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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public

Inspection

For the 2010 calendar year, or tax year beginning and ending D Employer identification number C Name of organization UNITED STATES TENNIS ASSOCIATION/PACIFIC Address change NORTHWEST SECTION Name change 93-0853818 Doing Business As Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Termin-300 (503)520-1877 4840 S.W. WESTERN AVENUE 2,208,859. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending BEAVERTON, OR 97005-3430 H(a) Is this a group return F Name and address of principal officer:BILL LEONG Jyes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? □Yes □ No I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) J Website: ► WWW.USTA.COM/PNW H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1977 M State of legal domicile: OR Association Other > Trust Part I Summary Bnefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) <u>33</u> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <u> 200</u> 6 Total number of volunteers (estimate if necessary) 11,746. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -8,679.b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 1,186,633. 1,181,278. Contributions and grants (Part VIII, line 1h) 767,176. 858,453. Program service revenue (Part VIII, line 2g) 91,493. 114,043. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 49,730. 22,152. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,062,099 2,208,859. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 143,752. 39,272. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 854,238 902,123. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 630,755. 747,540. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 688,935. 628,745 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 433,354. 519,924. 19 Revenue less expenses. Subtract line 18 from line 12 PFOF!\/FD **Beginning of Current Year** End of Year Ó 3,811,857 4,557,006. 20 Total assets (Part X, line 16) Ö MAY 1 9 2011 379,650 417,037. Total liabilities (Part X, line 26) 3,432,207. 4,139,969. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block OGDEN 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. Signature of office Sign BILL LEONG, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signati P01294356 Paid YEE LEE LO Firm's name GARY MCGEE & CO. LLP Preparer Firm's EIN Firm's address 808 S.W. THIRD AVENUE, Use Only Phone no. (503) 222-2515 PORTLAND, OR 97204 May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

id	Other program services. (Describe in Schedule Q.)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 199,418 · including grants of \$ 18,525 ·) (Revenue \$ 75,700 ·)

4e Total program service expenses ► 1,282,647.

Form 990 (2010) NORTHWEST SECTION Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(1) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "Complete Schedule C, Part II 2 Is the organization required to complete Schedule B, Schedule of Contributions? 3 Did the organization required to complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)(4) soft complete Schedule C, Part II 5 Is the organization ascton 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as definition for promptles Schedule C, Part III 6 Did the organization ascton 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as definition for promptles Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts If Yes, "complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts If Yes, "complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, "complete Schedule D, Part III 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 control counseling, debt management, credit repair, or debt registrations, and the complete Schedule D, Part IV 10 Did the organization report an amount for investments - other securities in Part X, line 107 If Yes, "complete Schedule D, Part VIII If Yes, "complete Schedule D, Part VIII If Yes, "complete Schedule D, Part XIII If Yes, "complete Schedule D, Pa				Yes	No
2 Is the organization required to complete Schedule 8. Schedule of Contributions? 3 Did the organization engage in direct or unfinent political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section SD1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SD1(i) election in effect during the stay year? If "Yes," complete Schedule C, Part II 5 Is the organization as section SD1(c)(4), SD1(c)(5), or SD1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-191 If "Yes," complete Schedule C, Part III 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 II 7 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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment in the part X, inc. Part III 7 Did the organization insport an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV III III III III III III III III III	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If '178', complete Schedule C, Part II seek Section 501(ii) election in effect during the tax year? If '178', complete Schedule C, Part II is the organization assetton 501(ii) election in effect during the tax year? If '178', complete Schedule C, Part II is the organization assetton 501(ii) election in effect during the tax year? If '178', complete Schedule C, Part II is the organization assetton 501(ii) election. Did the organization resolven to robid a conservation easement, including easements to preserve open expenses, the environment, historical areas, or historical treasures, or other similar sassets? If '178', complete Schedule D, Part II is Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or organization schedule D, Part II is organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or organization report an amount in Part X, line 21; serve as a custodian for amounts not isted in Part X, or organization report an amount for Isnd, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part IV in the organization report an amount for resolution is 'Yes,' then complete Schedule D, Part V, IV, VII, VII, VII, VII, VII, VII, V		If "Yes," complete Schedule A	1		
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if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Dot the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Dot 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 If It "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 15 If It "Yes," complete Schedule D, Part X III Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization maintain an office, employees, or agents outside of the United States? 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, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants	10				٠
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1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals must attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b			18		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20a X 20a OR	19				
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		·		<u> </u>	
operate one or more hospitals must attach audited financial statements (see instructions) . 20b					X
	b	· · · · · · · · · · · · · · · · · · ·	1		
		operate one or more hospitals must attach audited financial statements (see instructions)		900	(2010)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		. <u></u>	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	х	
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		<u>x</u>
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			х
	Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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		х
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	Control of the contro	28a	ſ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34		1 22 .		 -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33	1	
	Was the organization related to any tax-exempt or taxable entity?			Х
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33 34 35	ļ	X
	Was the organization related to any tax-exempt or taxable entity?	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 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	34	!	Х
а	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	34		
а	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	34 35 36		x
a 36 37	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Inne 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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	34		Х
a 36	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ime 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ime 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	34 35 36 37	Y	x
а 36 37	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Inne 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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	34 35 36 37	X 990 /	x

