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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

Inte	mal Revenue	Service	<u> </u>	tion about	Form 990 and its instruct	ions is a	t www.irs	.gov/form99	0	Inspection		
<u>A</u> _	For the 2		ndar year, or tax year				and endin	9		, 20		
В	Check if a	oplicable	C Name of organization	Jnited Stat	es Tennis Association Inc	Midwes	t Section		D Employ	D Employer identification number		
	Address c	hange	Doing business as	<u> </u>						23-7417933		
	Name cha	nge	Number and street (or I	O box if m	ail is not delivered to street add	lress)	Room/sui	te	E Telepho	ne number		
	Initial retur	n <u> </u>	1310 E 96th Street					100		317-669-0471		
	Final return	terminated	City or town, state or p	rovince, coul	ntry, and ZIP or foreign postal c	ode						
	Amended	return	Indianapolis, IN 4624	10	.				G Gross re	eceipts \$ 11,003,419		
	Application	n pending	F Name and address of p	rincipal offic	er Mark Saunders			H(a) Is this a g	group return for	subordinates? Tyes Vo		
			(same as C above)					H(b) Are all	subordinate	s included? 🗌 Yes 🔲 No		
匸	Tax-exem	ot status	501(c)(3)	₹ 501(c) (4) 4 (insert no) ☐ 494	7(a)(1) or	527	If "N	No," attach a	a list (see instructions)		
J	Website:	► www	.midwest.usta.com					H(c) Group	exemption	number ▶ 5003		
ĸ	Form of or	ganization [Corporation Trust	Associa	ation Other ►	L Ye	ar of format	on 1895	M State	of legal domicile OH		
P	art I	Summa	ary									
	1 E	Briefly de	scribe the organizat	ion's miss	sion or most significant a	ctivities:						
9	1 1	o provide	e services for our me	mbers and	the general population by	v providi	na oppor	tunites to pl	av tennis.			
Governance	· -				M	/						
eu	2	Check thi	s box ▶ 🔲 if the ord	anization	discontinued its operation	ons or di	sposed o	of more that	n 25% of	its net assets		
Š	3 1		-		erning body (Part VI, line		·		3	1		
~				_	rs of the governing body				—			
Activities &	5 1			_	n calendar year 2014 (Pa				. 5	32		
. ₹	6 7		ber of volunteers (e						6	170		
Ę	7a 1		·		Part VIII, column (C), line			• •	. 7a	- 1/0		
Activities &					from Form 990-T, line 3		• •		7b			
-	 	46t uni cie	ated business taxac	ic income	mont i onti 330-1, tine o			Pnor Y		Current Year		
	8 (Contribut	ions and grants (Pai	t VIII line	1h)		-					
re	9 F			<u>4,861,853</u>	4,979,760							
Revenue	40	riogram :	service revenue (Fa	actumn "	29) RECEIVE), lines 3,4-and 7d)		· }		<u>5,774,407</u>	5,666,440		
æ	10					3			41,843	65,400		
	11 (Jiner rev	enue (Part VIII, Colui	mn (A), iin	85, 6d, 8c, 9c, 10c, and	1 1 (e)	·		182,709	16,818		
_					nust equal Rart VIII, colur		ne 12)		0,860,812	10,728,418		
	13 (arants an	ia similar amounts p	ald (Part	Column (A), lines 1–3)	عظ المنتانة	1 · · +		1,969,199	1,953,374		
					(, celumn (A), line 4)	<u> </u>	<u>}</u> · -		0			
es	15 8		·		benefits (Part-IX, column (A), lines	5–10)		2,456,6 <u>5</u> 5	2,520,825		
Expenses	16a F		-		column (A), line 11e) .				0			
Š	b 1		draising expenses (F									
ш	111				es 11a-11d, 11f-24e)		· ·		<u>6,269,437</u>	5,954,734		
					equal Part IX, column (A	-	ō) . <u>L</u>	1	0,695,291	10,428,933		
_	1	Revenue	less expenses. Sub	tract line 1	8 from line 12	<u> </u>	<u> </u>		165,521	299,485		
sets or	3						יַן	Beginning of C	urrent Year	End of Year		
Set	20 1		ets (Part X, line 16)						2,230,656	2,592,754		
Net As	21 7		lities (Part X, line 26	•			· · <u> </u>		<u>6</u> 66,267	728,880		
_			s or fund balances.	Subtract I	ine 21 from line 20				1,564,389	1,863,874		
P	art li	Signat	ure Block									
Ur	nder penaltı	es of perjur	y, I declare that I have ex	amined this	return, including accompanying	schedule	s and state	ments, and to	the best of	my knowledge and belief, it is		
tru	ue, correct,	and comple	ete Declaration of prepare	er (other thar	officer) is based on all informa	tion of whi	ch preparer	has any know	rledge	_		
_			Lesus	<u>~</u> ~	1 Lugar	~			8	-29-15		
Sig	gn	Signa	ture of officer		7			P:	ate	701		
He	ere		orian		LYSON I) Ire	ctor	\cdot ot	tu	nance/Adm		
		Type	or print name and title									
P.	aid	Print/Typ	e preparer's name		Preparer's signature		Da	ite	Check	PTIN		
	eparer								self-em			
	se Only	Firm's na	ame ►		•			Fin	m's ElN ▶			
U	e Only	Firm's ac				_			one no			
Ma	y the IRS			preparer	shown above? (see instr	uctions)				Yes No		
_			tion Act Notice, see			<u>-/</u>	Cat N	o 11282Y		Form 990 (2014)		
. U	, . upciwi		1101100, 300	Jupaid			uat N	U 11202Y		1 Omn 330 (2014)		

