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**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 201**3** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number C Name of organization Midwest Youth Tennis & Education Foundation, Inc. Check if applicable Doing Business As Address change 35-1875466 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 100 317-669-0471 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return G Gross receipts \$ Indianapolis, IN 46240 Application pending F Name and address of principal officer Mark Saunders H(a) Is this a group return for subordinates? Yes Vo same as "C" above H(b) Are all subordinates included? Yes No 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status www.midwest.usta.com/mytef H(c) Group exemption number ▶ Form of organization 

Corporation 

Trust Association 

Other ▶ L Year of formation 1992 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Activities & Governance To develop the life skills of youth through tennis and education. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 13 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . . . . 6 13 Total unrelated business revenue from Part VIII, column (C), line 12 7a (21,400)Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) . 128,912 289,553 9 Program service revenue (Part VIII, line 2g) 5,720 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue – add lines 8 through 1,1 (must equal Part VIII, column (A), line 12) 3,840 10 897 1.975 11 214,981 218,389 12 350,510 513,757 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 132,349 130,086 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising-fees-(Part-IX, column (A), line 11e) . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (PartilX, column (A), lines 11a-11d, 11f-24e) 88,396 118,849 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 220.745 248,935 Revenue less expenses. Subtract line 18 from line 12 19 129,765 264,822 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4,573,830 4,674,430 21 Total liabilities (Part X, line 26) 2,889,734 2,725,512 22 Net assets or fund balances. Subtract line 21 from line 20 1,684,096 1,948,918 Part II Signature Block 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 Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check \_\_\_ if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Statement of Program Service Accomplishments   Property   Proper	Form 99	0 (2013)							Page <b>2</b>
Check if Schedule C contains a response or note to any line in this Part III    Briefly decirble the organization is mission:   To develop the IIfs skills of youth by creating opportunities for advanced education and tennis.			ent of Proc	ıram Servi	ce Accomplishm	ents	<del></del>		
1 Birefly describe the organization's mission:  To develop the life skills of youth by creating opportunities for advanced education and tennis.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27   Yes No If Yes, Yes cleanch of these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses S	محسجي						Part III		🗸
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4d Other program services (Describe in Schedule O.)	4c	(Code:	) (Expe	nses \$	52,537 includ	ng grants of \$	<b>52,537</b> ) (Revenu	e \$	)
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		Other present	m 00=#200	Doggriba	Schodula (C.)				
	40		iii services (			) (Reven	iue \$	)	

182,623

4e Total program service expenses ▶

Far	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		
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		1
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		· ✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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, VII, VIII, IX, or X as applicable.			
а	complete Schedule D, Part VI	11a	1	
b	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		1
C	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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e 1	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	<u> </u>	<b>✓</b>
	fundraising, business, 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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ľ	1

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or 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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	-	√ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		1
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):			
a b	, , , , , , , , , , , , , , , , , , , ,	28a		<b>√</b>
С	Schedule L, Part IV	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		1
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,	36	-	
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	1	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	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, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	✓_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	44		+
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>                                     </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	<b>✓</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c		/
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l _
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.		·	ļ
а	Did the organization make any taxable distributions under section 4966?	9a	_	<b>✓</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>✓</b>
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them)	ļ		ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans			
140	Enter the amount of reserves on hand	10-		<b> </b>
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>                                     </del>

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 13			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13			
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?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<b>✓</b>
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	_		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<b>V</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
	stockholders, or 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:			
а	The governing body?	8a	<b>√</b>	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the arganization have lead chapters brenches as efficience?	40-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a	-	<b>✓</b>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u></u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓_	
13	Did the organization have a written whistleblower policy?	13	✓_	
14	Did the organization have a written document retention and destruction policy?	14	✓	ļ.,
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?			
_	•	45-		ļl
a b	The organization's CEO, Executive Director, or top management official	15a 15b		-
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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			li
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	orost :	a a lua-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	financial statements available to the public during the tax year.	ci est	JUILUY	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
		J. 1110		
	organization: ► Dorian A Dyson, Director of Finance, 1310 E 96th Street, Suite 100, Indianapolis, IN 46240			