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	Check if Schedule O contains a response to any question in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 1								
-										
·	(gambling) winnings to prize winners?	1c								
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 2a 33									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х							
	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		х						
b	If "Yes," enter the name of the foreign country:									
	See instructions for 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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible?	6a		Х						
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).		-	x						
а	a 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?									
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			l						
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year			٠,,						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	ļ						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	7h								
8		1								
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		┢						
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A	م ا		-						
a b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			\vdash						
10	Section 501(c)(7) organizations. Enter:	30	-	├─						
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A	1								
11	Section 501(c)(12) organizations. Enter:	1								
а	Gross income from members or shareholders									
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1								
	amounts due or received from them.)			i						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1							
	organization is licensed to issue qualified health plans]	1							
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
		F	agn	(0040)						

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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.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management	-							
000	tion A. Governing body and Management		Yes	NI-					
4-		9	res	No					
1a	Enter the number of voting members of the governing body at the end of the tax year [Table the number of voting members of the governing body at the end of the tax year [Table the number of voting members of the governing body at the end of the tax year	힑							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	4	ļ						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ļ						
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ.		۱					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6	X						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1	ŀ						
	governing body?	7a	X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:	1							
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u>-</u>	١.						
	The state of the s		Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	104	 						
	and branches to ensure their operations are consistent with those of the organization?	10b							
110	·								
	1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	ļ					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a							
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1							
	to conflicts?	12b	X	<u> </u>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	- T						
	in Schedule O how this is done	12c	X						
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ							
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	<u> </u>	X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 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 ►OR								
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	le for							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	zation:	>						
	BILL LEONG - (503) 520-1877	•							
	4840 S.W. WESTERN AVENUE, SUITE 300, BEAVERTON, OR 97005-3430								

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 neither the organization	nor any related	orga	anıza	ation	COI	mpei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	(C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	neck all th		that apply)		compensation	compensation	amount of
	week	텵						from	from related	other
	(describe hours for	E E				8		the	organizations (W-2/1099-MISC)	compensation from the
	related	tee o	nstee			ensat		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ğ	nat ta		loyee	E a	l	(** 27 1033 141100)		and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	를	Ĕ	통		풀	호			
NORWARD J. "BILL" BROOKS JR.									_	_
VP OF NW WASHINGTON	2.00	Х			<u> </u>			0.	0.	0.
ALLEN CLENDANIEL										
VP OF ALASKA	2.00	X	Ļ		<u> </u>		_	0.	0.	0.
PETER JACKSON		l							_	_
VP OF BRITISH COLUMBIA	2.00	X	!		_	L	<u> </u>	0.	0.	0.
MIKE NAUMES	200	Į.,				1		0.	0.	_
VP OF SOUTHERN OREGON	2.00	X	-		H	<u> </u>	<u> </u>	0.	0.	0.
MARY RAWLSKY VP OF EASTERN WASHINGTON	2.00	v						0.	0.	0.
RICHARD SNYDER	2.00	<u> </u>		⊢	┢	 			0.	0.
VP OF SW WASHINGTON	2.00	X						0.	0.	0.
JEFF YARNE	1 2.00		1	\vdash	一	 	┢			
VP OF NORTHERN OREGON	2.00	x	1					0.	0.	0.
ANTHONY MENKE										
SECTIONAL DELEGATE	2.00	Х						0.	0.	0.
GWEN RAMRAS										
PRESIDENT	3.50	X		X		L		0.	0.	0.
MIKE TEMPLE		l	ļ							_
SECRETARY/TREASURER	3.50	X	┖	X	_			0.	0.	0.
BILL LEONG				l				1 440 505		
EXECUTIVE DIRECTOR	50.00	<u> </u>	ļ	X	L	ļ		118,696.	0.	23,699.
				ĺ						
		┢	⊢	L	⊢	\vdash	<u> </u>			
						1				
	-	\vdash	├─	├	├	\vdash	\vdash			
		t^-	\vdash	\vdash	\vdash	t	\vdash	<u> </u>	 	
		Г								
		_	\vdash	_	lacksquare	_	<u> </u>			
	_1	1	L	i	L	1		<u> </u>	<u> </u>	L

