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=orm 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

A	ror the	2012 calendar year, or tax year beginning and	enumy		
В	Check if applicable	UNITED STATES TENNIS ASSOCIATION/FACT	FIC	D Employer identifica	ition number
	Addres change	NORTHWEST SECTION			
	Name change			93-08	53818
Ļ	Initial	,	Room/suite	E Telephone number	500 10EE
Ļ	Termin		300	(503)	520-1877
Ļ	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,403,922.
	Application pending	DEAVERION, OK 3/003 3430		H(a) Is this a group retu	
	pondin	F Name and address of principal officer: MATTITEW WARREN		for affiliates?	Yes X No
_		SAME AS C ABOVE	1 1	H(b) Are all affiliates inclu	
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) ()	or 527	,	st (see instructions)
		e: WWW.USTA.COM/PNW		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1977 M	State of legal domicile: UK
P	art I	Summary	COTTENT	T F 0	
ė	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	PE O	
Activities & Governance	.				
ern	1	Check this box if the organization discontinued its operations or dispo	sed of more		
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	<u>9</u> 8
જ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	38
ξ	6	Total number of volunteers (estimate if necessary)		6	250
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	926.
_	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b	0.
		Contributions and grants (Part VIII, line 1h)	, <u> </u>	Prior Year	Current Year
ē	8		!	1,267,793.	1,293,350.
Revenue	9	Program service revenue (Part VIII, line 2g)	! <u> </u>	869,259.	924,367.
ě	10	Investment income (Part VIII, column (A), lines 🕃 4, and ARR 🗜 2 2012		109,655.	129,013.
	11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3; 4, and 74) 1 2 2013 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,469.	36,067.
	12	Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)		2,290,176.	2,382,797.
	13	Grants and similar amounts paid (Part IX, column (A), lines 13 N, UT	<u> </u>	155,476.	75,578.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		958,098.	998,472.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		791,112.	766,856.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,904,686.	1,840,906.
	19	Revenue less expenses. Subtract line 18 from line 12		385,490.	541,891.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,767,458.	5,649,918.
AS	21	Total liabilities (Part X, line 26)		357,030.	364,817.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		4,410,428.	5,285,101.
P	art II	Signature Block			
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than office r) is based on all information of w	hich preparer	has any knowledge.	
		Author Vc		3/4/13	
Sig	an n	Signature of officer		Date	
He		MATTHEW WARREN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature 2		Date Check	PTIN
Pai	id	YEE LEE LO		2/19/13 if self-employed	P01294356
Pre	eparer	Firm's name GARY MCGEE & CO. LLP		Firm's EIN	
	e Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 70	0		
	•	PORTLAND, OR 97204		Phone no. (5	03) 222-2515
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012) \ 5

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		· · · · · · · · · · · · · · · · · · ·
		
		
	·	
Other program services (Describe in Schedule O.)	\	349 223.

Total program service expenses 4e

Form 990 (2012) NORTHWEST SECTION Part IV Checklist of Required Schedules

			V	NI.
_	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		\ _{3,7}	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	 	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			, v
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
	complete Schedule G, Part III	19	 	$\frac{\hat{x}}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>a</u>	II TES TO III E ZOA, GIO THE OLGANIZACION ALLACH A COPY OF ITS AUDICEO III AND STATEMENTS TO THIS FETUTIO		990	(2012)
				1-1

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٦,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
	Schedule L, Part I	25b		-23
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		l	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	\vdash	- ^
32	Schedule N, Part II	32		X
33		_==_		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_~
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	38	X	
	Note. All Form 990 filers are required to complete Schedule O		990	(2012
		1 0111	, 555	14012

NORTHWEST SECTION

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 25 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a n Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 38 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes." to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/Ah If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $\,{
m N/A}\,$ organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A Did the organization make any taxable distributions under section 4966? 9a N/A 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

NORTHWEST SECTION

93-0853818

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion A. Governing Body and Management		-								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 9										
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•									
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_									
J	of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X							
6		6	Х								
	Did the organization have members or stockholders?	ا ا									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	х								
	more members of the governing body?	/a	21								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			X							
_	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х								
	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		х							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			<u></u>							
	~~~		Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?										