	•		
Form	990	(201)	31

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organize	zation nor any relate	d org	anız	atic	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee.
1				(6	C)					
(A)	(B)				ition			(D)	(E)	.(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	익호	2	Q	<u>~</u>	용포	ਨ	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	🕏		를	¥e g	۳	(W-2/1099-MISC)		organization
	below dotted line)	ੇੜ੍ਹੋ	a t		) e	ğ				and related organizations
<b>i</b>		i e	uste		"	ens:				. <b>G</b> =
			ď			l med				
(1) Steve Butzlaff				١.	1					
President		<b>✓</b>	<u> </u>	1	<u> </u>					
(2) Jonelle Smith				١.		1	İ			
Vice President		<b>✓</b>	<u> </u>	✓	ļ	ļ	lacksquare			
(3) Don Harris					ļ					
Treasurer and Director	_	✓		1						
(4) Mark Schuering										
Secretary		✓		<b>√</b>		<u> </u>				
(5) Vi Clark										
Director		✓								
(6) Joy Albi										
Director		✓		<u> </u>					_	
(7) Ron Brooks										
At-Large Director		✓								
(8) Bobbie Farley										
At-Large Director		✓				1				
(9) Jay Hacker										
At-Large Director		[ ✓		L		1				
(10) Jim Hendrix										
At-Large Director		✓	1	1						
(11) Bev Wentz										
At-Large Director		✓								
(12) Barbara Wynne										
At-Large Director		1								
(13) Doug Wenger										
At-Large Director		✓								
(14) Mark Saunders								1		
Executive Director		1			<b>✓</b>					

rait	(A) Name and title	, Directors, Trus	(B)  Average hours per week (list any hours for	(do n box, office	ot ch unles	Pos neck ss pe d a d	c) ition more rson lirect	than on the than the the than the than the than the than the than the the the than the	one i an :ee)	(D) Reportable compensation from the	(E)  Reportable compensation related organization	ole n from	Esti amo	(F) mated ount of ther ensation	
			related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fro orga and	m the nization related nizations	
(15)		1													
(16)		1			<u> </u>							-			
(17)		\$ 													
(18)		1													
(19)		1						,							
(20)		1													
(21)		!													
(22)		1													
(23)		<u> </u>						-							
(24)		1													
(25)		!													
1b	Sub-total				•	•			<b>&gt;</b>	0		0			0
c d	Total from continuation Total (add lines 1b and		VII, Sectio			•			<b>&gt;</b>	0		0			<u>0</u>
2	Total number of individual reportable compensation	als (including but	t not limited					above	e) w		ore than \$1		0 of		
3	Did the organization list employee on line 1a? If "								emp	oloyee, or high	est compe	ensate	d	Yes	No ✓
4	For any individual listed organization and related	on line 1a, is the d organizations	e sum of rep greater tha	portal an \$1	ble ( 150,	com 000	nper	nsatio					е 🗔		
5	Individual	line 1a receive o		ompe	nsat	tion						 dividua	4 5		<b>√</b>
Section	on B. Independent Contr			•										ll-	<u> </u>
1	Complete this table for y compensation from the cyear.														x
	Na	(A) me and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
		1		-											
		<u>;</u>				_									
2	Total number of indeperence received more than \$100								th	nose listed abo	ove) who		<del>-</del>		