	990 (2010) NORTHWES	r SECTIO	NC							93-08	<u> 3538</u>	318	_ Pa	ge 8
Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	уее	s, a	nd l	High	est	Compensated Employ	rees (continued)				
	(A) Name and title	(B) Average hours per	(cl		Posi all t	ition	app	ly)	(D) Reportable compensation	(E) Reportable compensation		Estir amo	F) mated unt o	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	compe from organ	n the nization relate	on d
											_			
														
											-			
	Sub-total			<u> </u>		L	<u> </u>		118,696.		0.	23	,69	9.
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	I, Section A					>		118,696.		0.	23	,69	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wl	no r		0,000 in reportable	9			1
3	Did the organization list any former officer,			e, ke	y em	plo	yee,	or h	highest compensated e	mployee on	Γ	3	/es	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le c						· · · · · · · · · · · · · · · · · · ·	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contition B. Independent Contractors							elat	ted organization or indiv	ridual for services		5		Х
1	Complete this table for your five highest countries the organization.	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pensa	ation fro	om	
	(A) Name and business	address					·		(B) Description of	services	Co	(C) ompens		1
							_			•				
		 .	-											
2	Total number of independent contractors (including but r	not l	mite	ed to	tho	se li	sted	d above) who received r	nore than				
	\$100,000 in compensation from the organi						0			i				

\$100,000 in compensation from the organization

Page 9

:			Statement of Never	ide		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 :	а	Federated campaigns	1a			,		
ga	ı	b	Membership dues	1b					
fts,	•		Fundraising events	1c					
<u>a</u> gi	'		Related organizations	1d		-			1
Sim	,		Government grants (contribut	· -					(
le ti	1	f All other contributions, gifts, grants, and		1186633.				1	
향함	similar amounts not included above 1f 118663					•			
Contributions, gifts, grants and other similar amounts		_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-11 \$		1186633.			
\vdash		11	Total. Add lines 14-11		Business Code	 			
	2 :	9	PROGRAM/ENTRY F	FEES	900099	543,109.	543,109.		
충		b	MEMBERSHIP DUES		900099	315,344.	315,344.		_
Sel		c							
an eve		d							
Program Service Revenue		е							
ď	1	f	All other program service reve	enue					
\Box		g	Total. Add lines 2a-2f			858,453.			
į	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		•	114,043.			114,043.
	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties		<u> </u>				
				(ı) Real	(ii) Personal				
	6		Gross Rents	<u> </u>					
			Less: rental expenses						
			Rental income or (loss) Net rental income or (loss)		•				
			Gross amount from sales of	(i) Securities	(II) Other				
	•	a	assets other than inventory	(I) Securities	(ii) Other	1			
		ь	Less: cost or other basis			1			
			and sales expenses						
		С	Gain or (loss)			1			
		d	Net gain or (loss)						
ē	8	а	Gross income from fundraisin	g events (not					_
enr		including \$ of							
Pe			contributions reported on line	1c). See					
Other Revenue			Part IV, line 18	а		1			
ŧ			Less: direct expenses	b					-
			Net income or (loss) from fund	-	<u> </u>				
	9	а	Gross income from gaming as Part IV, line 19						
		.	Less: direct expenses	a b		-			
			Net income or (loss) from gan						
			Gross sales of inventory, less						
		_	and allowances	а			:		
		b	Less: cost of goods sold	b		1			
		С	Net income or (loss) from sale	es of inventory				<u>'</u>	
			Miscellaneous Revent	ie e	Business Code				
	11				900099	37,984.			37,984.
		b	ADVERTISING INC	COME	541800	11,746.		11,746.	
		C				ļ 			
		d	All other revenue			40 720			
	ٔ مد	е	Total. Add lines 11a-11d	•	>	49,730. 2208859.	050 /152	11 772	152,027.
8998	12		Total revenue. See instructions.		<u> </u>	4400009.	858,453.	11,/40.	134,047.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (B), (C), and (D)