_	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	х								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х								
40	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X	-							
14	Did the organization have a written document retention and destruction policy?	14	Λ								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v								
	The organization's CEO, Executive Director, or top management official	15a	Х	<del></del>							
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed OR										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ie								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website W Upon request Other (explain in Schedule O)		_								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion 🕨	<b>`</b> —								
	MATTHEW WARREN - (503) 520-1877  4840 S.W. WESTERN AVENUE, SUITE 300, BEAVERTON, OR 97005-3430										
	4840 S.W. WESTERN AVENUE, SUITE 300, BEAVERTON, OR 97005-3430										

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Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization n	or any related	d organization compensat						sated any current officer, director, or trustee.						
(A)	(B)	(C)						(D)	(E)	(F)				
Name and Title	Average	(do	not c	Posi	ition more	than	one '	Reportable	Reportable	Estimated				
	hours per	box	, unle	ss per	rson i	is bot	han	compensation	compensation	amount of				
	week	$\vdash$	lei ai		II ec to	77003	100)	from	from related	other				
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation				
	related	e or d	eg Eg			sated		(W-2/1099-MISC)	(W-2/1099-WISC)	from the organization				
	organizations	ruste	l trus		99,	mpen		(** 2/ 1033 14/100)		and related				
	below	Individual trustee or director	Institutional trustee	ا ا	e m	stco	<u>ا</u>			organizations				
	line)	ludiv.	Instit	Officer	Key employee	Highest compensated employee	Former			J				
(1) NORWARD J. "BILL" BROOKS JR.	2.00													
VP OF NW WASHINGTON		X						0.	0.	0.				
(2) ALLEN CLENDANIEL	2.00													
VP OF ALASKA		X						0.	0.	0.				
(3) MARK LERFALD	2.00		i					_						
VP OF SOUTHERN OREGON		Х						0.	0.	0.				
(4) ANTHONY MENKE	4.50									_				
SECTION DELEGATE		Х		Ш				0.	0.	0.				
(5) MARY RAWLSKY	2.00									_				
VP OF EASTERN WASHINGTON		X		Ш				0.	0.	0.				
(6) TIM TRUENBACH	2.00									_				
VP OF SW WASHINGTON		Х		Ш	<u> </u>	_		0.	0.	0.				
(7) JEFF YARNE	2.00													
VP OF NORTHERN OREGON		X		Ш				0.	0.	0.				
(8) MIKE TEMPLE	4.50			_										
PRESIDENT	1-2-5	Х	<u> </u>	Х	<u> </u>	ļ		0.	0.	0.				
(9) MIKE NAUMES	4.50	l			ĺ									
SECRETARY/TREASURER	40.00	X	_	Х	<u> </u>			0.	0.	0.				
(10) BILL LEONG	40.00			_				44 071		F 004				
EXECUTIVE DIRECTOR	40.00		<u> </u>	Х	⊢			44,971.	0.	5,224.				
(11) MATTHEW WARREN	40.00				١			F0 F03		17 202				
EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	Х	$\vdash$		$\vdash$	59,583.	0.	17,323.				
		l												
		<u> </u>		$\vdash \vdash$	├									
		l												
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								<u> </u>						

Form 990 (2012)

NORTHWEST SECTION

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			timate	
	hours per week					ıs bot or/trus		compensation from	compensation from related			ount o	)Ť
	(list any	į						the	organization			pensat	tion
	hours for	or director				ted		organization	(W-2/1099-MIS	SC)	fre	om the	<del>)</del>
	related	幕	trustee			pensa		(W-2/1099-MISC)				anızatı	
	organizations below	ual tru	onali		ploye	tcom /ee						d relate Inizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	mzanc	7113
		┢	<del>                                     </del>	۲	<u>×</u> _		<u> </u>			$\neg$			
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	-	$\vdash$	╁	<del>                                     </del>	$\vdash$		t		·				
		1											
		<u> </u>	<u>l</u>		<u> </u>			104 554				<u> </u>	4 ==
1b Sub-total								104,554.	 	0.		2,5	
c Total from continuation sheets to Part V	II, Section A							104,554.		0.		2,5	0.