Part	VIII	Statement of Revenue						
		Check if Schedule O contain	s a res	ponse or note to	any line in this	Part VIII		🗆
		;			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					l
s, C Am	С	Fundraising events	1c	144,322				
Sift lar	d	Related organizations	1d					
imil	е	Government grants (contributions	) 1e					
ion r Si	f	All other contributions; gifts, grant	3,					
the the		and similar amounts not included abo	ve 1f	145,231				
d d	g	Noncash contributions included in lines	1a-1f \$	121,593				
Co	h	Total. Add lines 1a-1f		•	289,553			
				Business Code				
ven	2a	Spring Camp			600	600		
Be	b	Diversity Camp			3,240	3,240		
vice	С	r						
Sen	d	;		_				
Ē	e	;						
Program Service Revenue	f	All other program service reve						
<u> </u>	g	Total. Add lines 2a-2f			3,840			
	3	Investment income (includin	_					
		and other similar amounts)		<u> </u>	1,975			1,975
	4	Income from investment of tax-e	xempt b	ond proceeds ►				
	5							-
		(i) F	eal	(ii) Personal				
	6a	Gross rents	502,817		1			
	b	Less: rental expenses	524,217		1			
	С		(21,400)					
	d	Net rental income or (loss)		🕨	(21,400)		(21,400)	
	7a	Gross amount from sales of (i) Sec	unties	(II) Other				
		assets other than inventory						
	b	Less cost or other basis			İ			
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		▶				
ø.								
nue	8a	Gross income from fundraisin	g					
Š		events (not including \$ 144	,322					
æ		of contributions reported on line						
Other Reve		See Part IV, line 18		110/-00			i	ļ
₹	l .	Less: direct expenses		200/020		_		
		Net income or (loss) from fund		events . >	109,730			109,730
	уа	Gross income from gaming ac See Part IV, line 19					1	
	l .	<b>;</b>						
	1	Less: direct expenses						
	C	Net income or (loss) from gan	_	vities	0			
	IUa	Gross sales of inventory, returns and allowances						
	.	1						
	l	Less: cost of goods sold .						
	<u> </u>	Net income or (loss) from sale  Miscellaneous Revenue	5 UI IIIV	entory ► Business Code				
	44-	<del></del>		Dualiess Code				
	11a	Unrealized Gain/Loss		<del></del>	130,059			130,059
	b			<del></del>	<del></del>			
	C	All other revenue		<del>  </del>				
	d	All other revenue \\ \dagger \ . \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			400 000			
	12	Total revenue. See instruction		<u> </u>	130,059		/=	
	1.2	- i Jiai i e veniue. Gee instructio			513.757	3.840	(21,400)	241.764

Form 99	00 (2013)				Page <b>10</b>
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	79,186	79,186		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	50,900	50,900		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management	1,566		1,566	
c d e	Accounting	12,500		12,500	
f g	Investment management fees				
12 13	Advertising and promotion	25,102		20,750	4,352
14 15 16	Information technology				
17 18	Travel	52,537	52,537		
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance				
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 O.)				
а	Gala Fundraiser	25,251			25,251
b c	Annual Campaign	1,893			1,893
d				· · · · · · · · · · · · · · · · · · ·	
е	All other expenses				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	248,935	182,623	34,816	31,496
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

art X				
	Check if Schedule O contains a response or note to any line in this Pai			<u> </u>
<u>,                                     </u>		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	906,701	1	1,020,7
2	Savings and temporary cash investments [	0	2	
3	Pledges and grants receivable, net	17,121	3	95,8
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors,			
Ì	trustees, key employees, and highest compensated employees.			
ļ	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 instructions). Complete Part II of Schedule L.		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	٠	8	
9	Prepaid expenses and deferred charges	171,646	9	158,
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 4,043,608			
b	Less: accumulated depreciation	3,083,666	10c	2,982,
11	Investments—publicly traded securities	394,696	11	417,
12	Investments—other securities. See Part IV, line 11 [	0	12	<u> </u>
13	Investments—program-related. See Part IV, line 11	0	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)	4,573,830	16	4,674,
17	Accounts payable and accrued expenses	83,012	17	91,
18	Grants payable	0	18	
19	Deferred revenue	23,855	19	24,
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	
22	Loans and other payables to current and former officers, directors,			
:	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties .	2,491,550	23	2,427,
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 Schedule D	291,317	25	182,
26	Total liabilities. Add lines 17 through 25	2,889,734	26	2,725,
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,421,072		1,489,
28	Temporarily restricted net assets	13,024	28	111,
29	Permanently restricted net assets	250,000	29	347,
•	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		ľ	
0.5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	<del></del>
32	Retained earnings, endowment, accumulated income, or other funds .	0	32	
33	Total net assets or fund balances	1,684,096	33	1,948,
34	Total liabilities and net assets/fund balances	4,573,830	34	4,674,

