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

OMB No. 1545-1150

**2011****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 2011 calendar year, or tax year beginning **January 1**, 2011, and ending **December 31**, 20 **11**

**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) Room/suite  
**14936 Shirley Street**

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**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$** **0**

**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   |                                                                                                                                                                                                            | Expenses  |             | Net Assets |                                                                                                                                                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | <b>1</b>  | \$29,395.17 | <b>18</b>  | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                                                                            | <b>2</b>  | \$31,737.00 | <b>19</b>  | 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) |
| <b>3</b>  | Membership dues and assessments                                                                                                                                                                            | <b>3</b>  | \$1,855.00  | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                                                             |
| <b>4</b>  | Investment income                                                                                                                                                                                          | <b>4</b>  | \$949.95    | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                                                                                      | <b>5a</b> | 0           |            |                                                                                                                                                  |
| <b>5b</b> | Less: cost or other basis and sales expenses                                                                                                                                                               | <b>5b</b> | 0           |            |                                                                                                                                                  |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | <b>5c</b> | 0           |            |                                                                                                                                                  |
| <b>6</b>  | Gaming and fundraising events                                                                                                                                                                              |           |             |            |                                                                                                                                                  |
| <b>6a</b> | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | <b>6a</b> | 0           |            |                                                                                                                                                  |
| <b>6b</b> | 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)) | <b>6b</b> | 0           |            |                                                                                                                                                  |
| <b>6c</b> | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b> | 0           |            |                                                                                                                                                  |
| <b>6d</b> | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b> | 0           |            |                                                                                                                                                  |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                                                                                      | <b>7a</b> | 0           |            |                                                                                                                                                  |
| <b>7b</b> | Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b> | 0           |            |                                                                                                                                                  |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | <b>7c</b> | 0           |            |                                                                                                                                                  |
| <b>8</b>  | Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>  | 0           |            |                                                                                                                                                  |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                              | <b>9</b>  | \$63,937.12 |            |                                                                                                                                                  |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                       | <b>10</b> | \$23,525.65 |            |                                                                                                                                                  |
| <b>11</b> | Benefits paid to or for members                                                                                                                                                                            | <b>11</b> | 0           |            |                                                                                                                                                  |
| <b>12</b> | Salaries, other compensation, and employee benefits                                                                                                                                                        | <b>12</b> | 0           |            |                                                                                                                                                  |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                                                                            | <b>13</b> | \$22,035.30 |            |                                                                                                                                                  |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                                                                                | <b>14</b> | \$1,251.47  |            |                                                                                                                                                  |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                                                                              | <b>15</b> | \$2,145.90  |            |                                                                                                                                                  |
| <b>16</b> | Other expenses (describe in Schedule O)                                                                                                                                                                    | <b>16</b> | \$30,819.58 |            |                                                                                                                                                  |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                             | <b>17</b> | \$79,777.90 |            |                                                                                                                                                  |
|           |                                                                                                                                                                                                            |           |             |            |                                                                                                                                                  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (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 . . . . .                                                            | \$59,246.54           | 22 \$43,834.76  |
| 23 | Land and buildings . . . . .                                                                        | 0                     | 23              |
| 24 | Other assets (describe in Schedule O) . . . . .                                                     | \$784.97              | 24 \$355.97     |
| 25 | <b>Total assets</b> . . . . .                                                                       | \$60,031.51           | 25 \$44,190.73  |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                         | 0                     | 26              |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | \$60,031.51           | 27 \$44,190.73  |

