

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

2009

OMB No 1545-1150

Department of the Treasury

Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service DECEMBER 31, 2009 For the 2009 calendar year, or tax year beginning JANUARY , 2009, and ending C Name of organization D Employer identification number Check if applicable Please use IRS 47-0661045 Address change NEBRASKA TENNIS ASSOCIATION, INC. label or Name change Number and street (or P.O box, if mail is not delivered to street address) Telephone number print or Initial return type. 14936 Shirley Street 402-697-8786 Terminated Specific City or town, state or country, and ZiP + 4 F Group Exemption Amended return Instruc-OMAHA, NEBRASKA 68144 tions Number ▶ Application pending o Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method. X Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not http://nebraska.usta.com required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — X 501(c) ( → ) < (insert no ) 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 Contributions, gifts, grants, and similar amounts received . . . 2 37°096.*6*8 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 2.161,25 4 4 Investment income SCANNED JUN 03 201 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1). b Less: direct expenses other than funding in lexpenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventdry less returns and allowances Less: cost of goods sole 7a Less: cost of goods sole Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe DGDEN)

Total revenue. Add lines 1, 2, 3, 4, 5c, 6 8 8 890.78 9 9 27,662,42 10 10 Grants and similar amounts paid (attach schedule) . 11 11 Benefits paid to or for members . . 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Statement 20856,97 13 13 Occupancy, rent, utilities, and maintenance . . Statement III 249, 96 14 14 Printing, publications, postage, and shipping . STATEMENT IX 15 80 12,50 15 21 759,77 Other expenses (describe > Statement > 16 16 17 Total expenses. Add lines 10 through 16 17 78541.62 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . 18 2650.84 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 6682547 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) :-1. 20 64174.63 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (See the instructions for Part II.) (A) Beginning of year 22 Cash, savings, and investments 22 23 Land and buildings. 23 Other assets (describe > Computer Before 200,00 24 25 25 Total assets . . . . 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Par	t III Statement of Progra	am Service Accon	plishments (See the inst	ructions for Part I	II.)		Expenses	•
Wha	at is the organization's primary	exempt purpose?	··	<del>"</del>			ured for section	
Desc	cribe what was achieved in o	carrying out the or					(3) and 501(c)(4)	
	iner, describe the services pro	ovided, the number	of persons benefited, and	other relevant info	rmation for		nizations and section (a)(1) trusts, optional	
each	n program title.					for ot		_
28								
	TO PROMOTE	AND DEVI	ELOP THE GROU	with of t	ENNIZ	1		
							76	. ~
	(Grants \$	) If this amoun	t includes foreign grants, ch	neck here	. ▶ □	28a	78,541.	66
29				···-				
				•				
	(Grants \$	) If this amount	t includes foreign grants, ch	neck here	▶ ⊔_	29a	<del></del>	
30								
						-		
	(Cropto ¢	\ If this amount	t includes foreign grants, et	agi bara		200		
21	(Grants \$ Other program services (attack		t includes foreign grants, ch	ieck riere .	<u> </u>	30a	<del>-</del>	
31	(Grants \$	·		eck here		31a		
32	Total program service exper				· · •	32	78541,6	2
			y Employees. List each one e		ated (See the			
	<u> </u>	<del></del>	(b) Title and average	(c) Compensation	(d) Contribution	ons to	(e) Expense	•
	(a) Name and addres	ess	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans & ensation	account and other allowances	
				<u> </u>	<u> </u>			•
			-					
								` . `
								•
								٠,
					,			
<i></i> -								•
								• _
	<u>S</u> (	TE CTA	EMENT I	711				4.5
	ـــــــــــــــا	CC SIMI	CITIEN Y	11	ļ			
								4
					<u> </u>			,
				•				
				<del> </del>	<del> </del>			
				<del> </del>	<del> </del>		<u> </u>	
					<del> </del>			
			-					
		<del></del>					<del> <u>-</u> </del>	•
			-			ļ		
					<del> </del>		<u> </u>	•
			1					
								•
			1					
			<u></u>					
								•
					<u></u>			
				<u> </u>				
·								
			1	1	1			