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Page **12** 

Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		_	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b> _
	If "Yes," check a box below to indicate whether the financial statements for the year were companied to a constant the second statement of the year were companied to a constant the second statement of the year were companied to the year were companied to the year were companied to the year were companied to the year.	oiled 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	✓	<del></del> ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
C	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	✓	
	Schedule O.	Piairi III			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	Ja		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
				990	(2013)
			. 5///		(20.0)

### SCHEDULE A (Form 990 or 990-EZ)

# **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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	<del>-</del>						Employer ic	lentificatio	n number		
	est Tennis & Educa			<del> </del>	. <u>-</u>					375466		
Par			rity Status (All orga						nstruction	ons		
1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical resc	vention of churc ribed in <b>section</b> a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza on operated in conjun-	churche ch Sched ation des	s describe ule E.) cribed in s	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		)(iii). Ente	r the	
5												
6 7	An organization	on that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of					nit or fror	n the ger	neral p	oublic
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 33¹/₃% ions—su lated bu	6 of its subject to disiness tax	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss section	no more	e than 30	31/3%	of its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
e f	other than fou or section 509 If the organiz organization, o	undation manage (a)(2). ation received a check this box	that the organization ers and other than one written determination.	is not co e or more on from	ntrolled depublicly the IRS to .	lirectly or supporte	r indirecti ed organ a Type 	I, Type I	or more lescribed I, or Typ	disqualifi d in section	ed per on 509	rsons (a)(1)
g	following pers	ons?	he organization accep	-	_			•				_
			ndirectly controls, eitlody of the supported of							nd 11g(i)	Yes	No
h	(iii) A 35% co	ntrolled entity of	on described in (i) abo a person described in ion about the support	ı (ı) or (ıı)	above? .					11g(ii) 11g(iii	1 1	
(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 c	organization sted in your document?	the organ	rou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amoui	nt of mo	netary
	_			Yes	No	Yes	No	Yes	No	<u> </u>	_	
(A)	•	1 1										
(B)	<del></del>	!									_	
(C)												
(D)					_							
(E)												

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

<u> </u>	on A. I ablic capport						
Calen	dar year (or fiscal year bˈeginning in) ▶ │	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			]	i		
	include any "unusual grants.")	53,817	268,092	235,603	246,403	266,824	1,070,739
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	53,817	268,092	235,603	246,403	266,824	1,070,739
5	The portion of total contributions by				2.0,.00	200,021	1,0.0,100
•	each person (other than a	ŀ					
	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.						0
	on B. Total Support						1,070,739
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	53,817	268,082	235,603			(f) Total
8	Gross income from interest, dividends,	33,017	200,002	235,603	246,403	266,124	1,070,739
0	payments received on securities loans,						
	rents, royalties and income from similar					Ì	
	sources	070	2.500				
•		878	2,530	1,962	897	1,975	8,242
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
	- · · · · · · · · · · · · · · · · · · ·	(803)	7,825	(7,902)	15,361	(21,400)	(6,919)
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	39,352	76,963	85,222	145,231	346,768
11	Total support. Add lines 7 through 10						1,418,830
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				•		
	organization, check this box and stop her					<u> </u>	<b>▶</b> □
Secti	on C. Computation of Public Support						
14	Public support percentage for 2013 (line 6					14	75 %
15	Public support percentage from 2012 Sch					15	84 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2013. If the organiz						
	box and stop here. The organization quali			-			
b	331/3% support test—2012. If the organ					15 is 331/3% d	or more,
	check this box and stop here. The organiz	zation qualifies	as a publicly	supported orga	anızatıon .		. ▶ 🗆
17a	10%-facts-and-circumstances test-20	13. If the organ	nization did no	t check a box	on line 13, 16	a, or 16b, and I	ine 14 ıs
	10% or more, and if the organization mee	ets the "facts-a	nd-circumstar	ices" test, che	ck this box an	d stop here. E	xplain in
	Part IV how the organization meets the "fa	cts-and-circur	mstances" test	t. The organiza	ition qualifies	as a publicly su	pported
	organization						`. ▶ □
b	10%-facts-and-circumstances test-20	12. If the organ	nization did no	t check a box	on line 13 16	a 16b or 17a	
	15 is 10% or more, and if the organizati	on meets the	"facts-and-cir	cumstances"	test check th	is box and <b>sto</b>	n here
	Explain in Part IV how the organization me	eets the "facts-	-and-circumst	ances" test. Th	ne organization	n qualifies as a	publicly
	supported organization :						
18	Private foundation. If the organization did						
•	instructions						
			<u> </u>	<del> </del>	<del></del>	<u> </u>	<u> </u>

(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.)