**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 In Nebraska**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 | USTA League provided play for 119 teams and 1352 players. This cost about \$12 per player and the program was completely self-funded in that the players provided the funding for the league. The court costs for local league was an additional expense per player.                                     |     |             |
|    | (Grants \$ 0) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                                                                                                                                                                                                    | 28a | \$16,017.29 |
| 29 | The CTC (Competition Training Center) provided high performance training for 50 or more junior players at a cost of about \$400 per player. The program was self funded except for \$1,000 provided by the NTA. (Nebraska Tennis Association)                                                            |     |             |
|    | (Grants \$ 0) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                                                                                                                                                                                                    | 29a | \$19,721.58 |
| 30 | The Community Development Committee provided grants in the amount of \$17,000 for eight CTAs (Community Tennis Associations) These CTAs used the funding to develop USTA Programs in their towns which benefited over 500 junior players and over 1,000 adult players at a cost of about \$9 per player. |     |             |
|    | (Grants \$ 0) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                                                                                                                                                                                                    | 30a | \$18,990.03 |
| 31 | Other program services (describe in Schedule O) . . . . .                                                                                                                                                                                                                                                |     |             |
|    | (Grants \$ 0) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>                                                                                                                                                                                                    | 31a | \$14,372.95 |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ►                                                                                                                                                                                                                            | 32  | \$69,011.85 |

**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 ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                              | <b>33</b>    | ✓  |
| <b>34</b> 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) . . . . .                                                                                                                                                                       | <b>34</b>    | ✓  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                            | <b>35a</b>   | ✓  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                        | <b>35b</b>   | ✓  |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                  | <b>35c</b>   | ✓  |
| <b>36</b> 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 . . . . .                                                                                                                                                                                                                                                | <b>36</b>    | ✓  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0                                                                                                                                                                                                                                                                                                                              | <b>37a</b>   |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                     | <b>37b</b>   | ✓  |
| <b>38a</b> 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? . . . . .                                                                                                                                                                                                    | <b>38a</b>   | ✓  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                        | <b>38b</b> 0 |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                    |              |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>39a</b> 0 |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                             | <b>39b</b> 0 |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0                                                                                                                                                                                                                                                                            |              |    |
| <b>b</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 . . . . .                                                                                                            | <b>40b</b>   | ✓  |
| <b>c</b> 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 . . . . . ▶ 0                                                                                                                                                                                                                                               |              |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0                                                                                                                                                                                                                                                                                                                 |              |    |
| <b>e</b> 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. . . . .                                                                                                                                                                                                                                                                           | <b>40e</b>   | ✓  |
| <b>41</b> List the states with which a copy of this return is filed. ▶                                                                                                                                                                                                                                                                                                                                                                               |              |    |
| <b>42a</b> The organization's books are in care of ▶ <u>Steve Hossack</u> Telephone no. ▶ <u>402-697-8786</u><br>Located at ▶ <u>14936 Shirley Street, Omaha, NE</u> ZIP + 4 ▶ <u>68144</u>                                                                                                                                                                                                                                                          |              |    |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | <b>42b</b>   | ✓  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                             | <b>42c</b>   | ✓  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                                                                                                        |              |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                              | <b>44a</b>   | ✓  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                         | <b>44b</b>   | ✓  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                            | <b>44c</b>   | ✓  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                               | <b>44d</b>   |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                         | <b>45a</b>   | ✓  |
| <b>45b</b> 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) . . . . .                                                                                                                                                                              | <b>45b</b>   | ✓  |

**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 . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

**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 . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>47</b> |     | <input checked="" type="checkbox"/> |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |                                     |
|-----------|--|-------------------------------------|
| <b>48</b> |  | <input checked="" type="checkbox"/> |
|-----------|--|-------------------------------------|

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49a</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

**b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49b</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

**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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| 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 . . . . . ▶ **0**

**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** ▶ Signature of officer **Steve Hossack, Director of Operations** Date **3-6-12**  
Type or print name and title

**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

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Nebraska Tennis Association, Inc

Employer identification number

47-0681045

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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 organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                         |
| (A)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (B)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (C)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (D)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (E)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| Total                              |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |

