Part XIV the intended us						
Par	t VI Investments—Land, Bui	ldings, and Eq	uipment. See	Form 990, F	Part X, lı	ne 10.	
	Description of investment	(a) Cost or oth		ost or other sis (other)		ocumulated preciation	(d) Book value
1a	Land	.	324,037				324,037
b	Buildings		308,842			479,780	2,829,062
С	Leasehold improvements	.	405,593			59,300	346,293
d	Equipment						
	Other	·					
Tota	I. Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90. Part X. colum	n (B), line 10(d	:).)		3 499 392

Part VII Investments—Other Securities	Soc Form 000 Port V	lino 12	Page 3
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
			_
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			<u>-</u>
Part VIII Investments—Program Related	d. See Form 990. Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
(a) cosciption of invocation type	(b) Book value	Cost or end-of-year ma	rket value
	_		
<del></del>			
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part	rt X line 15	<del></del>	
	(a) Description		(b) Book value
			·
	·		
Total. (Column (b) must equal Form 990, Part X, col (	(P) (no. 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes		7	
Swap	254,648	ī	
	· · · · · · · · · · · · · · · · · · ·	7	
		_	
		_	
		4	
		4	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	254,648	5 [	

Sched	dule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
- 9	Total adjustments (net) Add lines 4 through 8	9	,
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	·
Par	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ie per Ret	urn
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 on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	_
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per R	eturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		. <u>.</u>
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	ind 4, Part I	V, lines 1b
and	2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d a	ınd 4b. Also	complete
this	part to provide any additional information.		
Dar	t XI, XII, and XIII - Financial Statement is on 14 month basis due to change in tax year.		
	••••••		
			• • • • • • • • • • • • • • • • • • • •

Schedule D (Fori	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
•		
	•••••••••••••••••••••••••••••••••••••••	
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20**09** 

Open To Public Inspection

Name of the organization Employer identification number **Midwest Youth Tennis & Education Foundation** 35 1875466 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations J In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? L Yes L No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2009

Pa	rt II	Fundraising Events. Combre than \$15,000 on F	omplete if the organiza form 990-EZ, line 6a. L	tion answered "Yes" to list events with gross r	o Form 990, Part IV, Iır eceipts greater than \$	ne 18, or rep 5,000.	orted	
	,		(a) Event #1 Gala	(b) Event #2	(c) Other events	(d) Total e	through	
a)			(event type)	(event type)	(total number)	col (c	)) 	
Revenue	1	Gross receipts	43,063				43,	063
ш	2	Less Charitable contributions						
	3	Gross income (line 1						
	<u> </u>	minus line 2)	43,063	-			43,	063
	4	Cash prizes						
	5	Noncash prizes						
sesu	6	Rent/facility costs	11,033				11,	033
Expe	7	Food and beverages	,					
Direct Expenses	8	Entertainment						
	9	Other direct expenses .	-					
	10 11	Direct expense summary Ad Net income summary Comb				(	11,0 32,	033) 030
Pa	rt II			vered "Yes" to Form	990, Part IV, line 19,	or reported	d mor	е
_	-	than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total ga		
enne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) throu		
Revenue	1	Gross revenue						
ses	2	Cash prizes		:				
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs				-		
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No			
	7	Direct expense summary Ac	ld lines 2 through 5 in c	olumn (d)		(		)
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u> </u>		,——,	
_	_						Yes	No
9 a		ter the state(s) in which the o the organization licensed to o	-	=		9a		
b		'No," explain	perate garming activities	3 III each of these state				
		ere any of the organization's of 'Yes," explain	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10a		
11 12		es the organization operate g the organization a grantor, be			a nartnership or other	entity 11		
		med to administer charitable	. <u>.</u>	. · · · · · · · · ·				

Page	3

			Yes	No
13	Indicate the percentage of gaming activity operated in.			
а	The organization's facility			ı
b	An outside facility			ı
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
··a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		<u> </u>
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

#### SCHEDULE O (Farm 990)

## **Supplemental Information to Form 990**

ns on

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

**Midwest Youth Tennis & Education Foundation** 35 1875466 Part VI Section B 11a) The 990 is reviewed by our Audit Committee. It is then made available to the governing body for their review prior to filing at their request. 12c) There is a document that is signed on an annual basis that discloses any potential conflicts. The document also compels the signer to notify the Association whenever a potential conflict presents itself. Part VI Section C 19) Documents are made available to the public upon request.

Schedule O (Form 990) 2009	Page 3
Name of the organization	Employer identification number