24:	and Dublic Company	diaci tile te	oto notou ben	ovv, picase c	ompicie i art	<del>"'.)</del>	
	on A. Public Support		(1) 0010		1 1 2 2 1 2	1 1 22 12	
Jaien 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del>-</del>				
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose  Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						-
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		<u> </u>				
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			L			
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						
	Add lines 7a and 7b	" ", 1 3 32	1 11 - 35	10 hs. 2 17 mm -	NOT DEPOSITE SALES	-	
8	Public support (Subtract line 7c from	前の変	1			to a thing	
A:	line 6.)			Comment of the second	[] 15 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Sugar Mr. 12,	
	on B. Total Support	1 ( ) 0000	1110010	1 1 2011	( )) 0040	1 1 2010	(0.77
Jaien 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9 10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,		,				
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						•
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1		1	
	(Explain in Part IV)	1				<u> </u>	
13	Total support. (Add lines 9, 10c, 11,	1		1			
14	and 12)	ho organizati a	o'o firet saasa	 	or fifth to	004.05.0 0.00	F01/=\(0\)
14	First five years. If the Form 990 is for to organization, check this box and stop he						
Secti	on C. Computation of Public Suppo			· · · ·		· · · · ·	• [_
15	Public support percentage for 2013 (line			13 column (fl)		15	%
16	Public support percentage from 2012 Sc		•			16	
	on D. Computation of Investment In						
17	Investment income percentage for 2013			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201						%
19a	331/3% support tests-2013. If the organ	ization did not	t check the box	x on line 14, a	ind line 15 is m	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 📋
b	331/3% support tests - 2012. If the organization						33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions ► □

Part IV	Form 990 or 990-EZ) 2013 <b>Supplemental In</b> Part III, line 12. Al	Page 4  formation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and so complete this part for any additional information. (See instructions).
Represents	fundraising outside th	e US Open assets.
	•••••	
	*****	
		<u> </u>
		!
		·
		,
		;

## SCHEDULE D (Form 990)

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

	Youth Tennis & Education Foundation, Inc.	an Advisord Francis of Other Other		35-1875466
Part		or Advised Funds or Other Similar Fu		ınts.
	Complete if the organization answ	rered "Yes" to Form 990, Part IV, line 6		
	<del>-</del>	(a) Donor advised funds	(b) Fund:	s and other accounts
1	Total number at end of year			
	Aggregate contributions to (during year) .			<del></del>
	Aggregate grants from (during year)		<del></del> -	
	Aggregate value at end of year		<del></del>	
5	Did the organization inform all donors and	•		
	funds are the organization's property, subject	_		
6	Did the organization inform all grantees, do			
	only for charitable purposes and not for the conferring impermissible private benefit?	·		•
D		<u> </u>	· · · · ·	·
Part		. 1697 N. E. 200 D. 1877 T.	-	
		rered "Yes" to Form 990, Part IV, line 7	<u> </u>	
1	Purpose(s) of conservation easements held l			
	_	recreation or education) Preservation		
	Protection of natural habitat	☐ Preservation	of a certified his	storic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ition held a qualified conservation contribu		
	easement on the last day of the tax year.			eld at the End of the Tax Year
а			· · · <del>   </del>	
b	Total acreage restricted by conservation eas		<b>─</b>	
С	Number of conservation easements on a cer			
d	Number of conservation easements includ			
_	historic structure listed in the National Regis			
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	erminated by the	organization during the
	tax year ►			
4	Number of states where property subject to			
5	Does the organization have a written pol			· ·
_	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements di	uring the year
_	<u></u>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during	the year
_	<b>\$</b>	1 0/10 1 1 / 11		(1.) (1) (7)
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		s of section 170	
_				☐ Yes ☐ No
9	In Part XIII, describe how the organization re			
	balance sheet, and include, if applicable, the		rınancıaı statem	ents that describes the
Dariet	organization's accounting for conservation e		O4b Ciii	44
Part		ections of Art, Historical Treasures,		ar Assets.
4 -		vered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted und			
	works of art, historical treasures, or other public service, provide, in Part XIII, the text o			
b	If the organization elected, as permitted un			
	works of art, historical treasures, or other	<del>-</del>	education, or re	esearch in furtherance of
	public service, provide the following amount		_	•
	(i) Revenues included in Form 990, Part VIII.	, iine 1	•	\$
	(ii) Assets included in Form 990, Part X		🕨	\$
2	If the organization received or held works			nancial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, lin			\$
ь	Assets included in Form 990, Part X			S