d Total (add lines 1b and 1c)						<u> </u>	ı					4,54	± / •
2 Total number of individuals (including but r	not limited to th	nose	IIST	ed a	DOV	e) wi	no r	eceived more than \$100	o,uuu or reportab	·IE			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	director, or th	uste	e. ke	ev er	olan	vee	. or	highest compensated e	mplovee on	ŀ			
line 1a? If "Yes," complete Schedule J for s			-,	, -		,	,	<b>g</b>	,,		з		Х
4 For any individual listed on line 1a, is the si			omp	ensa	ation	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes	," cc	mpl	ete S	Sche	edul	e J	for such individual		ļ	4		Х
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services	,			
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	pers	son					5		X
Section B. Independent Contractors	<del></del>								<del></del>				
1 Complete this table for your five highest co	-									npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	/ear	ena	ing v	vitn	or w	/Itnii	n the organization's tax (B)	year		(C	.,	
Name and business	address	N	ON	E				Description of s	services	C	Compe		า
										L			
								·	,	<u> </u>			
				_						<b></b>			
							-						
2 Total number of independent contractors	including but i	not l	ımite	ed to	tho	se li	ster	d above) who received r	nore than				
\$100,000 of compensation from the organ		11				0 "		,					
The state of the s								<del></del>				000 /	

Form **990** (2012)

Form 990 (2012)

NORTHWEST SECTION

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function husiness revenue revenue Gifts, Grants illar Amounts 1a Federated campaigns 1 a 1b **b** Membership dues 1c Fundraising events 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 1,293,350 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 293,350 Total. Add lines 1a-1f **Business Code** 589,656. 334,711. 589,656. 334,711. 713990 PROGRAM/ENTRY FEES Program Service Revenue MEMBERSHIP DUES 713990 All other program service revenue 924,367. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 126,814 126,814. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Rovalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 23,324. assets other than inventory b Less cost or other basis 21,125 and sales expenses 2,199. c Gain or (loss) 2.199 2,199. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 35,141 900099 35,141. OTHER REVENUES 11 a 541800 926. 926. ADVERTISING INCOME All other revenue 36,067. Total. Add lines 11a-11d 382,797. 924,367. 926. 164,154. Total revenue. See instructions.

93-0853818 Page 10 NORTHWEST SECTION

Form 990 (2012)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		s Part IX		
Do r	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				. <u>.</u>
	organizations in the United States. See Part IV, line 21	30,704.	30,704.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	44,874.	44,874.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,101.		127,101.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	29,059.		29,059.	
7	Other salaries and wages	682,098.	620,127.	61,971.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	15,195.	13,676.	1,519.	
9	Other employee benefits	71,130.	65,843.	1,519. 5,287.	
10	Payroll taxes	73,889.	58,249.	15,640.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	22,176.		22,176.	
c	Accounting	34,762.		34,762.	
d	Lobbying				
ء	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees			-	
g g					
9	column (A) amount, list line 11g expenses on Sch O.)	51,315.	44,739.	6,576.	
12	Advertising and promotion	51,315. 32,588.	17,427.	6,576. 15,161.	
13	Office expenses	141,829.	110,803.	31,026.	
14	Information technology				
15	Royalties				
16	Occupancy	33,341.	<u> </u>	33,341.	
17	Travel	240,625.	162,024.	78,601.	
18	Payments of travel or entertainment expenses			·	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,831.	22,402.	1,429.	
20	Interest	,		, === 1	
21	Payments to affiliates	·			<del></del>
22	Depreciation, depletion, and amortization	6,670.		6,670.	
23	Insurance	6,302.	·	6,302.	
23 24	Other expenses, Itemize expenses not covered			-,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSES & OTHER	77,019.	63,308.	13,711.	
a b	PLAYER AWARDS/PRIZES	49,128.	49,128.	•	
c	COURT & FACILITY RENTAL	47,270.	44,068.	3,202.	· <del> ·</del> · · · · · · · · · · · · · · ·
d					<del></del>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,840,906.	1,347,372.	493,534.	0.