Form 99		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🕢
1	Briefly describe the organization's mission:	<u>. </u>
	To promote tennis throughout the Midwest for the general population and our members.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⁻] No
	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 measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported	ed by thers,
4a	(Code:) (Expenses \$ 1,923,329 including grants of \$ 212,071) (Revenue \$)	
	District Support funding to the Districts is to support their commitment to their members and youth in their area.	

4b	(Code:) (Expenses \$ 3,971,901 including grants of \$) (Revenue \$)	
	TennisLink provides a platform for our organization members to provide services for our members.	
4c	(Code:) (Expenses \$ 3,089,616 including grants of \$ 30,045) (Revenue \$)	
	Tennis Programs for members and youth organization.	

art	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	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	<u> </u>
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	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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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	1	
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		1
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		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
	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
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	✓	
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		1
14 a	- · · · · · · · · · · · · · · · · · · ·	14a	-	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		/
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>

Part	Checklist of Required Schedules (continued)			
~ 4	Did the approximation report are at the CF 000 of approximation of the second s		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	/	
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	✓	
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		1
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), 501(c)(4), and 501(c)(29) 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		√
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		1
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 "Yes," 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	1	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
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	-	1
36	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.	36		
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	· .	
4	February D. Confermation F. D. C. (February 1990)		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	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?	За		7
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		<u> </u>
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		1
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	-00		
	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			H
	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	\ \ \!		1
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
9	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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		✓
8	·			
^	sponsoring organization have excess business holdings at any time during the year?	8		/
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a	·	1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	V
10	Section 501(c)(7) organizations. Enter:	35		_
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			İ
	against amounts due or received from them.)			ļ*
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	\vdash
_	Note. See the instructions for additional information the organization must report on Schedule O.	.54		\vdash
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]
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		Ė

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ii									
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	✓						
Secti	on A. Governing Body and Management									
4-	Fatoutho combined station and the control of the co		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		/						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1						
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	√	√ √						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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:									
a	The governing body?	8a	✓							
9	Each committee with authority to act on behalf of the governing body?	8b	✓							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenuence of the section of the Internal Revenuence of the Inte	9	ado I	✓						
0001	on b. 1 duoics (This dection b requests information about policies not required by the internal neverli	76 C	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a	✓							
	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	✓							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļJ						
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√							
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 15	Did the organization have a written document retention and destruction policy?	14	✓							
а	The organization's CEO, Executive Director, or top management official	15a	1							
b	Other officers or key employees of the organization									
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 organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)						
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 interfinancial statements available to the public during the tax year.	erest _l	oolicy	, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction of Finance, 1310 E 96th Street, Suite 100, Indianapolis, IN 46240, 317-669-0471	ords:	>							