**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 qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                             | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               | \$40,058.13 | \$38,145.50 | \$37,525.68 | \$32,609.41 | \$30,190.17 | \$178,528.89 |
| <b>2</b> 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 . . . . | \$37,938.00 | \$41,218.51 | \$38,331.00 | \$34,897.00 | \$32,797.00 | \$185,181.51 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             | \$77,996.13 | \$79,364.01 | \$75,856.68 | \$67,506.41 | \$62,987.17 | \$363,710.40 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>b</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 amount on line 13 for the year . . . .           | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .                                                                                                                          |             |             |             |             |             | \$363,710.40 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                            | \$77,996.13 | \$79,364.01 | \$75,856.68 | \$67,506.41 | \$62,987.17 | \$363,710.40 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .                                                                               | \$3,988.43  | \$3,304.82  | \$34.10     | \$23.46     | \$949.95    | \$8,300.76   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                        | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                          | \$3,988.43  | \$3,304.82  | \$34.10     | \$23.46     | \$949.95    | \$8,300.76   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                   | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .                                                                                                               | 0           | 0           | 0           | 0           | 0           | 0            |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                | \$81,984.56 | \$82,668.83 | \$75,890.78 | \$67,529.87 | \$63,937.12 | \$372,011.16 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |             |             |             |             |             |              |

**Section C. Computation of Public Support Percentage**

|                                                                                                          |           |         |
|----------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | 97.77 % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | 97.99 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                               |           |        |
|---------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . | <b>17</b> | 2.23 % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . .                        | <b>18</b> | 2.01 % |

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐

24

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Nebraska Tennis Association, Inc

Employer identification number

47-0681045

Line 10: (see Statement 1) The Nebraska Tennis Association (NTA) Provides direct funding to local tennis associations in the Nebraska

District of the USTA Missouri Valley. There are also grants for diverse populations, and for adaptive tennis such as wheelchair tennis, etc.

The general program support grants are used to start up USTA Programming such as the 10 and under quickstart tennis method, or tennis

on campus which would be an intramural type of tennis team at the school. Junior Team Tennis is another program which provides team

competition in leagues for junior players.

USTA Team Development Grants are used to promote the USTA League for Adults. The umpire incentive grants are to promote the

increase in our trained officials. The Hall of Fame is a annual awards ceremony and banquet which is run by local CTA's (Community Tennis

Associations) in a rotating manner, and provides appreciation for tennis administration volunteers.

Line 13 (see Statement 2) Many of our programs require tennis officials. The NTA provides umpires and referees for the USTA League

District Championships and roving tennis umpires for the Endorsement tournament process for juniors to advance to sectional level events.

Teaching pros are utilized to train participants in the CTC (Competition Training Center) and to assist the 10's, 12's, and 14's age division

teams that compete against other district teams in the USTA Missouri Valley Section.

Line 14 (See Statement 3) Telephone and Internet Access are required for the NTA to interact with the local CTA's(Community Tennis

Associations) and the USTA Missouri Valley Section programs contained on the WWW Tennislink.

Line 15 (See Statement 4) The NTA (Nebraska Tennis Association) has two meetings per year which require report printing, etc. The USTA

has several captains meetings, to organize the league each year.

Line 16 (See Statement 5) The NTA, and USTA League Meetings have food and support expenses that are not printing type expenses. Office

equipment such as computers and printers are required to carry on business. Awards are provided for volunteers and winning teams and

players in competitive action. There are entry fees for Nebraska Teams charged to attend USTA Missouri Valley Events. There are travel

expenses for the volunteers to attend the meetings and training seminars. Tennis courts rental expense is a part of the tennis programming.

The Halls of Fame Banquet honors volunteers and does not charge the recipients of awards for attending the event. T-shirts are provided

for many of the participants of various programs.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Nebraska Tennis Association, Inc.

Employer identification number

47-0681045

Line 28: (USTA League) The USTA League is a team competition for men and women at specified National Tennis Rating Program levels of play. The purpose of the program is to provide organized recreation play, emphasizing local competition, with advancement for winning teams from local competition up through the national championships. The program supports itself by using an internet registration process which charges the players to join a team. The income derived from this was \$16,521 in 2011 and the expenses were \$16,017.29 which excess funds become part of the NTA general fund to help cover other expenses in other programs. Program runs from January to October.