26	Joint costs. Complete this line only if the organization		•		
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2012)

NORTHWEST SECTION

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
	_		(A) Beginning of year	·	(B) End of year
	1	Cash - non-interest-bearing		1	12,731.
	2	Savings and temporary cash investments	912,124.	2	1,070,245.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,937.	4	47,354.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	· ·	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instr). Complete Part II of Sch L	·	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventones for sale or use		8	11.150
	9	Prepaid expenses and deferred charges	14,578.	9	14,160.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 46,547.			
	b	Less: accumulated depreciation 10b 36,920.	35,461.	10c	9,627.
	11	Investments · publicly traded securities	3,748,358.	11	4,495,801.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,767,458.	16	5,649,918.
	17	Accounts payable and accrued expenses	29,940.	17	28,442.
	18	Grants payable		18	
	19	Deferred revenue	327,090.	19	336,375.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
jap	Ì	key employees, highest compensated employees, and disqualified persons.			
_	1	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
		Schedule D	255 222	25	264 045
	26	Total liabilities. Add lines 17 through 25	357,030.	26	364,817.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
es		complete lines 27 through 29, and lines 33 and 34.	4 205 446		5 060 010
auc	27	Unrestricted net assets	4,395,146.		5,269,819.
Bal	28	Temporanly restricted net assets	15,282.	28	15,282.
5	29	Permanently restricted net assets		29	
긒		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 410 400	32	F 205 101
2	33	Total net assets or fund balances	4,410,428.	33	5,285,101.
	34	Total liabilities and net assets/fund balances	4,767,458.	34	5,649,918.

Form	990 (2012) NORTHWEST SECTION	93-085	3818	Pag	_{je} 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,382		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,840		
3	Revenue less expenses Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,410		
5	Net unrealized gains (losses) on investments	5	332	2,7	<u>82.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,28	5,1	01.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

### **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.

2012

Open to Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

Part I	Reason	or Public Char	ty Status (All organiz	ations mus	st complet	e this part	.) See ınst	ructions.			
The organ	ization is not a	private foundation i	because it is: (For lines 1	through 1	11, check o	only one b	ox)				
1 🛄			s, or association of churc								
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospit	tal service organization of	described	n <b>section</b>	170(b)(1)(	A)(iii).				
4 🗔	A medical res	earch organization o	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	). Enter	the hospital's name,	
	city, and state										
5 🗔			benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in	
	_	( <b>b)(1)(A)(iv).</b> (Comple		-			•				
6 🗀			ent or governmental unit	t described	d in sectio	n 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										
	-	b)(1)(A)(vi). (Comple		o o o o p p		9			<b>J</b>	,	
8 🗔			ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	•		eives: (1) more than 33 1			rom contri	outions m	embershi	o fees a	nd gross receipts from	
9 1	-		nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete			x,	0111000000	oquou D	, incorga		a.to. oa.to oo, 1010	
10			perated exclusively to te	st for nubli	ic safety S	See sectio	n 509(a)(4	1).			
11			perated exclusively for the						out the	nurnoses of one or	
11											
	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			ype III - Fui			d	Typ	e III - No	n-functionally integrated	
e 🗀			t the organization is not				by one or	• •		•	
• -			han one or more publicly								
f		-	ten determination from t						,(α)(1) <b>Ο</b> Ι	30011011 003(4)(2)	
1	_	rganization, check th			at it is a 1y	pe i, Type	п, от турс	, III			
_	,	_	irganization accepted ar	ov aift or co	ontribution	from any	of the follo	awing ner	one?	_	
9	-		rectly controls, either al							Yes No	
			upported organization?	one or tog	011101 111111	porsons		(II) <b>aa</b> (	, 00.044	11g(i)	
	_	• .	n described in (i) above?							11g(ii)	
	, ,	•	person described in (i)		2					11g(iii)	
_	• •	•	about the supported or							[119(117)]	
h	Provide trie i	ollowing information	about the supported of	garnzation	(3).						