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Form	~~~	1001	41
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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 organization no	r ány relate	d orga	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, i	unles er and	s pe d a d	rson	than one than one that the state of the stat	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Violet Clark, President	10	1		1				0	0	0
(2) Don Harris, Executive Vice President	10	1		1				0	0	0
(3) Mark Schuering, Vice President	10	1		1				0	0	0
(4) Paul Farah, Vice President	10	1		✓	i			0	0	
(5) Joy Albi, Treasurer	10	1		1				0	0	0
(6) Colin Atkinson, Secretary	10	1		1				0	0	
(7) Jonelle Smith, USTA Delegate	10	1		1	-			0	0	
(8) Mark Saunders, Executive Director	40				1			193,500	0	0
(9) Dorian A Dyson, Director of Finance	40					1		112,600	0	0
(10) Diane Ansay, Director of Adult Tennis	40				l	1		104,500	0	
(11)	<u> </u>									
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	>)	-							
	(A)		(B) Position (do not check more than							(E)		(F)	
	Name and title	Name and title Average box, unless person									e		nated	
		hours per week (list any	officer and a director/tr					·	compensation	compensation from related			unt of her	
		hours for	유교	Inst	Officer	Κey	E E	ᅙ	the	organizatio	ns		ensatio	n
		related	Individual trustee or director	랿	e c	en en		Former	organization	(W-2/1099-M	IISC)		n the	_
		organizations below dotted	호호	ona		employee	8 8		(W-2/1099-MISC)				ization elated	
		line)	T _S	2) e	npe						zation	
			8	Institutional trustee			Highest compensated employee							
_		_		Ľ			8.							
(15)				1				Ì	1		Ì			
			<u> </u>			_		<u> </u>						
(16)			Į								1			
					_	_		_						
(17)		ļ	1			1	1	1	1		1			
					<u> </u>			<u> </u>						
(18)		ļ	ļ						İ					
		<u> </u>	ļ	_			<u> </u>	<u> </u>						
(19)		ļ	ļ				[}			1			
(00)					 	⊢		├	 				_	
(20)								ł						
(21)		-	 			-		┢			-+			
35.27		 	ţ			ļ		 			-			
(22)			1			<u> </u>		H			\neg			
3 5 2			Í		l									
(23)														
3		†	1	ļ		l								
(24)														
(25)												_	_	
1b	Sub-total								410,600		0			0
C	Total from continuation sheets to Part			-	•			•	0	_	0			0
	Total (add lines 1b and 1c)						· ·	<u> </u>	410,600		0			0
2	Total number of individuals (including but		d to th	nose	e list	ted	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi	zation							· ·					T
3	Did the organization list any former of	ficar direc	tor o	ar tr	a let	00	kov.	mr	alayoo or bigh	oct compo	neatad		Yes	No
v	employee on line 1a? If "Yes," complete s									iest compe	i isaleu	3		1
4	For any individual listed on line 1a, is the									oncation fr	· ·			
	organization and related organizations													
	individual	-										4	1	<u> </u>
5	Did any person listed on line 1a receive of									zation or inc	lividual			
	for services rendered to the organization											5		1
Section	n B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	ensatio	on fo	or th	ne c	alenc	lar y	year endıng wit	h or within	the org	anizatıc	n's t	ax
	year.						_							
	(A) Name and business add	Irecc							(B)	00,000		(C)	at ·	
	Name and business add							ļ.,	Description of s	ervices		Compens	ation	
					_			\vdash					_	
					_			\vdash						
								\vdash				_		
			_					+						
_ _	Total number of independent contractor	rs (includi	na bi	ut n	ot	limı	ted to	th	nose listed ab	ove) who				
_	received more than \$100,000 of compens									,				

