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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning **JANUARY 1**, 2010, and ending **DECEMBER 31**, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NEBRASKA TENNIS ASSOCIATION INC**

Number and street (or P.O. box, if mail is not delivered to street address)

14936 SHIRLEY STREET

Room/suite

City or town, state or country, and ZIP + 4

OMAHA NE 68144**D** Employer identification number**47-0681045****E** Telephone number**402-697-8786****F** Group Exemption

Number ►

G Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) ►**I** Website: ► **http://nebraska.usta.com****H** Check ☐ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c)() ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 67,529.87****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

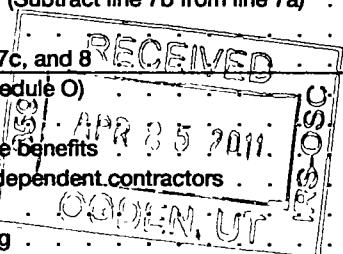
Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less: cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less: direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less: cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O)
17	Total expenses. Add lines 10 through 16
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
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)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

SCANNED MAY 13 2011



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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	64132.89	59246.54
23 Land and buildings	—	—
24 Other assets (describe in Schedule O)	41.74	784.97
25 Total assets	64174.63	60031.51
26 Total liabilities (describe in Schedule O)	—	—
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64174.63	60031.51

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? PROMOTE THE GROWTH OF TENNIS
 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, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 <u>USTA LEAGUE HAD 133 TEAMS CONSISTING OF 1498 REGISTERED PLAYERS WITH TOTAL EXPENSES OF 15190.71 AND REVENUE OF 15594.00</u>	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29 <u>THE DIRECT AND INCENTIVE FUNDING TO COMMUNITY TENNIS ASSOCIATIONS IN NEBRASKA ASSISTED THESE COMMUNITIES TO PROMOTE GRASS ROOTS AND USTA TENNIS PROGRAMMING</u>	
(Grants \$) If this amount includes foreign grants, check here ☐	29a
30 <u>THE COMPETITION TRAINING CENTER TRAINED THE TEAM OF PLAYERS FROM ALL OVER NEBRASKA WITH OVER 100 OF THE MOST GIFTED PLAYERS PARTICIPATING IN THIS PROGRAM WITH EXPENSES OF 15355.71 AND REVENUE 15,350.00</u>	
(Grants \$) If this amount includes foreign grants, check here ☐	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANE HINES 510 SOUTH 157TH CIRCLE OMAHA NE	PRESIDENT 10	0	0	0
JEFF SCHOCH 112 WEST KEATING LINCOLN NE 68521	VICE PRESIDENT 10	0	0	0
TROY SAULSBURY 2014 W 37TH ST KEARNEY NE 68845	VICE PRESIDENT 10	0	0	0
CURT SMITH 3109 CALVERT ST LINCOLN NE 68502	SECRETARY 10	0	0	0
JEAN UFFELMAN 7301 PINE LAKE ROAD LINCOLN NE 68516	TREASURER 10	0	0	0
KILE JOHNSON 1909 S 33RD ST LINCOLN NE 68506	IMMEDIATE PAST PRESIDENT 5	0	0	0
STEVE HOSSACK 14936 SHIRLEY ST OMAHA NE 68144	DIRECTOR OF OPERATIONS NO VOTE 30	\$5,350.00/YEAR	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
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	X
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 tax year covered by this return?	38a	X
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 ▶		
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.	40e	X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If "Yes," was the related organization a section 527 organization?	49b	☒
50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000

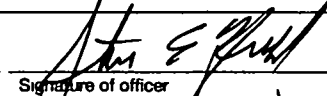
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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 4-21-11
	STEVE HOSSACK, DIRECTOR OF OPERATIONS	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

NEBRASKA TENNIS ASSOCIATION, INC

Employer identification number

47-0681045

990EZ LINE 16 LINE 16 AMOUNT \$21,418.70

- 1) AWARDS FOR TOURNAMENTS AND PROGRAMS: THE NEBRASKA TENNIS ASSOCIATION (NTA) PROVIDES AWARDS FOR EXCEPTIONAL VOLUNTEERS AT ITS HALL OF FAME AWARDS PRESENTATION AND BANQUET. THE NTA PROGRAM COMPETITION TRAINING CENTER (CTC) PROVIDES AWARDS FOR THE SELECTION TOURNAMENT TO CHOOSE THE PLAYERS IN THE NEBRASKA CTC TEAM.
- 2) T-SHIRTS: THE NEBRASKA USTA LEAGUE PROVIDES NEBRASKA T-SHIRTS FOR LEAGUE TEAMS THAT ADVANCE TO SECTIONAL CHAMPIONSHIPS AND THE NTA PROVIDES THE NEBRASKA CTC TEAM T-SHIRTS.
- 3) TENNIS COURT RENTAL FEES: THE USTA LEAGUE DISTRICT CHAMPIONSHIPS RENTS TENNIS COURTS AND THE CTC ALSO RENTS TENNIS COURTS FOR THEIR TRAINING PROGRAM.
- 4) ENTRY FEES: THE SECTIONAL EVENTS OF THE JUNIOR COMPETITION TEAMS AND CTC TEAM REQUIRES ENTRY FEES TO OFFSET THE EXPENSES OF THE EVENTS.
- 5) TRAVEL EXPENSES: THE USTA HOSTS A TRAINING WORKSHOP TO TRAIN VOLUNTEERS, THE USTA MISSOURI VALLEY AND THE NTA BOTH HAVE ORGANIZATIONAL BOARD MEETING TWICE A YEAR AND THE NTA REIMBURSES THE TRAVEL EXPENSES FOR THE VOLUNTEERS WHO ATTEND THESE EVENTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NEBRASKA TENNIS ASSOCIATION, INC