		(1) 5141	("") T (	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Amount of monotoni	
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				organizátio (i) organiz	on in col.	(vii) Amount of monetary support	
org	anization		above or IRC section	governing	document?	(i) of your	support?	U.S	.?	заррогі	
			(see instructions))	Yes	No	Yes	No	Yes	No		
								<del></del>	<u> </u>		
	<u> </u>										
				}							
	·			<del> </del>		<del></del>					
				<u> </u>	<b>——</b>	<del> </del>					
-	<del></del>										

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

Schedule A (Form 990 or 990-EZ) 2012

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

Se	ction A. Public Support			,		1	
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	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)				i	}	
6	Public support. Subtract line 5 from line 4						
_	ction B. Total Support		<u> </u>		-		
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		}		1		
	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 instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor	p here					
Se	ction C. Computation of Pub	lic Support Pe	ercentage	- <u></u>			
14	Public support percentage for 2012 (	(line 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 201	1 Schedule A, Par	t II, line 14			15	%
16	a 33 1/3% support test - 2012. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies						▶∟
ı	o 33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3 ⁶	% or more, check	this box
	and stop here. The organization qua						▶
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstai	nces" test, check	this box and <b>stop l</b>	nere. Explain in Pa	art IV how the org	anization
	meets the "facts-and-circumstances'						▶ ∟
	b 10% -facts-and-circumstances tes					r 17a, and line 15	ıs 10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
_18	Private foundation. If the organization						ons ►
							90 or 990-F7) 2012

Schedule A (Form 990 or 990-EZ) 2012 NORTHWEST SECTION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed betion A. Public Support	elow, please comp	olete Part II.)				
Cale	ndar 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				<u>-</u>		
	include any "unusual grants.")	1,214,865.	1,181,278.	1,186,633.	1,267,793.	1,293,350.	6,143,919.
	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	748,607.	767,176.	858,453.	869,259.	947,691.	4,191,186.
3	Gross receipts from activities that are not an unrelated trade or business under section 513			- 1			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,963,472.	1,948,454.	2,045,086.	2,137,052.	2,241,041.	10,335,105.
7a	Amounts included on lines 1, 2, and	1 011 053	1 170 270	1 104 074	1 265 249	1 201 660	6 122 105
t	3 received from disqualified persons 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	1,211,053.	1,179,270.	1,184,874.	1,265,248.	1,291,660.	6,132,105.
	Add lines 7a and 7b	1,211,053.	1,179,270.	1,184,874.	1,265,248.	1,291,660.	6,132,105.
	Public support (Subtract line 7c from line 6.)						4,203,000.
_	indar year (or fiscal year beginning in)	(=) 000g	(F) 2000	/a\ 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(a) 2008 1,963,472.	(b) 2009 1,948,454.	(c) 2010 2,045,086.	2,137,052.	2,241,041.	10,335,105.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,913.			109,655.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,669.	510.	4,464.	1,914.	926.	11,483.
c	Add lines 10a and 10b	118,582.	92,003.	118,507.	111,569.	127,740.	568,401.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	34,032.	41,138.	37,984.	39,022.	35,141.	187,317.
13	assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)	2,116,086.	2,081,595.	2,201,577.		2,403,922.	11,090,823.
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	eation,
80	check this box and stop here	ic Support Pa	rcentage	<u></u>			<u> </u>
	Public support percentage for 2012 (			column (f)		15	37.90 %
	Public support percentage from 2011			, c. a		16	36.00 %
	ction D. Computation of Inve				· .		