Part	VIII	Statement of Reve					· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O	contains	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	3	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	1,011,405				
s, C	С	Fundraising events .		1c					
Sift lar	d	Related organizations		1d					}
S, E	е	Government grants (con	tributions)	1e					
ion	f	All other contributions, g	ıfts, grants,						
音		and similar amounts not inc	luded above	1f	3,968,355				
5 G	g	Noncash contributions include	ded in lines 1a	-1f. \$	•				
a Co	h	Total. Add lines 1a-1	f		•	4,979,760			
					Business Code				
Ne Ne	2a	Marketing					48,832		
æ	ь	Indian Dragonom					627,288		
<u>ë</u>	С	Adult Decemen					161,809		-
ē	d	Tonnicl ink					4,773,338	 -	
E	e						4,1.10,000		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	f	All other program ser			<u> </u>		55,173		
<u>و</u>	g	Total. Add lines 2a-2			▶	5,666,440			
	3	Investment income				0,000,10			
		and other similar amo			🏲	65,400			65,400
	4	Income from investmen	•	mpt b	ond proceeds▶	05,400			00,700
	5	Royalties		-		_			
	•	110/411100	(ı) Rea	1	(ii) Personal				
	6a	Gross rents	<u> </u>						
	ь	Less: rental expenses							
	c	Rental income or (loss)			 				
	d	Net rental income or	(loee)		▶				
	7a	Gross amount from sales of	(i) Securi	· ·	(ii) Other				
	'	assets other than inventory	(7		275,000				
	ь	Less: cost or other basis			273,000				
	"	and sales expenses .							
		Gain or (loss)			275 200				
	C	Net gain or (loss)			275,000				
0	d			•	•	0			
/enne	8a	Gross income from fu	ındraising						
		events (not including \$:						
Other Re		of contributions reporte	ed on line 1	c).					
ē		See Part IV, line 18 .		_		1			
ᅙ		Less: direct expenses							
		Net income or (loss) f			events . >				
	9a	Gross income from ga							
		See Part IV, line 19 .		а		į			
	b	Less: direct expenses							
	С	Net income or (loss) f			ıvıtıes ▶				
	10a	Gross sales of ir							
		returns and allowance	es	· a					i
	b	Less: cost of goods s	sold	. b		1			
	С	Net income or (loss) f	rom sales	of inv	entory 🕨				
		Miscellaneous F	Revenue		Business Code				
	11a	Unrealized gain/loss				16,818			16,818
	ь								
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-	·11d		•	16,818			· · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See in				10,728,418			

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).											
Check if Schedule O contains a response or note to any line 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	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21.	1,923,329	1,923,329								
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22	30,045	30,045								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	193,500		193,500							
6	Compensation not included above, to disqualified			100,000							
•	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	1,684,512	1,251,140	433,372							
7	Other salaries and wages	150,755	97,128	53,627							
8	Pension plan accruals and contributions (include	100,733	37,120	33,027							
•	section 401(k) and 403(b) employer contributions)	360,228	264,847	95,381							
9	Other employee benefits	131,830	94,202	37,628							
10	Payroll taxes	131,030	34,202	31,028	 -						
11	Fees for services (non-employees):	_									
''a	Management		į								
b	Legal	2 002		2 002							
C	Accounting	2,802		2,802							
d	Lobbying	13,880		13,880							
e	Professional fundraising services See Part IV, line 17										
_	Investment management fees										
f	Other. (If line 11g amount exceeds 10% of line 25, column										
9	(A) amount, list line 11g expenses on Schedule O.)										
40	- · · · · · · · · · · · · · · · · · · ·	<u>-</u> -			_ 						
12	Advertising and promotion										
13	Office expenses	199,365	152,326	47,039	 						
14	Information technology	4,200		4,200							
15	Royalties	200 000									
16	Occupancy	226,008	142,289	83,719							
17 18	Travel	233,823	204,782	29,041							
10	for any federal, state, or local public officials										
40	- · · · · · · · · · · · · · · · · · · ·										
19	Conferences, conventions, and meetings .	303,469	140,528	162,941							
20	Interest	_									
21	Payments to affiliates										
22	· · · · · · · · · · · · · · · · · · ·	23,471	17,432	6,039	_						
23	Insurance				 -						
24	Other expenses Itemize expenses not covered		j								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		İ								
	(A) amount, list line 24e expenses on Schedule O.)	1									
_	· · ·			_ 							
a	TennisLink Membership Services	3,971,901	3,971,901								
b	Membership Services	89,988	89,988								
C	Direct Program	852,857	852,857								
d	US Open	32,970	32,970								
e	All other expenses	4									
25	Total functional expenses. Add lines 1 through 24e	10,428,933	9,265,764	1,163,169							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs										
	from a combined educational campaign and		1								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										
		I									