Line 29: (CTC) The Competition Training Center is designed to train young players up to age 12 in the proper tennis form, with adequate physical training, and provide a fair competitive attitude with respect to the rules of tennis. There is a CTC in most of the seven Districts of USTA Missouri Valley which then compete at a championships in the section. The Nebraska CTC has a no cut program so that all juniors who try out for the program may take advantage of the training even though only the top players attend the championships. The number of junior players in this program varies from year to year, but is at least 50 each year. Income from the program by entry fee was \$11286.00 and the expenses were \$19,721.58 in 2011. The program has a running balance which ended the year at \$8,351.22 in 2011. The program runs from October to September of the next year and is open to all players in the Nebraska District.

Line 30: (Community Development Committee) This committee provides the means to send key volunteer individuals to the annual USTA Community Tennis Development Workshop. This workshop prepares the volunteer to administer various USTA Programs such as Junior Team Tennis, Tennis on Campus, 10 & Under Tennis, and Diversity and Adaptive Tennis Programming. These key volunteers then come back to the District and set up these programs in Nebraska. this year the travel expenses covered by the NTA was \$1,990.03. The committee also distributes direct and indirect funding to local community tennis associations totaling \$15,200 in 2011. In addition the provides general all-purpose grants for the development of grass roots tennis programming to key volunteers through out the district. The grants distributed to the community tennis associations are shown on statement 1 for line 10. The total expenditures for the committee was \$19,990.03 and funding for this committee comes from the USTA Missouri Valley in the form of the Net Work and Incentive Fund grants shown on Schedule B, Part 1. There were 343 10 & Under players in Tournament in Nebraska in 2011, 63 10 & under players in Junior Team Tennis, 150 other players in Junior Team Tennis, and two Tennis on Campus programs consisting of approximately 90+ players.

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Nebraska Tennis Association, Inc.

Employer identification number

47-0681045

Line 31: The NTA Promotes other tennis programs. The Diversity Committee provides programming for diverse populations, and for adaptive tennis. The committee derives its funding from the Net Work and Incentive Funding Grants from the USTA Missouri Valley.

(see schedule B) The Gifford Park Neighborhood Association received a \$800 grant to aid in the development of their training and league formation. There was \$105 provided for the Omaha Tennis Association to offset expenses of quickstart 10 & under training for the volunteers. The Tennis Club received \$500 for adaptive tennis programming for special needs adaptive tennis players. The Lincoln Tennis Buddies also received a grant of \$308.95 for the same purpose. Total expenses in 2011 were \$1,713.95

The Hall of Fame Awards and Banquet derives its funding from the Net Work and Incentive Program Grants listed on Schedule B. This annual event is to provide recognition to volunteers, outstanding tennis players of all ages, and those players who have displayed fine examples of good sportsmanship. The expense for this event was \$3,335.33 in 2011.

The Officials Committee trains individuals to be tennis umpires and referees for tennis events held throughout the District. The umpires provide their expertise to University Tennis Team Competition as well as local tournaments and USTA League Championships. The funding for this training is part of the Net Work and Incentive funding shown on Schedule B. This year there were 40 local tennis tournaments and the total expenses of training were \$2,838.07

The Collegiate Committee provides grants for Tennis On Campus programs in the District. Its funding is provided by the Net Work and Incentive Fund Grants from the USTA Missouri Valley shown on Schedule B. There were two Tennis On Campus programs in Nebraska in 2011. One at University of Nebraska Lincoln, and one at Creighton University in Omaha. Total of the Grants was \$1,500 in 2011.

The Junior Competition Committee provides the means to organize and train the 10 year old, 12 year old, and 14 year old junior teams to compete at their respective USTA Missouri Valley Section Event. The committee derives its income from entry fees to the team players which totaled \$3,825 in 2011. The expenses of organizing, training, and providing adequate coaching at the sectional events was \$4,867.93. The difference in income and expense was covered by the Net Work and Incentive Fund grants shown on Schedule B.