	All other organizations must composit include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		Ovheriaca	gorioral expenses	0.1000
'	organizations in the U.S. See Part IV, line 21	16,686.	16,686.		
2	Grants and other assistance to individuals in	2070001	20,000		
2	the U.S See Part IV, line 22	22,586.	22,586.		
2	Grants and other assistance to governments,	22,3001			·····
3	organizations, and individuals outside the U.S.				
	- 1				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	142,429.	110,885.	31,544.	
_	trustees, and key employees	144,447.	110,005.	31,344.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	615,174.	478,928.	136,246.	
7	Other salaries and wages	015,1/4.	4/0,340.	130,440.	····
8	Pension plan contributions (include section 401(k)	12 051	10 702	3,068.	
_	and section 403(b) employer contributions)	13,851. 66,254.	10,783. 51,580.	14,674.	
9	Other employee benefits				
10	Payroll taxes	64,415.	50,150.	14,265.	
11	Fees for services (non-employees):	ĺ			
а	Management			0 010	
b	Legal	8,213.		8,213.	
С	Accounting	12,000.		12,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	127,085.	98,410.	28,675.	
12	Advertising and promotion	44,035.	39,241.	4,794.	
13	Office expenses	137,184.	117,963.	19,221.	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	25,036.		25,036.	
17	Travel	208,255.	136,243.	72,012.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,636.	19,514.	2,122.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,527.		10,527.	
23	Insurance	5,656.		5,656.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	70 000	E1 007	10 025	
а	EVENT EXPENSES & OTHER	70,222.	51,987.	18,235.	
b	COURT RENTALS	50,524.	50,524.		
С	AWARDS/PRIZES	27,167.	27,167.		
đ					
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	1,688,935.	1,282,647.	406,288.	
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	rt X	Balance Sheet			- ugo II
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	341,939.	2	256,145.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100,005.	4	89,047.
	5	Receivables from current and former officers, directors, trustees, key			
	l	employees, and highest compensated employees. Complete Part II			
		of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,513.	9	7,950.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D Less: accumulated depreciation 10a 92,811. 10b 43,757.			
	b	Less: accumulated depreciation 10b 43,757.	2,081.	10c	49,054. 4,153,790.
	11	Investments - publicly traded securities	3,353,055.	11	4,153,790.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,264.	15	1,020.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,811,857.	16	4,557,006.
	17	Accounts payable and accrued expenses	37,859.	17	55,445.
	18	Grants payable	- 11 1	18	
	19	Deferred revenue	341,791.	19	361,592.
	20	Tax-exempt bond liabilities .		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	200 650	25	417 027
	26	Total liabilities. Add lines 17 through 25	379,650.	26	417,037.
	ļ	Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.	2 426 025		4 105 607
and	27	Unrestricted net assets	3,426,925.		4,125,687.
Bal	28	Temporanly restricted net assets	5,282.	28	14,282.
ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	1	Organizations that do not follow SFAS 117, check here			
õ		complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds	2 420 000	32	4 120 000
~	33	Total net assets or fund balances	3,432,207.	33	4,139,969.
	34	Total liabilities and net assets/fund balances	3,811,857.	34	4,557,006.