	990 (20	<u></u>			Page 11
Р	art X	<u> </u>			
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	· · ·	
	1	Cash-non-interest-bearing	577,341	1	777,717
	2	Savings and temporary cash investments	377,341	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	119,478	4	196,438
Ş	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	710,770	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	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	150,085	9	160,461
	ь	Less: accumulated depreciation 10b	66,413	10c	69,862
	11	Investments—publicly traded securities	1,316,799		1,381,736
	12	Investments—other securities. See Part IV, line 11	17010,700	12	1,001,100
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	540	15	540
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	2,230,656		2,592,754
	17	Accounts payable and accrued expenses	338,445		385,393
	18	Grants payable		18	
	19	Deferred revenue	264,806	19	265,676
	20	Tax-exempt bond liabilities	-	20	
	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, key employees, highest compensated employees, and			
ap		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	63,016		77,811
	26	Total liabilities. Add lines 17 through 25	666,267	26	728,880
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	4 504 200	27	4 000 074
ala	28	Temporarily restricted net assets	1,564,389	28	1,863,874
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		-	
ts (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	1,564,389	33	1,863,874
_	34	Total liabilities and net assets/fund balances	2,230,656	34	2,592,754
					Form 990 (2014

orm 99	90 (2014)		Pa	ge 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)		10,72	8,418
2	Total expenses (must equal Part IX, column (A), line 25)		10,42	8,933
3	Revenue less expenses. Subtract line 2 from line 1		29	9,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	1,564,38		4,389
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,86	3,874
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			1
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			i
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	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	L. I		
b	Were the organization's financial statements audited by an independent accountant?	_2b	✓	
	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:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓_
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.	3ь		

Form **990** (2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2014

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

Tax) (s	ee separate instructions), th	nen	Tax) (See Separate	e instructions) or Form 990	-EZ, Part V, line 350 (Proxy
	ection 501(c)(4), (5), or (6) orga	inizations Complete Part III.		- 15 1 11	
	of organization			Employer idea	ntification number
	States Tennis Association			<u> </u>	23-7417933
Part		e organization is exempt und			organization.
1		the organization's direct and indire			
2)
3	volunteer nours				
Part	-3 Complete if the	e organization is exempt und	er section 501/	0/3/	·
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			`
3		ed a section 4955 tax, did it file For			. Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz	ation for section	527 exempt function	
	activities			🕨 💲	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
_		vities			
3		expenditures. Add lines 1 and 2.			
4		file Form 1120-POL for this year			L Yes L No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds Also enter
	as a senarate segregated	entributions received that were pro- fund or a political action committe	nptiy and directly	nal space is peeded, prov	olitical organization, such
		Turid of a political action committee	- (1 AO). II additio	Tial space is fleeded, prov	The information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political
				funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
/4\					
(1)					
(2)					
(2)					
(3)	-				-
					
(4)					
. 7					
(5)					
(6)					
				İ	1

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2000	2

Sched	1018 C (Form 990 or 990-62) 2014					Page ∠
	t II-A Complete if the organizati section 501(h)).	·			• _	
A	Check ► ☐ if the filing organization be name, address, EIN, expe	elongs to an a enses, and sha	ffiliated group (ar are of excess lobl	nd list in Part IV obying expenditu	each affiliated gro res).	up member's
<u>B</u> (Check 🕨 🗌 if the filing organization c			trol" provisions a	apply.	
		bying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amount	s paid or incurred.	.)	organization's totals	group totals
18	 Total lobbying expenditures to influence 	e public opınior	n (grass roots lobby	/ing)		
t	 Total lobbying expenditures to influence 	e a legislative b	ody (direct lobbyin	g)		
•	Total lobbying expenditures (add lines		<u> </u>			
•	d Other exempt purpose expenditures .					
•						
1	Lobbying nontaxable amount. Enter columns.	g table in both				
	If the amount on line 1e, column (a) or (b)		g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000			ļ	
9	•	•				
	• •					
i Subtract line 1f from line 1c. If zero or less, enter -0						
1	reporting section 4911 tax for this yea	_	· · · · · · ·	•		Yes No
	(Some organizations that made a s	ection 501(h) e	Period Under sec lection do not hav tructions for lines	e to complete all	of the five column	s below.
	<u>Lobbyir</u>	g Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
(Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

 a very each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 	Yes	No		(b)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			Ar	nount	:
 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? 					
 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? 					
d Mailings to members, legislators, or the public?					
	$\sqcup \sqcup$				
e Publications, or published or broadcast statements?	L				
	ļ				
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?		\longrightarrow			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . 		 			
 d If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 					
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	r se	ction		
00 1(0)(0):				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	\	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2_	✓	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		1
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." 1 Dues, assessments and similar amounts from members	•	1	. III-A,		
political expenses for which the section 527(f) tax was paid).					
a Current year	.	2a			
b Carryover from last year		2b 2c			
 Total	•	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	3			
		4	!		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?		<u> </u>			
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	i	5			