_	Investment income percentage for 20			ne 13, column (f))		17	5.12 %
	Investment income percentage from					18	6.38 %
	a 33 1/3% support tests - 2012. If the	organization did r	ot check the box				
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the						<b>▶</b> X
	line 18 is not more than 33 1/3%, che	eck this box and s	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see ins	structions	

Schedule A	(For	n 990	or 990-EZ	) 2012 N	ORTHW	EST_	SECTION			9	<u>3-0853818</u>	Page 4
Part IV	Su	pple	mental l	Informa	i <b>tion.</b> Con	nplete t	his part to provide the ex	planatio	ns required	by Part II, line 10,	Part II, line 17a or	17b,
	and	Part	III, line 12	Also com	plete this p	art for a	any additional information	n. (See ii	nstructions)			
						-						
SCHEDU	LE	Α,	PART	III,	LINE	12.	EXPLANATION	FOR	OTHER	INCOME:		
		<u> </u>		<u>`</u> _		<u>-</u> _						
OTHER	TN	СОМ	TE / \$1	87 31	7)							
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## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin-	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		•
4	Aggregate value at end of year		-
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No
Par		ganization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	1 1	torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	day or the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		ıre
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
•	year >	, ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	I gain, provide
_	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>S</b>
_	•		<del></del>

		ST SECTION						0853818 Page <b>2</b>	
Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar A	ssets(continued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	t are a sign	iificant use o	f its collection items	
	(check all that apply):								
а	Public exhibition	d	· 🖳	Loan or excl	hange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how th	ney further th	ne organizati	on's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	storical trea	sures, or oth	er sımılar a:	ssets		
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nızatıon's co	llection?			Yes No	
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered '	'Yes" to Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							☐ Yes ☐ No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table [.]					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
<b>2</b> a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Yes No	
b_	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided in F	Part XIII			
Par	t V Endowment Funds. Complete if	the organization an	nswered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d)	Three years b	ack (e) Four years back	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses				·				
d	Grants or scholarships						•		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance					·			
2	Provide the estimated percentage of the curre	ent year end balanc	ce (line 1	g, column (a	ı)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	<u></u> %							
	The percentages in lines 2a, 2b, and 2c should equal 100%.								
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by							Yes No	
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds					
Par	t VI Land, Buildings, and Equipm	<b>ent.</b> See Form 990	), Part X	, line 10					
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acci	umulated	(d) Book value	
		basis (investr	ment)	basis	(other)	depre	ciation		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment				8,047.		25,357.	2,690.	
<u>e</u>	Other			1	8,500.	1	1,563.	6,937.	
Total	LAdd lines 1a through 1e (Column (d) must ed	oual Form 990. Part	X. colui	nn (B), line 1	0(c).)		•	9,627.	

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 NORTHWEST S	ECTION		93	-0853818	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market v	/alue
(1) Financial derivatives				_	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)				<del></del>	
(D)					
(E)	<u>.                                    </u>				
(F)				<del></del> _	
(G)				<del></del>	
(H)			· <del> · · · · · · · · · · · · · · · · </del>		
(1)		<u> </u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. S	ee Form 990, Part X, line				
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	1-of-year market \	alue
(1)		<u> </u>			
(2)		<del> </del>			
(3)		_			
(4)					
(5)					
(6)					
(7)			···		
(8)		+	<u></u>		
(9)					
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15				
	Description			(b) Book va	lue
(1)	· ·	·· ··· ·· ·· · · · · · · · · · · · · ·			
(2)	•				
(3)					
(4)			·		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				,	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			<b>•</b>		
Part X Other Liabilities. See Form 990, Part X,	line 25.				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)	<u> </u>				
(4)			-		
(5)			-		
			{		
			1		
(8)			1		
(9)			,		
(10)			1		
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)		1		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the te	_	organization's financia	I statements that ren	orts the organize	ation's
E. THE 40 (AGO / 40) I COUNCIE IT I all AIII, PIONICE ITIE LE	~ ~ · · · · · · · · · · · · · · · · · ·	Signification of manicia	Julianionio iliai 16	rons are organiza	

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 NORTHWEST SECTION		93-	0853818	Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F			
1	Total revenue, gains, and other support per audited financial statements		1	2,685,	789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	$ _{2a} $ 332,782.			
b	Donated services and use of facilities	2b	1		
С	Recovenes of prior year grants	2c	1		
d	Other (Describe in Part XIII )	2d	1 1		
	Add lines 2a through 2d		2e	332,	,782.
3	Subtract line 2e from line 1		3	2,353	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4ь 29,790.	1		
c	Add lines 4a and 4b	<u> </u>	4c	29	,790.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,382	797.
	t XII   Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Retu	irn	
1	Total expenses and losses per audited financial statements		1	1,811,	,116.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	]		
b	Prior year adjustments	2b			
С	Other losses	2c	]		
d	Other (Describe in Part XIII)	2d	] ;		
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,811,	,116.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b 29,790.	]		
С	Add lines 4a and 4b		4c		,790.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,840,	,906.