	0-EZ (2009)		Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		Voc No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	$\vdash$	Yes No
55	description of each activity	33	×
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of		
	the changes	34	X
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 why the organization did not report the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	250	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b	<del> ^-</del>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	035	
	during the year? If "Yes," complete applicable parts of Schedule N	36	~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>
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 outstanding at the end of the period covered by this return? .	38a	<del></del>
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	}	ł
	transaction during the year or is it 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	40b	×
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	102	
	organization managers or disqualified persons during the year under sections 4912,		
	4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		
•	reimbursed by the organization		
е	transaction? If "Yes," complete Form 8886-T.	40e	ہد
41	List the states with which a copy of this return is filed. ▶		<del>`</del>
42a	The organization's books are in care of ► STEVE HOSSACK  Telephone no. ► HO		
	Located at > 14936 SHIRLEY STREET OMAHA NE 68144 ZIP+4 > 68	44	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V N-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes No
	If "Yes," enter the name of the foreign country: ▶	420	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		. [
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	74
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. ▶ 📖
	and enter the amount of tax-exempt interest received or accrued during the tax year		
		[	Yes No
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	) F7 (2000)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	section 4947(a)(1) nor 47(a)(1) nonexempt cha nd 51.	nexempt charitab aritable trusts mus	<b>le trusts only.</b> A t answer questio	ll sections 46–4	on 49b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete		rities on behalf of or	in opposition to	46	es No
48 49a	Did the organization engage in lobbying activities the organization a school as described in section Did the organization make any transfers to an exist "Yes," was the related organization a section !	on 170(b)(1)(A)(II)? If "Yes," xempt non-charitable rela	complete Schedule	E	47 48 49a 49b	XXX
50	Complete this table for the organization's five his employees) who each received more than \$100,	ighest compensated emp			rustees	
	(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) Ex accou	pense nt and owances
	N	/A				
	Total number of other employees paid over \$100	0.000				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inc		ors who each rece	eived mo	ore than
	(a) Name and address of each independent contractor	paid more than \$100,000	<b>(b)</b> Тур	pe of service	(c) Compe	ensation
	N/	/ <sub>A</sub>				
d	Total number of other independent contractors of	each receiving over \$100,	000 ▶	6		
Sign Here	Under penálties of perjury, I declare that have examinand belief, it is true, correct, and complete Declaration  STEVE F. Ho  Type or print name and title	of preparer (other than officer) is	s based on all information	of which preparer has a 5-2-/C	any knowle	owledge edge
Paid Prepare Jse Onl	Preparer's signature Firm's name (or	Date	Check if self- employed ▶ ☐	Preparer's identifying num	ber (See ins	structions)
	address, and ZIP + 4 PIRS discuss this return with the preparer shows	n above? See instructions		one no	Yes	No

Form 990-EZ (2009)

# Nebraska Tennis Association, Inc. 47-0681045

## STATEMENT 1: FORM 990-EZ, LINE 10, Grants and similar amounts paid

Description of Grant or Recipient	Amount
Grand Island Tennis Association Direct/Indirect Funding Grant	\$1,072.00
Omaha Tennis Association Direct/Indirect Funding Grant	\$4,440.00
Columbus Tennis Association Direct/Indirect Funding Grant	\$1,104.00
Lincoln Tennis Association Direct Funding Grant	\$2,968.00
Kearney Tennis Association Direct Funding Grant	\$2,232.00
York Tennis Association Direct Funding Grant	\$516.00
Fremont Tennis Association Direct Funding Grant	\$1,136.00
North Platte Tennis Association Direct Funding Grant	\$1,232.00
Diversity Populations Grants	\$600.00
Adaptive Tennis Grants	\$1,400.00
Fundraiser for Lights at Koch Family Tennis Center	\$1,200.00
Tennis on Campus Grants	\$1,500.00
Junior Team Tennis Grants	\$811.75
Competition Training Center Grant	\$1,000.00
USTA League Team Development Incentive Program	\$1,985.00
Umpire Incentive Grants	\$600.85
Hall of Fame	\$1,601.57
Missouri Valley Foundation Grant	\$75.00
Quickstart Tennis Grants	\$500.00
Public Schools Grants	\$1,688.25
Total	\$27,662.42

**STATEMENT 2**: FORM 990-EZ, PART I, LINE 13 Professional fees and other payments to independent contractors

Professional Fees	Amount		
Umpires	\$2,805.00		
Teaching Pros and Team Coaches	\$6,646.97		
Contract Professional Support Staff	\$11,405.00		
Total Professional Expenses	\$20,856.97		