Total Expenses for line 31 programming was = \$14,372.95 in 2011.

Diversity & Adaptive = \$1,713.95, Hall of Fame = \$3,353, Officials = \$2,838.07, Collegiate = \$1,500, and Junior Comp = \$49,67.93

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

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

| <b>Description of Grant or Recipient</b>                      | <b>Amount</b> |
|---------------------------------------------------------------|---------------|
| Grand Island Tennis Association Direct/Indirect Funding Grant | \$1,207.00    |
| Omaha Tennis Association Direct/Indirect Funding Grant        | \$4,018.00    |
| Columbus Tennis Association Direct/Indirect Funding Grant     | \$1,775.00    |
| Lincoln Tennis Association Direct Funding Grant               | \$1,891.00    |
| Kearney Tennis Association Direct Funding Grant               | \$3,123.00    |
| York Tennis Association Direct Funding Grant                  | \$1,012.00    |
| Fremont Tennis Association Direct Funding Grant               | \$1,123.00    |
| North Platte Tennis Association Direct Funding Grant          | \$1,051.00    |
| Diversity Populations Grants                                  | \$800.00      |
| Adaptive Tennis Grants                                        | \$800.00      |
| General Program Support Grants                                | \$1,800.00    |
| Tennis on Campus Grants                                       | \$1,500.00    |
| USTA League Team Development Incentive Program                | \$1,576.00    |
| Umpire Incentive Grants                                       | \$695.84      |
| Hall of Fame                                                  | \$1,153.81    |
| Total Line 10                                                 | \$23,525.65   |

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

Professional fees and other payments to independent contractors

| <b>Professional Fees</b>            | <b>Amount</b> |
|-------------------------------------|---------------|
| Umpires                             | \$2,436.50    |
| Teaching Pros and Team Coaches      | \$7,194.12    |
| Contract Professional Support Staff | \$12,404.68   |
| Total Professional Expenses Line 13 | \$22,035.30   |

**STATEMENT 3: FORM 990-EZ, PART 1, LINE 14**

Office Utilities

| <b>Office Utilities</b>        | <b>Amount</b> |
|--------------------------------|---------------|
| Web Site Expenses              | \$79.50       |
| Telephone                      | \$600.00      |
| Internet                       | \$500.00      |
| Conference Call Provider       | \$71.97       |
| Total Office Utilities Line 14 | \$1,251.47    |

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

**STATEMENT 4: FORM 990-EZ, PART 1, LINE 15**

**Printing and Related Expenses**

| <b>Printing and Postage Expenses</b>    | <b>Amount</b> |
|-----------------------------------------|---------------|
| Printing and Postage                    | \$2,145.90    |
| Total Print and Postage Expense Line 15 | \$2,145.90    |

**STATEMENT 5: FORM 990-EZ, PART 1, LINE 16**

| <b>Other Expenses</b>              | <b>Amount</b> |
|------------------------------------|---------------|
| Meetings & Other Office Expenses   | \$728.26      |
| Event Support Expense              | \$3,736.81    |
| Office Equipment                   | \$1,352.49    |
| Depreciation on Office Equipment   | \$429.00      |
| Awards                             | \$2,993.18    |
| Comp Meals Hall of Fame Banquet    | \$640.00      |
| T-Shirts                           | \$2,698.28    |
| Tennis Court Rental                | \$10,970.00   |
| Event Entry Fees                   | \$2,810.00    |
| Travel to Mtgs & Training Seminars | \$4,461.56    |
| Total Line 16                      | \$30,819.58   |