Schedule C (For	chedule C (Form 990 or 990-EZ) 2014 Page 4						
Part IV	Supplemental Information (continued)						
		•					
		•••••					
		•					
	······	~					

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the or	ganization		Employer identification number
<u>Un</u> ited	States	Tennis Association Inc Midwest Section		23-7417933
Par		Organizations Maintaining Donor Adv		nds or Accounts.
		Complete if the organization answered	'Yes" to Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (during year)		
3	Aggre	egate value of grants from (during year) .		
4		egate value at end of year		
5		he organization inform all donors and donor		
	funds	are the organization's property, subject to the	e organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6		ne organization inform all grantees, donors, a		
		for charitable purposes and not for the bene-		or any other purpose
		erring impermissible private benefit?	<u> </u>	· · · · · · · 🗌 Yes 🗌 No
Par	t II	Conservation Easements.		
		Complete if the organization answered		
1		ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea		
		rotection of natural habitat	☐ Preservation of	f a certified historic structure
		reservation of open space		
2		olete lines 2a through 2d if the organization he	eld a qualified conservation contributi	
		ment on the last day of the tax year		Held at the End of the Tax Year
а		number of conservation easements		. 2a
b		acreage restricted by conservation easement		
C		per of conservation easements on a certified I	• • • • • • • • • • • • • • • • • • • •	
d		per of conservation easements included in		
_		•		_~
3		per of conservation easements modified, transport	sterred, released, extinguished, or ter	minated by the organization during the
	tax y		nuntion apparent to located •	
4 5		per of states where property subject to conse the organization have a written policy re		proofing bondling of
ð		ine organization have a written policy re lons, and enforcement of the conservation ea		
•		and volunteer hours devoted to monitoring, in		
6	Stail	and volunteer hours devoted to monitoring, in	ispecting, and emorcing conservation	reasements during the year
7	Amo:	unt of expenses incurred in monitoring, inspec	eting, and enforcing concentration easi	ements during the year
•	▶ \$	ant of expenses incurred in monitoring, inspec	oring, and emorning conservation easi	ements during the year
8	·	each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
Ū			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · Yes · No
9		rt XIII, describe how the organization reports		— —
9		ice sheet, and include, if applicable, the text of		
		nization's accounting for conservation easeme		
Par	an i	Organizations Maintaining Collection	s of Art. Historical Treasures. or	Other Similar Assets.
		Complete if the organization answered		
1a	If the	organization elected, as permitted under SF	·	s revenue statement and balance sheet
		s of art, historical treasures, or other similar		
		c service, provide, in Part XIII, the text of the f		
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
		s of art, historical treasures, or other similar		
		c service, provide the following amounts relat		
	(i) R	evenue included in Form 990, Part VIII, line 1		> \$
	(ii) As	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art	, historical treasures, or other simila	r assets for financial gain, provide the
		ving amounts required to be reported under S		— · · ·
а	Reve	nue included in Form 990, Part VIII, line 1 .		▶ \$
b	Asse	ts included in Form 990, Part X		> \$