93-0853818 Page 12 Form 990 (2010) NORTHWEST SECTION Part XI Reconciliation of Net Assets \mathbf{X} Check if Schedule O contains a response to any question in this Part XI 2,208,859. 1 Total revenue (must equal Part VIII, column (A), line 12) <u>1,688,935.</u> 2 Total expenses (must equal Part IX, column (A), line 25) 2 519,924. Revenue less expenses. Subtract line 2 from line 1 3 3 3,432,207. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 187,838. Other changes in net assets or fund balances (explain in Schedule O) 5 4,139,969. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 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 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За

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

Form 990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

Part I	Reason	for Public Char	i ty Status (All organız	ations mu	st complet	te this part	.) See inst	ructions.					
he organ	zation is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)						
1	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)						
2	•		0(b)(1)(A)(ii). (Attach Sc										
3 🗔			al service organization of	•	in section	170/b)(1)/	ΔΥίϊί						
4	•	•	perated in conjunction					(b)(1)(A)(iii	i) Enter	the hospital's name			
7	city, and state	-	pporated in conjunction	······· a 1.00	pital dosoi		V	(-) /(-)/(-)/(.,. Linco	the hospital's hame,			
	•		hanafé af a gallaga ar ur	an corolla con		aratad by		mantal mi	daaaab	and in			
5 🗀	-		benefit of a college or ur	iiversity ov	wiled or of	berated by	a governi	nemai uni	describ	oed in			
		(b)(1)(A)(iv). (Comple											
6 🖂	•	. •	ent or governmental unit										
7 📖	-	-	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in			
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)								
9 [X]	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	o fees, a	nd gross receipts from			
	activities rela	ted to its exempt fur	octions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	/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.)												
10 🖳	An organizati	on organized and op	erated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4)).					
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	out the	purposes of one or			
	more publicly	supported organiza	tions described in section	on 509(a)(°	1) or sectio	on 509(a)(2). See se c	tion 509(a	a)(3). Ch	eck the box that			
	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		7		e III - Func		egrated		а \square	Type III - Other			
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indırectly	by one or	more disc	qualified	persons other than			
	=		nan one or more publicly										
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting or	rganization, check th	is box										
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?				
•	=		rectly controls, either al							Yes No			
	• •		pported organization?	J		•		```	•	11g(i)			
	~		described in (i) above?							11g(ii)			
		•	person described in (i) o		a?					11g(iii)			
h		_	about the supported or										
••		J		9	(-)-								
(i) Nama	of supported	/::\ EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Amount of			
	anization	(ii) EIN	organization	in col. (i) lis				Organization in		support			
orga	amzation		(described on lines 1-9 above or IRC section		document?		support?	U.S.	?	Заррогі			
			(see instructions))	Yes	No	Yes	No	Yes	No				
···-													
													
													
				 	 			 					
				 				 					
				1									
													
				I	1	I	I	ı		i			

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,	•					
	column (f)	i					
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u></u>	L			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	•	• • • • • • • • • • • • • • • • • • • •				
8	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			-			
-	activities, whether or not the						ì
	business is regularly carried on						
10	Other income. Do not include gain						1
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instruct	ons)		.,1	12	•
	First five years. If the Form 990 is fo	•	=	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3)	
	organization, check this box and stop	=			•		▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2009	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			ightharpoons
t	33 1/3% support test - 2009.If the c	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶□
178	10% -facts-and-circumstances tes	t - 2010.If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
t	10% -facts-and-circumstances tes	-	•			17a, and line 15 is	10% or
	more, and if the organization meets t	•					
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization		-	•			ns 🕨 🗀
						edule A (Form 990	

93-0853818 Page 3

Schedule A (Form 990 or 990-EZ) 2010 NORTHWEST SECTION 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 or if the organization failed to qualify under Part II. If the organization fails to

