Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ **Sponsoring organizations of donor advised funds, 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.***

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning January 1 **, 2012, and ending** December 31 **, 20** 12

B Check if applicable	C Name of organization		D Employer identification number
☐ Address change	Nebraska Tennis Association, Inc		47-0681045
☐ Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
☐ Initial return	14936 Shirley Street		402-697-8786
☐ Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ▶
☐ Amended return	Omaha, NE, 68144		
☐ Application pending			

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

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

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 . . . . . ▶ $ 66,993.830

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	$31,851.87
	2	Program service revenue including government fees and contracts		2	$34,116.00
	3	Membership dues and assessments		3	$903.75
	4	Investment income		4	$122.21
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	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)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	$66,993.83
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	$7,407.89
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	$25,176.00
	14	Occupancy, rent, utilities, and maintenance		14	$1,158.91
	15	Printing, publications, postage, and shipping		15	$629.90
	16	Other expenses (describe in Schedule O)		16	$23,221.95
	17	**Total expenses.** Add lines 10 through 16		17	$57,594.65
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	$9,399.18
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	$44,190.73
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	$53,589.91

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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	$43,834.76	22	$53,589.91
23	Land and buildings	$0	23	$0
24	Other assets (describe in Schedule O)	$355.97	24	$0
25	**Total assets**	$44,190.73	25	$53,589.91
26	**Total liabilities** (describe in Schedule O)	$0	26	$0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	$44,190.73	27	$53,589.91

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?

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.)

			Expenses
28	USTA League provided play for 1378 players. This cost about $13 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 ▶ ☐	28a	$17,877.27
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 Nebraska Tennis Association. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	$13,601.49
30	The Community Development Committee provided grants in the amount of $5,600 for seven CTA's (Community Tennis Associations). These CTA's used the funding to develop tennis programming in their communities which benefited over 500 junior players and 1,000 adult players. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	$8,303.00
31	Other program services (describe in Schedule O) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	$9,202.55
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	$48,984.31

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Troy Saulsbury President	20 hours	0	0	0
Kevin Heim Vice President	15 hours	0	0	0
Mike Willman Secretary	5 hours	0	0	0
Elizabeth Ellinghaus Treasurer	5 hours	0	0	0
Jane Hines Immediate Past President	20 hours	0	0	0
Steve Hossack Director of Operations	30 hours	$5,135 per year	0	0

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
33	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	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	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)?	35a		✓
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	35b		✓
c	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	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ Steve Hossack Telephone no. ▶ (402) 697-8786
Located at ▶ 14936 Shirley Street, Omaha, NE 68144 ZIP + 4 ▶ 68144

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000	(b) 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 ▶ 0

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 — Date 2-6-13

▶ Steve Hossack, Director of Operations

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

2012

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–Non-functionally integrated

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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished 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 on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	$38,145.50	$37,525.68	$32,609.41	$30,190.17	$32,755.62	$171,226.38
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	$41,218.51	$38,331.00	$34,897.00	$32,797.00	$34,116.00	$181,359.51
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	$79,364.01	$75,856.68	$67,506.41	$62,987.17	$66,871.62	$352,585.89
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						$352,585.89

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	$79,364.01	$75,856.68	$67,506.41	$62,987.17	$66,871.62	$352,585.89
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	$3,304.82	$34.10	$23.46	$949.95	$122.21	$4,434.54
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	$3,304.82	$34.10	$23.46	$949.95	$122.21	$4,434.54
11 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
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	$82,668.83	$75,890.78	$67,529.87	$63,937.12	$66,993.83	$357,020.43

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.76 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	97.77 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	1.24 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	2.23 %

19a **33 1/3% support tests—2012.** 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—2011.** 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 ▶ ☐

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Nebraska Tennis Association, Inc.	47-0681045

LINE 10: The Nebraska Tennis Association provides direct funding to local tennis associations in the Nebraska District of the USTA Missouri Valley Section. The Local CTAs which received funding were Fremont, Omaha, Lincoln, York, Columbus, Grand Island and Kearney. The NTA also provides grants to start up tennis programming for Junior Team Tennis, 10 & Under Tennis, Tennis on Campus, umpire training and adaptive ir diverse population tennis programming. (See Summary Page for Details) (see attached Grant Form)