Pa	t XIII Supplemental Information				. <del>.</del>
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; Part IV, lines 1	b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	o provide any additional informa	tion		
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
SPO	ONSORSHIP EXPENSE			29	,790.
י א רו	OM VII IIND AD OMIED AD THOMNENMO				
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:	·			
gD/	MCODCUID EXDENCE			20	790.
SP(	NSORSHIP EXPENSE			49	, 130 •
		<del></del>			

Schedule I (Form 990) (2012) ž | Employer identification number 93-0853818 Open to Public COMMUNITY TENNIS GRANT OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. FMV, appraisal, other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. TENNIS ASSOCIATION/PACIFIC recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 12,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 45-3991814 NORTHWEST SECTION General Information on Grants and Assistance (P) EIN UNITED STATES criteria used to award the grants or assistance? HILLSBORO YOUTH TENNIS ASSOCIATION 1 (a) Name and address of organization or government OR 97124 Name of the organization 6556 N.E. ROSEBAY Department of the Treasury Internal Revenue Service SCHEDULE HILLSBORO, (Form 990) Part Part

232101 12-18-12

Schedule I (Form 990) (2012)

NORTHWEST SECTION

Fart III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

93-0853818

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUBSIDY GRANTS AND TRAVEL ASSISTANCE GRANTS	62	44,874.	.0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	ormation
SCHEDULE I, PART I, LINE 2: THE OR	GANIZATI	ORGANIZATION MONITORS	THE USE	OF GRANT	
FUNDS THROUGH GRANT ACCOUNTABILITY	REPORTS	AND FOLLOWS UP		BASED ON THE	
REPORTS. SITE VISITS ARE ALSO DONE	WHEN NEEDED.	EEDED.			

232102 12-18-12

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open To Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

Part I Excess Bene	fit Transacti			() and	section 5	01(c)(4) org	aniza	tions only)	1		<del>550</del> .				
									) n at 1.7	line 40	<b>1</b> h				
Complete if the c						25a or 25l	D, or I	-orm 990-E∠, F	aπ V,	iine 40	מנ	17.5			
1 (a) Name of disqualified p	erson (b) F	Relationship bet	ween o	disqual	lified	ed (c) Description of transaction					(d) Corrected				
(a) Name of disquamed p	,013011	person and o	rganiza	ation			<del>•, •</del>	onphon or trai	100000			Ye	es	No	
	-														
												<del>                                     </del>			
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				_								-	-		
						,						<u> </u>			
2 Enter the amount of tax i	ncurred by the o	rganization mar	nagers	or disc	qualified ;	persons du	ırıng tl	he year under							
section 4958										<b>\$</b>					
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganizatio	n				<b>\$</b>				-	
,	<b>,</b>		•		J										
Part II Loans to and	/or From Int	erested Per	sons	3_											
L					. D-+1/		<b>-</b>	000 D-4 N/ I-	- 00						
Complete if the c	_				., Paπ v,	ine 38a or i	Form	990, Part IV, III	ne 26,	or if th	ie orga	nizatio	on		
reported an amo		r i			r						VL\ Ann	royad			
(a) Name of	(b) Relationship with	(c) ruipose		an to or	(e) C	riginal	(f) Balance due		default?		(h) App by boa	ırd or l	(1) **	ritten	
interested person	organization	of loan		zation?	principa	al amount					cómm	ommittee?		agreement?	
			То	From	]						Yes	No	Yes No		
······································							<del>                                     </del>								
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Total	-Y-4 D	<b>e</b> 'A!		-15-		▶ \$			ļ		L				
Part III Grants or As	sistance Bei	netiting inte	reste	a Pe	rsons.										