Schedu	ıle D	(Form	990	201	3

Part	Organizations Maintaining	Collections of A	Art, Historical 1	Γreasures, or Ο	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follo	wing that are a sign	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	grams	
b	☐ Scholarly research		e 🗌 Othe	r		
C	☐ Preservation for future generations					
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further the or	ganızatıon's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra					-
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er intermediary fo	or contributions o	or other assets no	t Yes 🔲 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:	An	nount
С	Beginning balance			1	c	
d	Additions during the year				d	
е	Distributions during the year			_	e	
f	Ending balance			1	f	
2a	Did the organization include an amount					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been provid	led in Part XIII .	<u></u> $\square$
Par	Endowment Funds.					
	Complete if the organization					
	r •	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	267,010	264,110	1	1	†
b	Contributions	100,000	2,391	C	101,101	74,579
С	Net investment earnings, gains, and losses					
		542	509	449	-	
d e	Grants or scholarships + Other expenditures for facilities and	20,000	-			<del>                                     </del>
•	programs					
f	Administrative expenses					
g g	End of year balance	347,552	267,010	264,110	263,661	162,560
2	Provide the estimated percentage of t				· · · · · · · · · · · · · · · · · · ·	162,560
a	Board designated or quasi-endowmer	•	%	,, 00.0 (a), 1,0.a	шо.	
b	Permanent endowment >		. <u>.</u> ' -			
С	Temporarily restricted endowment ▶	23%				
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.			
3а	Are there endowment funds not in the	e possession of th	e organization the	at are held and a	dministered 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 organ		•			3b
4	Describe in Part XIII the intended uses		n's endowment f	unds.		
Part				) and 1) / 1, 4 4	0 000 5	Sand V. Inc. 40
	Complete if the organization					
	Description of property ;	(a) Cost or oth	1 ' '	, , ,	Accumulated depreciation	(d) Book value
1a	Land '		324,037	0		324,037
b	Buildings	3	,719,571	0	1,061,242	2,658,329
C	Leasehold improvements	٠				
d	Equipment	•				
Total	Other	•	20. 0-+1//	(0) 100 100		
ı otal.	Add lines 1a through 1e. (Column (d) n	nust eduai rorm 99	ιυ. μαιτ Χ. COIUMI	rubi, iine TU(C).)	<b>P</b> I	2.982.366