**STATEMENT 6: 990-EZ FORM, LINE 16**

**DEPRECIATION SCHEDULE AND AMORTIZATION REPORT**

| <b>Asset</b> | <b>Description</b> | <b>Date</b>     | <b>Method</b> | <b>Life</b> | <b>Basis</b> | <b>Accumulated</b>  | <b>2011</b>         |
|--------------|--------------------|-----------------|---------------|-------------|--------------|---------------------|---------------------|
| <b>No of</b> |                    | <b>Acquired</b> |               |             |              | <b>Depreciation</b> | <b>Depreciation</b> |
| 1            | Projector & Screen | 11-1-10         | SL            | 2 years     | \$856 97     | \$501               | \$429 00            |

**DEPRECIATION SCHEDULE Projector & Screen**

| <b>Time Period</b>  | <b>Depreciation</b> | <b>Accumulated Depreciation</b> |
|---------------------|---------------------|---------------------------------|
| 11-1-10 to 12-31-10 | \$72 00             | \$72 00                         |
| 1-01-11 to 12-31-11 | \$429 00            | \$501 00                        |
| 1-01-12 to 11-30-12 | \$355 97            | \$856 97                        |

**STATEMENT 7: FORM 990-EZ, PART III (Organization's Primary Purpose)**

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

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

**STATEMENT 8: FORM 990-EZ, LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES.**

| Name & Address                                                                   | Title                       | Hours / Week | Compensation | Benefit Plan Contribution | Expense Account |
|----------------------------------------------------------------------------------|-----------------------------|--------------|--------------|---------------------------|-----------------|
| Troy Saulsbury<br>2014 West 37 <sup>th</sup> Street<br>Kearney, NE 68845         | President                   | 20           | 0            | 0                         | 0               |
| Jeff Schoch<br>112 West Keating Drive<br>Lincoln, NE 68521                       | Vice-President              | 15           | 0            | 0                         | 0               |
| Kevin Heim<br>401 South 33 <sup>rd</sup> Street<br>Lincoln, NE 68510             | Vice-President              | 15           | 0            | 0                         | 0               |
| Curt Smith<br>3109 Calvert Street<br>Lincoln, NE 68502                           | Secretary                   | 5            | 0            | 0                         | 0               |
| Elizabeth Ellinghaus<br>1409 North 190 <sup>th</sup> Street<br>Elkhorn, NE 68022 | Treasurer                   | 05           | 0            | 0                         | 0               |
| Jane Hines<br>510 South 157 <sup>th</sup> Circle<br>Omaha, NE 68118              | Immediate<br>Past President | 30           | 0            | 0                         | 0               |
| Steve Hossack<br>14936 Shirley Street<br>Omaha, NE 68144                         | Director of<br>Operations   | 30+          | \$5,135 00   | 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

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

Grants are provided by the Community Development Committee, the Diversity and Adaptive Tennis Committee, the Collegiate Committee, and the USTA League in Nebraska. See Attached Forms.

**The Nebraska Tennis Association Community Tennis Development Workshop Scholarship Application must be received December 10th. Scholarship recipients will be selected by the Community Development Committee and will be notified by December 15th.**

**Priority will be given to applicants that have secured funding from other entities. (See question #6). The NTA scholarship shall cover supplemental expenses not covered by those entities.**

**Scholarships will be limited to a maximum of \$900 per recipient:**

**Workshop Fees- \$300 (If not covered by other entities.)**

**Up to \$600 in other related expense**

**\* Travel**

**\* Hotel**

**\* Meals not provided at the workshop**

**Original receipts must be submitted in order to receive the maximum amount.**

**1. Contact Information**

|                     |                        |
|---------------------|------------------------|
| <b>Name:</b>        | <b>Address:</b>        |
| <b>USTA Number:</b> | <b>City/Town:</b>      |
| <b>CTA:</b>         | <b>State:</b>          |
| <b>Home Phone:</b>  | <b>Zip:</b>            |
| <b>Cell Phone:</b>  | <b>E-Mail Address:</b> |

**2. How many times have you been to a Community Tennis Development Workshop?**

- ☐ I have never attended the CTDW.      ☐ 3-4 times
- ☐ 1-2 times      ☐ 5 or more times