Employer identification number

47-0681045

LINE 24: OTHER ASSETS: A LAPTOP COMPUTER WAS PURCHASED
IN MARCH 1, 2008. ON THE 2009 990EZ FORM THE COMPUTER VALUE
WAS INADVERTENTLY LISTED IN THE TOTAL OF LINE 22 RATHER
THEN LISTED AS AN ASSET ON LINE 24. VALUE AFTER DEPRECIATION \$41.74

ON NOVEMBER 1, 2010 A PROJECTOR AND SCREEN WERE
PURCHASED FOR USE IN TRAINING SESSIONS AND MEETINGS.
THE BASIS OF THIS EQUIPMENT IS \$860.00 AND DEPRECIATION
ON THIS EQUIPMENT IS INCLUDED ON LINE 14 OF THE 2010
990EZ FORM. BASIS LESS DEPRECIATION IS EQUAL TO \$788.00

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	\$1,423.00
Omaha Tennis Association Direct/Indirect Funding Grant	\$3,082.00
Columbus Tennis Association Direct/Indirect Funding Grant	\$1,191.00
Lincoln Tennis Association Direct Funding Grant	\$2,690.00
Kearney Tennis Association Direct Funding Grant	\$2,699.00
York Tennis Association Direct Funding Grant	\$1,004.00
Fremont Tennis Association Direct Funding Grant	\$1,150.00
North Platte Tennis Association Direct Funding Grant	\$1,161.00
Diversity Populations Grants	\$500.00
Adaptive Tennis Grants	\$900.00
General Program Support Grants	\$1,000.00
Tennis on Campus Grants	\$1,500.00
Competition Training Center Grant	\$1,000.00
USTA League Team Development Incentive Program	\$2,346.00
Umpire Incentive Grants	\$377.40
Hall of Fame	\$1,260.00
Total	\$23,283.40

STATEMENT 2: FORM 990-EZ, PART I, LINE 13

Professional fees and other payments to independent contractors

Professional Fees	Amount
Umpires	\$1,595.50
Teaching Pros and Team Coaches	\$6,601.25
Contract Professional Support Staff	\$12,405.00
Total Professional Expenses	\$20,601.75

Nebraska Tennis Association, Inc. 47-0681045**STATEMENT 3: 990-EZ FORM, LINE 14****DEPRECIATION SCHEDULE AND AMORTIZATION REPORT**

Asset No. of	Description	Date Acquired	Method	Life	Basis	Accumulated Depreciation	2010 Depreciation
1	Computer one	06-01-03	SL	5 years	\$2497	\$2497	0
1	Computer two	3-1-08	SL	2 years	\$500	\$500	\$41.74
1	Projector & Screen	11-1-10	SL	2 years	\$856.97	\$72	\$72.00

DEPRECIATION SCHEDULE Projector & Screen

Time Period	Depreciation	Accumulated Depreciation
11-1-10 to 12-31-10	\$72.00	\$72.00
1-01-11 to 12-31-11	\$429.00	\$501.00
1-01-11 to 11-31-11	\$355.97	\$856.97

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	\$2,503.87
Event Support Expenses	\$1,873.91
Office Utilities	\$1,877.62
New Office Equipment	\$856.97
Total Office Type Expenses	\$7,112.37

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

Type of Other Expense	Amount
Awards for Tournaments and Programs	\$1,797.21
T-Shirts for Programs and Tournaments	\$2,676.25
Tennis Court Rental Fees	\$6,402.00
Entry Fees to Team Events	\$2,613.00
Travel Expenses to Meetings, Workshops, and Events	\$7,930.24
Total Expenses to Form 990-EZ, Line 16	\$21,418.70

Nebraska Tennis Association, Inc. 47-0681045

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.

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

Name & Address	Title	Hours / Week	Compensation	Benefit Plan Contribution	Expense Account
Jane Hines 510 South 157 th Circle Omaha, NE 68118	President	0	0	0	0
Jeff Schoch 112 West Keating Drive Lincoln, NE 68521	Vice-President	0	0	0	0
Troy Saulsbury 2014 West 37 th Street Kearney, NE 68845	Vice-President	0	0	0	0
Curt Smith 3109 Calvert Street Lincoln, NE 68502	Secretary	0	0	0	0
Jean Uffelman 7301 Pine Lake Road Lincoln, NE 68516	Treasurer	0	0	0	0
Kile Johnson 1909 S 33rd St Lincoln, NE 68506	Immediate Past President	0	0	0	0
Steve Hossack 14936 Shirley Street Omaha, NE 68144	Director of Operations	0	0	0	0

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.