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12, (a) Descriptor to electricity of clothing name of security (b) Book value (c) Mitched virtures (c) Mitched virtures (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely Closely (c) Closely Closely (c) Closely Closel	Part VII	Complete if the organization answ	vered "Yes" to For	m 990	). Part IV. line	11b. See Form	990. Part X. line 12.
(1) Financial derivatives (2) Closely-held equally interests (3) Closely-held equally interests (3) Closely-held equally interests (3) Closely-held equal form 990. Part X (2) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of security or category				(c) Meth	od of valuation
(2) Closely-held equity interests	(1) Financial	<u> </u>					<del></del>
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B							
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(0) (0)			-			
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)							
(i) (i) (ii) (ii) (iii)							
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)						
(i) (ii) (iii) (iiii) (iiiiiiiiiiiiiiii	(D)						
(G) (h) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)						
Total, Column (b) must squal Form 990, Part X, col. (B) line 12   ▶	(F)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)   Part VIII   Investments — Program Related.	(G)						
Investments	(H)					<u>.                                    </u>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X. line 13.   (a) Description of investment   (b) Book value   Cost or end-of-year market value	Total. (Column (i	b) must equal Form 990, Part X, col. (B) line 12 )					
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII						
(1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answ	vered "Yes" to For	m 990	, Part IV, line	11c. See Form	990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part X  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap  182,186 (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment		(b)	Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182.196 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 182.196							
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Book value  (b) Book value  (c) Book value  (d) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Swap (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) Swap (3) Federal income taxes (4) Federal income taxes (5) Swap (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Swap (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Swap (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Swap (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Swap (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (7) Federal income taxes (8) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2							
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186				-			
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)   ►	•						
Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		(b) must equal Form 990. Part X. col. (B) line 13 )					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186		· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u></u>	-
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Swap 182,186  (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186	raitix		vered "Yes" to For	m 990	). Part IV. line	11d. See Form	990. Part X. line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186					,,		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186	(1)						
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186							
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186					•		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)   182,186		!					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			-			,	
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186							
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Swap 182,186  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186			<del></del>				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           Part X         Other Liabilities.           Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability (b) Book value           (1) Federal income taxes           (2) Swap (4)           (5) (6)           (7) (8) (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186	(9)						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Swap 182,186  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 182,186	Total. (Colu		I. (B) line 15.)		<u></u>		
Line 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2) Swap   182,186   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (10)	Part X						
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(1) Federal Income taxes (2) Swap 182,186 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶ 182,186							
(2) Swap (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶ 182,186			(b) Book value				
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186		ncome taxes					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186			18	82,186			
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186	(3)						
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186	(4)						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186	(5)		<u>-</u>				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶  182,186	(6)						
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶ 182,186							
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶ 182,186							
		(h) must say of Form 000 Part V and (D) ton 051 h	<del></del>	20			
			10 the tout of the feet	82,186	the organization	a'a finanaial atatama	nte that reports the

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

Part	Complete if the organization answered "Yes" to Form 990,		•	Return.	
1	Total revenue, gains, and other support per audited financial statements			1	1,100,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				.,,,,,,,
а	Net unrealized gains on investments	2a	130,059		
b	Donated services and use of facilities	2b	121,593		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	335,520		
е	Add lines 2a through 2d			2e	587,172
3	Subtract line <b>2e</b> from line <b>1</b>			3	513,757
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.)	4b			
C				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	513,757
Part				r Return.	
	Complete if the organization answered "Yes" to Form 990,		line 12a.		
1	Total expenses and losses per audited financial statements			1	706,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	121,593		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	335,520		
е	Add lines 2a through 2d <sup>1</sup>			2e	457,113
3	Subtract line <b>2e</b> from line <b>1</b>			3	
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			
С				4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	ne 18.) .		5	248,935
Part XI	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par  2d - \$335,520 excluded to offset direct cost of the US Open Suite & Tickets  1 2d - \$335,520 excluded to offset direct cost of the US Open Suite & Tickets.		ide any additional inf		
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Schedule D (For	m 990) 2013		Page 5
Part XIII	Supplemental I	Information (continued)	
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# **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization Employer identification number							
Midwe	Aidwest Youth Tennis and Education Foundation, Inc 35-1875466						1875466
Part I  Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  Form 990-EZ filers are not required to complete this part.							
	Form 990-EZ filers are n	<del></del>					
1	Indicate whether the organizatio	n raised funds f		_	_		
a	Mail solicitations		e L		on of non-governme	_	
b	Internet and email solicitation	ns	f L	_	ion of government gr	ants	
C	☐ Phone solicitations		g L	J Special i	fundraising events		
d	In-person solicitations	*** *** ***					
2a	Did the organization have a writ or key employees listed in Form						. – –
b	If "Yes," list the ten highest paid		-		•	<b>~</b>	
	compensated at least \$5,000 by			didisers, p	ursuant to agreemen	is under which th	ie iuliulaisei is to be
	, , , , , , , , , , , , , , , , , , ,	g					
			T			(v) Amount paid to	<del></del>
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	<u> </u>		
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10							
				L	<del> </del>		<u> </u>
Total	t			_			
3	List all states in which the organ	nization is regis	tered or lic	ensed to s	olicit contributions o	r has been notifie	ed it is exempt from
-	registration or licensing	aoo vog.o				. Has soon Hount	od it io exempt irom
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Pá	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		,	(a) Event #1  Gala (event type)	(b) Event #2 Annual Campaign (event type)	(c) Other events  Open Event (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	115,263	11,235	463,074	589,572
æ	2 3	Less: Contributions Gross income (line 1 minus line 2)	115,263	11,235		144,322 445,25(
	4	Cash prizes			110,230	770/200
	5	Noncash prizes	. <u>.</u>			
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .	25,251			25,25
Direct	8	Entertainment ·				
	9	Other direct expenses .		1,893	354,876	356,769
Pa	10 11 rt III		act line 10 from line 3, c e organization answei	olumn (d)		382,020 63,230 reported more
une		than \$15,000 on Form 9	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		**		
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs		_		_
	5	Other direct expenses	☐ Yes %	☐ Yes %	□ Ves %	
	6	Volunteer labor `	☐ Yes%	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
_	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	a Is	i i	perate gaming activities	n each of these states	?	🗌 Yes 🗌 No
10		ere any of the organization's g	jaming licenses revoked	l, suspended or termina		? . ☐ Yes ☐ No