Complete if the c	organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line	27.		_							
(a) Name of interested p	person	(b) Relationship	hetwe	en	(c)	Amount of		(d) Type	of		(e)	Purp	ose of		
		(b) Relationship between interested person and			assistance		assistan				à	assistance			
		the organiza	ation												
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LHA For Paperwork Reduct	tion Act Notice,	see the Instruc	tions	for Fo	rm 990 d	r 990-EZ.		Sch	edule	L (For	m 990	or 99	0-EZ	2012	

UNITED STATES TENNIS ASSOCIATION/PACIFIC Schedule L (Form 990 or 990-EZ) 2012 NORTHWEST SECTION 93-0853818 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's transaction transaction person and the organization revenues? Yes No PLUS POINT CONSULTI 29,059.BOARD PRESI PLUS POINT CONSULTING X Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PLUS POINT CONSULTING (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PLUS POINT CONSULTING CONTROLLED BY BOARD PRESIDENT (D) DESCRIPTION OF TRANSACTION: BOARD PRESIDENT PROVIDED CONSULTING SERVICES TO THE ORGANIZATION THROUGH PLUS POINT CONSULTING, A CONSULTING IN THE INTERIM PERIOD BETWEEN PERMANENT EXECUTIVE FIRM HE CONTROLS,

DIRECTORS.

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

UNITED STATES TENNIS ASSOCIATION/PACIFIC NORTHWEST SECTION

Employer identification number 93-0853818

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ASSOCIATION IS DEDICATED TO PROMOTING AND DEVELOPING RECREATIONAL
AND COMPETITIVE TENNIS BY PROMOTING AND SUPERVISING TOURNAMENTS;
PROMOTING AND SPONSORING EDUCATIONAL PROGRAMS; PROMOTING AND SPONSORING
COMPETITIVE EVENTS FOR THE PURPOSE OF QUALIFYING ITS MEMBERS FOR
COMPETITIONS IN NATIONAL AND INTERNATIONAL COMPETITIVE EVENTS; AND
PROMOTING AND SPONSORING A PUBLIC RELATIONS CAMPAIGN TO ENCOURAGE
MEMBERSHIP AND RAISE AWARENESS OF THE GAME OF TENNIS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MARKETING AND PROMOTION - A PROGRAM THAT PROMOTES AND SPONSORS A PUBLIC
RELATIONS CAMPAIGN TO ENCOURAGE MEMBERSHIP AND RAISE AWARENESS OF THE
GAME OF TENNIS. THE ASSOCIATION HAS SEVERAL PUBLICATIONS INCLUDING
YEARBOOKS AND THE SPRING INTO TENNIS NEWSLETTER.
EXPENSES \$ 168,790. INCLUDING GRANTS OF \$ 0. REVENUE \$ 349,223.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS
DURING THE YEAR TO CHANGE THE ELECTION CYCLE FOR A PARTICULAR REGIONAL
REPRESENTATIVE ON THE BOARD.
FORM 990, PART VI, SECTION A, LINE 6: THE UNITED STATES TENNIS
ASSOCIATION PACIFIC NORTHWEST SECTION HAS ORGANIZATIONAL AND INDIVIDUAL
MEMBERS.

FORM 990, PART VI,

BE CAST BY THE MEMBERS AS DEFINED IN THE CORPORATION'S ARTICLES OF

SECTION A, LINE 7A: A MAJORITY OF THE VOTES ENTITLED TO

INCORPORATION SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE MEMBERSHIP. THE ACT OF THE MAJORITY OF THE VOTES

ENTITLED TO BE CAST AT A MEETING IN WHICH A QUORUM IS PRESENT SHALL BE THE ACT OF THE MEMBERSHIP. ALL VOTES MUST BE CAST BY A DULY AUTHORIZED REPRESENTATIVE OF A VOTING MEMBER, IN THE CASE OF ORGANIZATIONAL MEMBERS, AND BY THE INDIVIDUAL MEMBER HIMSELF OR HERSELF IN THE CASE OF INDIVIDUAL MEMBERS, AND VOTES BY PROXY SHALL NOT BE PERMITTED.

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

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

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

COMPENSATION WAS APPROVED BY THE USTA PACIFIC NORTHWEST EXECUTIVE BOARD

MEMBERS AFTER REVIEW AND DELIBERATION OF HIS PERFORMANCE AND THE COMPARABLE

USTA EXECUTIVE DIRECTORS COMPENSATION RANGE ACROSS THE COUNTRY. A WRITTEN

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

PRESIDENT.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. GOVERNING DOCUMENTS AND CERTAIN

POLICIES WILL ALSO BE ON THE ORGANIZATION'S WEBSITE.