500	qualify under the tests listed b	elow, please comp	olete Part II.)					
		4 3 0000	#10007	(-) 0000	(4) 0000	(-) 0010	/O.T-1-1	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	4 045 004	4 004 468	1 014 065	4 101 000	1 106 633	C 050 004	
	include any "unusual grants.")	1,247,981.	1,221,467.	1,214,865.	1,181,278.	1,186,633.	6,052,224.	
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	613,756.	676,975.	748,607.	767,176.	858,453.	3,664,967.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities				i			
_	fumished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1,861,737.	1,898,442.	1,963,472.	1,948,454.	2,045,086.	9,717,191.	
	Amounts included on lines 1, 2, and	<u> </u>						
	3 received from disqualified persons	1,247,981.	1,217,927.	1,211,053.	1,179,270.	1,184,874.	6,041,105.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that				·			
	exceed the greater of \$5,000 or 1% of the						0.	
_	amount on line 13 for the year	1,247,981.	1,217,927.	1,211,053,	1,179,270.	1,184,874.	6,041,105.	
	Add lines 7a and 7b	1,247,501.	1,217,327.	1,211,033.	1,173,270.	1,101,071	3,676,086.	
	Public support (Subtract line 7c from line 6.)						3,070,000.	
_				4 1 2 2 2 2	(0 0000			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total 9,717,191.	
	Amounts from line 6	1,861,737.	1,898,442.	1,963,472.	1,948,454.	2,045,086.	9,717,191.	
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources	116,543.	253,137.	114,913.	91,493.	114,043.	690,129.	
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	5,363.			510.	4,464.	17,070.	
	Add lines 10a and 10b	121,906.	256,201.	118,582.	92,003.	118,507.	707,199.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital	36,867.	87,878.	34,032.	41,138.	37,984.	237,899.	
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	2,020,510.	2,242,521.	2,116,086.	2,081,595.	2,201,577.	10,662,289.	
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d. fourth, or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ation.	
	check this box and stop here	3	- ···-·, , ···	, , -	•		▶□	
Se	ction C. Computation of Publ	ic Support Pe	rcentage			····	<u> </u>	
	Public support percentage for 2010 (column (fi)	•	15	34.48 %	
	Public support percentage from 2009			30141111 (1))		16 34.92		
	ction D. Computation of Inve				·· ·	<u> </u>	34.92 %	
						147	6.63 %	
17	•	•	*	10 13, COLUMN (I))				
18	Investment income percentage from			on line 4.4 c = 4.4	16 in	18		
198	a 33 1/3% support tests - 2010. If the	-				•	I7 is not ▶X	
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the	•	- ·					
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶Щ	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see ins	structions	▶□	

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION 93-0853818

Part IV:	Supple	emental	nforma	tion. Cor	nplete ti	his part to provide the ex any additional information	planation. (See ii	ns required	by Part II, line 10; Part II, line 17a or 17b;
						EXPLANATION			
OTHER :	INCON	1E							
_									
_									
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<u>.</u>									
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(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	wnting that the assets held in donor advis	sed funds						
	are the organization's property, subject to the organization's		Yes No						
6	Did the organization inform all grantees, donors, and donor a		used only						
-	for charitable purposes and not for the benefit of the donor of	<u> </u>							
	impermissible private benefit?	, , ,	Yes No						
Par		ganization answered "Yes" to Form 990, I	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or e		storically important land area						
	Protection of natural habitat		tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution 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		2a						
b									
С	c Number of conservation easements on a certified historic structure included in (a)								
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure								
	listed in the National Register								
3									
	year▶	•							
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)								
	and section 170(h)(4)(B)(ii)? Yes								
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for						
	conservation easements.								
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,						
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that descr	ibes these items.							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts						
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		> \$						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gaın, provide						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:							
а	Revenues included in Form 990, Part VIII, line 1		> \$						
þ	Assets included in Form 990, Part X		► \$ ► \$						

Sche		ST SECTION						93-08			ge 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a s	ignificant	use of its	collection	ıtems	i
	(check all that apply):										
а	Public exhibition	d	╵╚┪	Loan or excl	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er similaı	r assets		_		
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" to	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	included		_		
	on Form 990, Part X?		-						Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing 1	table:							
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par			nswered	"Yes" to Fo	m 990, Part	IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities				ŀ						
	and programs										
f	Administrative expenses		Ī.								
g	End of year balance						_				
2	Provide the estimated percentage of the year	r end balance held a	as:			_					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
											
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for t	he organi	zation			
	by:	•					_		[/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X	, line 10.							
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	,
	·	basis (invest		basis	(other)	de	preciation	<u> </u>			
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment				5,311.		34,9				56.
	Other			5	7,500.		8,8	12.		,68	
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colui	nn (B), line 1	10(c).)			>	49	, 05	54.