Schedu	ele G (Form 990 or 990-EZ) 2013 Page 3
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization sown exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	•

SCHEDULEI

Grants and Other Assistance to Organizations,

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Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, OMB No. 1545-0047 2013 (h) Purpose of grant or assistance **Employer identification number** To Promote Tennis To Promote Tennis ✓ Yes 35-1875466 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of non- (ff) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5,920 5,491 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Midwest Youth Tennis & Education Foundation, Inc. (B) (3) South Bend Community Tennis 1 (a) Name and address of organization 159 Riverside Drive, Painesville, OH (1) Inner City Tennis Clinics (4) Mishawaka, IN 46545 Association, 4122 Hickory Department of the Treasury Internal Revenue Service Name of the organization (Form 990) (2) 44077 Partl Part II <u>©</u> 9 Ξ 2 2 8 6 5

Cat. No. 50055P

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

	Part III can be duplicated if additional space is needed.  A Tune of great or assistance  (a) Tune of great or assistance  (b) Amount of (d) A	space is needed.	inted States, Colling.			(O FOILL 990, Fait IV, III IE ZZ.
	(a) Type of grant of assistance	(b) Number of recipients	(cash grant	non-cash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(I) Description of non-cash assistance
1 Grant	1 Grants provided for assistance in the	42	50,900			
2 advan	2 advancement of youth tennis.					
3						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, line	2, Part III, column	(b), and any other additi	onal information.
he grants award emaining funds.	he grants awarded to individuals and organizations need to provide the Foundation documentation that the funds were expended for approved purposes prior to the release of the emaining funds.	d to provide the Fou	indation documentation	n that the funds were e	xpended for approved purpo	ses prior to the release of the
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						Schodula   (Earn 900) (201

### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number					
Midwest Youth Tennis & Education Foundation, Inc.	35-1875466					
Part III						
4dl - Other Program services - The majority of these expenses are associated with the costs of running the programs and evaluating						
the grant requests. The majority of the services are donated.						
Part VI - Section B						
11b. The 000 is reviewed by our Audit Committee. It is then made available to the accommittee of the committee of the committee.						
11b - The 990 is reviewed by our Audit Committee. It is then made available to the governing body for their review prior to filing at their						
request.						
	·					
12c - There is a document that is signed on an annual basis that discloses any potential conflicts. The document also compels the signer						
to notify the Foundation whenever a potential conflict presents itself.	·					
Part VI - Section C						
rait vi - Section C						
19 - They were readily available to the public upon request.						
	***************************************					