LINE 13: The NTA compensates many tennis teaching pros, coaches, umpires, and and administrative personnel. The Officials are trained and used at High School State Championships, Tournaments, College Tennis matches, and the USTA League District Championships. Team coaches are provided for the Junior Teams which participate in USTA Missouri Valley Section Events. Tennis Teaching Professionals are used by the Competition Training Center, and to prepare the Junior Teams for their events. the Coordinators for the USTA League are compensated for their time, and so is the Director of Operations. (see Summary Page for Details)

LINE 14: Utilities and Maintenance: This line represents the NTA telephone, internet, and conference call provider expenses. (see Summary Page for Details)

LINE 15: Printing and Postage: The NTA prints reports for the Association's meetings, the Competition Training Center publishes a press guide for the top players in the program, and there is postage expenses for mailings. (see Summary Page for Details)

LINE 16: Other Expenses: The NTA provides travel expenses to various necessary meetings including the NTA Meetings, the Missouri Valley Section meetings, the Coummunity Tennis Development Workshop, and USTA League Captains meetings. There are office expenses, Tennis court rental expenses, awards for various programs and for service to the tennis community, bank charges, food for meetings and events, office equipment depreciation, and entry fees for tennis events. (see Summary Page for Details)

Summary Page 2012
Nebraska Tennis Association, Inc
47-0681045

Line 10 Form 990EZ Description of Grant or Recipient	Amount
Competition Training Center Grant	$ -
Direct Funding Grants to Community Tennis Associations	$ 5,600.00
Junior Team Tennis Grants	$ 500.00
10 & Under Tennis Grants	$ 503.00
Adaptive Population Tennis Grants	$ 325.00
Umpire Incentive Grants	$ 479.89
Total Grants	**$ 7,407.89**

Line 13 Form 990EZ Professional Services Expense	Amount
Umpires and Officials	$ 1,754.00
Teaching Pros and Team Coaches	$ 6,447.00
Contract Professional Support Staff	$ 16,975.00
Total	**$ 25,176.00**

Line 14 Form 990EZ Occupancy Rent and Utilities and Maintenance	Amount
Web Site Expenses	$ 9.00
Telephone	$ 600.00
Internet	$ 500.00
Conference Call Provider	$ 49.91
Total	**$ 1,158.91**

Line 15 Form 990EZ Printing, Publications, Postage, and Shipping	Amount
Printing and Postage	$ 629.90
Total	**$ 629.90**

Line 16 Form 990EZ Other Expenses	Amount
Bank Charges	$ 15.00
Travel Expenses to NTA and Missouri Valley Meetings	$ 5,556.76
Food for Meetings and Events	$ 2,799.85
Tennis Court Rental	$ 9,402.00
Entry Fees for Events	$ 1,820.00
Office Equipment and Supplies	$ 287.74
Depreciation of Office Equipment	$ 355.97
Awards for Participants in Events	$ 2,984.63
Total	**$ 23,221.95**

Assets Number of	Description	Date Acquired	Method	Life	Basis	Accumulated Depreciation	2012 Depreciation
1	Projector & Screen	11/1/2010	SL	2 Years	$ 856.97	$ 856.97	$ 355.97

Time Period	Depreciation	Accumulated Depreciation
11-1-10 to 12-31-10	$ 72.00	$ 72.00
1-01-11 to 12-31-11	$ 429.00	$ 501.00
1-01-12 to 11-30-12	$ 355.97	$ 856.97

MISSOURI VALLEY
NEBRASKA

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
8137 S 101st St La Vista NE 68128

Questions: 402-699-7487

MISSOURI VALLEY
NEBRASKA

NTA Community Tennis Development Grant Evaluation Form

In order to receive the remainder of you 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
8137 S 101st St La Vista NE 68128

Questions. 402-699-7487