### Nebraska Tennis Association, Inc. 47-0681045

### **STATEMENT 3:** 990-EZ FORM, LINE 14

## DEPRECIATION SCHEDULE AND AMORTIZATION REPORT

Asset	Description	Date	Method	Life	Basis	Accumulated	2009
No. of		Acquired				Depreciation	Depreciation
1	Computer one	06-01-03	SL	5 years	\$2497	\$2497	0
1	Computer two	3-1-08	SL	2 years	\$500	\$458.26	\$249.96

#### DEPRECIATION SCHEDULE Computer One

Time Period	Depreciation	Accumulated Depreciation
6-1-03 to 12-31-03	\$291	\$291
1-01-04 to 12-31-04	\$499	\$790
1-01-05 to 12-31-05	\$499	\$1289
1-01-06 to 12-31-06	\$499	\$1788
1-01-07 to 12-31-07	\$499	\$2287
1-01-08 to 5-31-08	\$210	\$2497

#### **DEPRECIATION SCHEDULE Computer Two**

Time Period	Depreciation	Accumulated Depreciation
3-1-08 to 12-31-08	\$208.30	\$208.30
1-1-09 to 12-31-09	\$249.96	\$458.26
1-1-10 to 3-1-10	\$41.74	\$500

### **STATEMENT 4**: FORM 990-EZ, PART I, LINE 15

Printing, Publications, Postage, and Shipping

Type of Expense	Amount
Office and Meeting Expenses	\$1,491.54
Event Support Expenses	\$5,921.45
Office Utilities	\$599.51
Total Office Type Expenses	\$8,012.50

## **STATEMENT 5**: 990-EZ, LINE 16, OTHER EXPENSES

Type of Other Expense	Amount
Awards for Tournaments and Programs	\$1,793.74
T-Shirts for Programs and Tournaments	\$3,134.71
Tennis Court Rental Fees	\$7,537.00
Entry Fees to Team Events	\$4,460.00
Travel Expenses to Meetings, Workshops, and Events	\$4,834.32
Total Expenses to Form 990-EZ, Line 16	\$21,759.77

### **STATEMENT 6**: FORM 990-EZ, PART III (Organization's Primary Purpose)

Our purpose is to promote the sport of tennis as a means of recreation, good health, and sportsmanship by facilitating tennis related events.

### Nebraska Tennis Association, Inc. 47-0681045

**STATEMENT 7**: FORM 990-EZ, LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.

Name & Address	Title	Hours /	Compensation	Benefit Plan	Expense
		Week	<u> </u>	Contribution	Account
Kile Johnson	President	0	0	0	0
1 O DOX 01000	·		}		
Lincoln, NE 68501					
Jeff Schoch	Vice-President	0	0	0	0
739 West Leon Drive	VICE I resident	<del>  •</del>	+		
Lincoln, NE 68521	- <del></del>				-
Enicolii, IVE 00321					
Jane Hines	Vice-President	0	0	0	0
510 South 157 <sup>th</sup> Circle					
Omaha, NE 68118					
Curt Smith	Compton	0	0	0	0
3109 Calvert Street	Secretary	<u> </u>	0	0	0
			<b>}</b>	<b>.</b>	l
Lincoln, NE 68502					
Jean Uffelman	Treasurer	0	0	0	0
7301 Pine Lake Road					
Lincoln, NE 68516					
Shane Jensen	Immediate	0	0	0	0
4114 4 <sup>th</sup> Avenue	Past President	<del>                                     </del>	+	· • · · · · · · · · · · · · · · · · ·	<del>                                     </del>
Kearney, NE 68848	1 ast 1 issident				
Steve Hossack	Director of	0	0	0	0
14936 Shirley Street	Operations				
Omaha, NE 68144					

DID THE ORGANIZATION DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT
CONTRACT? ( ) YES ( X ) NO
DID THE ORGANIZATION DURING THE YEAR, PAY PREMIUMS, DIRECTLY
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?
( ) YES ( X ) NO

#### Nebraska Tennis Association, Inc. 47-0681045

### **STATEMENT 8:** FORM 990-EZ, SCHEDULE A, LINE 3-A

Individual scholarship recipient must be a United States Citizen, be a worthy student at a recognized institute of learning in the state of Nebraska between grade K-12 and must have demonstrated an interest in the tennis industry.

Organizational Scholarships are provided by the Diversity Committee.