Schedule D (Form 990) 2010

93-0853818 Page 3 NORTHWEST SECTION 'Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) **(**1) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (b) Book value (a) Description of investment type Cost or end-of-year market value (1) (2) (3)(4) (5) (6) (7) (8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15. Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) (10) (11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (PSC 740) Footnote in Part XIV, provide the text of the organization's financial statements that reports the organization's financial statements. FIN 48 (ASC 740) FIN 48 (ASC 740)

Schedule D (Form 990) 2010

032053 12-20-10

Sche	dule D (Form 990) 2010 NORTHWEST SECTION					0853818	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audit	ed Financ	ial Stat	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,208	,859.
2	Total expenses (Form 990, Part IX, column (A), line 25)		[2		1,688	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		ſ	3		519	,924.
4	Net unrealized gains (losses) on investments		[4		187	,838.
5	Donated services and use of facilities		Ī	5			
6	Investment expenses		Ī	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)		Ī	8			
9	Total adjustments (net). Add lines 4 through 8			9		187	,838.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	Ī	10		707	,762.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents W	ith Reven	ue per	Returr		
1	Total revenue, gains, and other support per audited financial statements				1	2,366	,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	18'	7,838	<u>.</u>		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d			_		
e	Add lines 2a through 2d				2e		<u>,838.</u>
3	Subtract line 2e from line 1				3	2,178	<u>,979.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		i				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_}		
b	Other (Describe in Part XIV.)	4b	29	9,880	<u>.</u>		
С	Add lines 4a and 4b				4c	29	,880.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5_	2,208	<u>,859.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents v	vith Expe	nses pe	r Ketu	irn	AFE
1	Total expenses and losses per audited financial statements				1	1,659	,055.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	1		1 1		
а	Donated services and use of facilities	2a			-		
Ь	Prior year adjustments	2b			-		
С	Other losses	2c			-		
d	Other (Describe in Part XIV.)	2d			<u> </u>		Λ
е	Add lines 2a through 2d				2e	1,659	0.
3	Subtract line 2e from line 1				3	1,039	,055.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ایا					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2	9,880	-		
	Other (Describe in Part XIV.)	_4b	<u> </u>	9,000	⊣ . ∣	20	000
	Add lines 4a and 4b				4c 5	1,688	<u>,880.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information				5	1,000	, ,,,,,,
		III. linna i	to and 4: Par	+ IV Junes	1b and	Oh: Dort V. line	4: Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com						4; Pan
A, IIII	e 2, Part XI, line 6, Part XII, lines 20 and 40, and Part XIII, lines 20 and 40. Also con	ibiere rus	s part to prov	nue any a	dullona	i imormation.	
_							•
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
SPO	ONSORSHIP EXPENSE					29	,880.
	···						
PAJ	RT XIII, LINE 4B - OTHER ADJUSTMENTS:						
SP	ONSORSHIP EXPENSE					29	<u>,880.</u>

ջ Employer identification number × 93-0853818 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. UNITED STATES TENNIS ASSOCIATION/PACIFIC (d) Amount of cash grant (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations NORTHWEST SECTION General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

Schedule I (Form 990) (2010)

:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations

NORTHWEST SECTION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010) Part III

Page 2

93-0853818

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FUNDS THROUGH GRANT ACCOUNTABILITY REPORTS AND FOLLOWS UP BASED ON THE SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS THE USE OF GRANT (d) Amount of non-cash assistance 0 22,586, (c) Amount of cash grant SITE VISITS ARE ALSO DONE WHEN NEEDED. (b) Number of recipients 32 SUBSIDY GRANTS AND TRAVEL ASSISTANCE GRANTS (a) Type of grant or assistance REPORTS.