**3. What CTDW topics are of interest to you?**

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

**4. Would you be willing to make a short presentation to the NTA Board sharing important information from the CTDW?**

- ☐ Yes      ☐ No

**Comments**

|      |
|------|
| <br> |
|------|

**5. Please check all activities in which you are involved:**

- |                                                       |                                             |                                             |
|-------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Community Tennis Association | <input type="checkbox"/> Junior Team Tennis | <input type="checkbox"/> Volunteer          |
| <input type="checkbox"/> Quickstart Tennis            | <input type="checkbox"/> USPTA              | <input type="checkbox"/> Adaptive Tennis    |
| <input type="checkbox"/> NJTL                         | <input type="checkbox"/> PTR                | <input type="checkbox"/> Diversity Outreach |
| <input type="checkbox"/> USTA Leagues                 | <input type="checkbox"/> Coach              | <input type="checkbox"/> Umpire or Official |

**Other**

|      |
|------|
| <br> |
|------|

**Nebraska Farm & Association Scholarship Application  
Community Needs Development Workshop**

**6. Other sources to which you have applied for support:**

- ☐ USTA National      ☐ CTA      ☐ Parks and Rec  
☐ MV Section      ☐ Local Foundation      ☐ City

Other

**7. If you have received funding from any other source(s), please list the source and the amount already designated to you for attendance to the CTDW.**

Source 1:

Source 2:

Source 3:

**Send this application to:  
Troy Saulsbury  
2014 W. 37th Street  
Kearney, NE 68845**



## NTA Community Tennis Development Grant Application

☐ Cycle One: January 1 - April 30

☐ Cycle Two: May 1 - November 15

### Which grant are you applying for?

Please Check One: ☐ Junior Team Tennis ☐ Tennis on Campus ☐ 10 and Under Tennis  
☐ Junior Recreation ☐ Adaptive ☐ Diversity ☐ Other

\*Grants are up to \$500

Organization Affiliation:

USTA Organization Membership ID#:

Telephone:

Organization Federal Tax ID:

Email (required):

Organization Address:

City:

State:

Zip:

### Program Description

Describe in the space below how your program will utilize funding from the Nebraska Tennis Association. Be specific.

- Planned program dates: \_\_\_\_\_
- Number of players included in this program: \_\_\_\_\_
- Inclusion of 8 & Under or 10 & Under programs utilizing QuickStart format: ☐ Y ☐ N
- Will **TennisLink** be utilized for Team Tennis or QST Tournaments? ☐ Y ☐ N

- Promotion materials and methods (describe):

- Community Partners/Sponsors (List schools, P&R, Boys & Girls Club, YMCA/YWCA, etc):

Return to DAN BRATETIC  
E-mail: [dbratetic@gmail.com](mailto:dbratetic@gmail.com)  
8137 S 101<sup>st</sup> St La Vista NE 68128

Questions. 402-699-7487



## NTA Community Tennis Development Grant Evaluation Form

*In order to receive the remainder of your funding, this evaluation form must be submitted within two weeks of the conclusion of your program or:*

Cycle One: Due no later than Aug 31

Cycle Two: Due no later than Dec 1

Program Name: \_\_\_\_\_

Contact person for this evaluation: \_\_\_\_\_

Telephone #s: Day: \_\_\_\_\_ Night: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Number of program participants: Goal Before: \_\_\_\_\_ Actual: \_\_\_\_\_

Goal for next year \_\_\_\_\_

On the following scale, rate your program's success using the age appropriate equipment:

☐ Poor

☐ Fair

☐ Good

☐ Excellent

Did your program meet the goals and objectives as outlined in your proposal? ☐ Yes ☐ No

Explain why or why not:

Do you plan to continue your program next year with local funding/resources? ☐ Yes ☐ No

Additional Comments:

Return to DAN BRATETIC  
E.mail. [dbratetic@gmail.com](mailto:dbratetic@gmail.com)  
8137 S 101<sup>st</sup> St La Vista NE 68128

Questions. 402-699-7487