26

Schedule I (Form 990) (2010)

032102 01-13-11

SCHEDULE 0

(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.

2010
Open to Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ASSOCIATION IS DEDICATED TO PROMOTING AND DEVELOPING RECREATIONAL
AND COMPETITIVE TENNIS BY PROMOTING AND SUPERVISING TOURNAMENTS;
PROMOTING AND SPONSORING EDUCATIONAL PROGRAMS; PROMOTING AND SPONSORING
COMPETITIVE EVENTS FOR THE PURPOSE OF QUALIFYING ITS MEMBERS FOR
COMPETITIONS IN NATIONAL AND INTERNATIONAL COMPETITIVE EVENTS; AND
PROMOTING AND SPONSORING A PUBLIC RELATIONS CAMPAIGN TO ENCOURAGE
MEMBERSHIP AND RAISE AWARENESS OF THE GAME OF TENNIS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
JUNIOR PROGRAMS - A PROGRAM WHICH IS COMMITTED TO THE DEVELOPMENT OF
JUNIOR PLAYERS, INCLUDING YEAR-ROUND TRAINING, TOURNAMENTS AND LEAGUE
PLAY, AND TOURNAMENT-RELATED TRAVEL.
EXPENSES \$ 199,418. INCLUDING GRANTS OF \$ 18,525. REVENUE \$ 75,700.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BY-LAWS WERE
AMENDED TO REMOVE BRITISH COLUMBIA AS A PART OF THE UNITED STATES TENNIS
ASSOCIATION PACIFIC NORTHWEST SECTION.
FORM 990, PART VI, SECTION A, LINE 6: THE UNITED STATES TENNIS
ASSOCIATION PACIFIC NORTHWEST SECTION HAS ORGANIZATIONAL AND INDIVIDUAL
MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: A MAJORITY OF THE VOTES ENTITLED TO BE CAST BY THE MEMBERS AS DEFINED IN THE CORPORATION'S ARTICLES OF

INCORPORATION SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT

Employer identification number 93-0853818

ANY MEETING OF THE MEMBERSHIP. THE ACT OF THE MAJORITY OF THE VOTES

ENTITLED TO BE CAST AT A MEETING IN WHICH A QUORUM IS PRESENT SHALL BE THE

ACT OF THE MEMBERSHIP. ALL VOTES MUST BE CAST BY A DULY AUTHORIZED

REPRESENTATIVE OF A VOTING MEMBER, IN THE CASE OF ORGANIZATIONAL MEMBERS,

AND BY THE INDIVIDUAL MEMBER HIMSELF OR HERSELF IN THE CASE OF INDIVIDUAL

MEMBERS, AND VOTES BY PROXY SHALL NOT BE PERMITTED.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED DURING BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S

COMPENSATION WAS APPROVED BY THE USTA PACIFIC NORTHWEST EXECUTIVE BOARD

MEMBERS AFTER REVIEW AND DELIBERATION OF HIS PERFORMANCE AND THE COMPARABLE

USTA EXECUTIVE DIRECTORS COMPENSATION RANGE ACROSS THE COUNTRY. A WRITTEN

APPROVAL NOTICE WAS SENT TO THE INDEPENDENT BOOKKEEPING FIRM BY THE BOARD

PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. GOVERNING DOCUMENTS AND CERTAIN

POLICIES WILL ALSO BE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

187,838.

Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

 $ightharpoons \overline{\mathbf{X}}$ • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Employer identification number UNITED STATES TENNIS ASSOCIATION/PACIFIC print NORTHWEST SECTION 93-0853818 File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 4840 S.W. WESTERN AVENUE, NO. 300 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BEAVERTON, OR 97005-3430 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code 01 Form 990-T (corporation) 07 Form 990 08 Form 990-BL Form 1041-A 03 Form 4720 09 Form 990-EZ Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 BILL LEONG - 4840 S.W. WESTERN AVENUE, SUITE 300 -The books are in the care of ▶ BEAVERTON, OR 97005-3430 Telephone No. ► (503) 520-1877 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box 🕨 💹 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2010 or ___ tax year beginning ____ _ , and ending If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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For Paperwork Reduction Act Notice, see Instructions.