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Otl	her Similar As	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of th	e follow	ring that are a	significant use of its
а	☐ Public exhibition		d l	Loan	or exchang	e progr	ams	
b	Scholarly research							
С	☐ Preservation for future generations	;				•••		
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	in how th	ney further	the org	anızation's exe	mpt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ned as p	part of the	organizati	on's co	llection?	☐ Yes ☐ No
Part						_		
	Complete if the organization	answered "Yes"	to Forn	n 990, P	art IV, line	9, or r	eported an an	nount on Form
	990, Part X, line 21. Is the organization an agent, trustee,	avatadian av athe	Into-				ather seeds a	
1a	included on Form 990, Part X?					ions or		
b	If "Yes," explain the arrangement in Pa					• •		
U	ii res, explain the arrangement in re	an Am and comple	te the lo	nowing to	abię.		T 7	Amount
С	Beginning balance					1c	+	
d	Additions during the year					1d	+	
e		<i></i>				1e		
f	<u> </u>					1f		
2a	Did the organization include an amour							v2
	If "Yes," explain the arrangement in Pa							•
Par		art Am. Oncor here	, II tile C/	(piariatio)	THUS DECIT	provide	diri are XIII .	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization	answered "Yes"	to Forr	n 990. P	art IV. line	10.		
	<u> </u>	(a) Current year		or year	(c) Two year		(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions		-					
C	Net investment earnings, gains, and losses							
А	Grants or scholarships					+		
d e	Other expenditures for facilities and							-
·	programs							
f	Administrative expenses							-
g	End of year balance							 -
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1a	column (a)) held a		
a	Board designated or quasi-endowmer		%	o (o .g	, 001011111 (0	,,,		
b	Permanent endowment ►	%						
	Temporarily restricted endowment ▶	·′°						
•	The percentages in lines 2a, 2b, and 2		0%					
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for t	he
	organization by:		J					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi				ule R?			3b
4	Describe in Part XIII the intended uses							L
Part								
	Complete if the organization		to Forr	n 990, P	art IV, line	11a. S	See Form 990.	Part X, line 10.
_	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value
		(investme	ent)	(0	ther)	de	epreciation	
1a	Land						_	
ь	Buildings							
С	Leasehold improvements	,						
d	Equipment				392,978		322,576	70,402
e	Other							<u> </u>
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part)	K, column	(B), line 10	Oc.)	, ▶	

Part VII	Investments — Other Securities. Complete if the organization answ	vered "Yes" to For	m 990	, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b)	Book value		hod of valuation -of-year market value
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)		•••••				
(H)						
	o) must equal Form 990, Part X, col. (B) line 12)					
Part VIII	Investments — Program Related Complete if the organization answ		m 990	, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b)	Book value		thod of valuation I-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)	·					
_(8)						
(9)	<u> </u>					·
	b) must equal Form 990, Part X, col. (B) line 13)				<u> </u>	
Part IX	Other Assets.					
	Complete if the organization answ		m 990), Part IV, line	e 11d. See Form	
	(a	Description				(b) Book value
_(1)						
(2)						
(3)						
(4)						
_(5)		·				
(6)						
(8)		_ _				
(9)	mn (b) must equal Form 990, Part X, co	J (R) line 15)				
Part X	Other Liabilities.	ii. (D) iiile 13.)	· ·	· · · · ·	· · · · ·	<u> </u>
Fait A	Complete if the organization answ line 25.	vered "Yes" to For	m 990), Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	I			
(1) Federal in	come taxes	· · · · · · · · · · · · · · · · · · ·	2,066			
(2) Payroll Taxes			14,092			
(3) Other Liabilities			61,653			
(4)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(5)		·'				
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		77,811			
2. Liability for	uncertain tax positions. In Part XIII, providence	de the text of the footr	ote to	the organizatio	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Cho	eck her	e if the text of t	he footnote has bee	en provided in Part XIII

Page	4
raue	-

Part	•				oer F	Return.	
	Complete if the organization answered "Yes" to Form 990, F			?a			
1	Total revenue, gains, and other support per audited financial statements				.	1	6,756,517
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b				1	
C	Recovenes of prior year grants	2c				i	
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d				.	2e	0
3	Subtract line 2e from line 1				.	3	6,756,517
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		3,97	,901		
	Add lines 4a and 4b					4c	3,971,901
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line					5	10,728,418
Part					s pe	r Retur	n.
	Complete if the organization answered "Yes" to Form 990, F		line 12	2a			
1	Total expenses and losses per audited financial statements					1	<u>6,457,032</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
þ	Prior year adjustments	2b				Ì	
C	Other losses	2c				ŀ	
d	Other (Describe in Part XIII.)	2d			0		
е	Add lines 2a through 2d				.	2e	0
3	Subtract line 2e from line 1					3	6,457,032
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b		3,97	,901		
C	Add lines 4a and 4b				•	4c	3,971,901
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 16.) .	_ ·	<u>· · · ·</u>	•	5	10,428,933
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part						
2, Fai	t XI, lines 20 and 40, and Fart XII, lines 20 and 40 Also complete this part	to prov	iue any	auditioi	iai ii ii	iomatioi	1.
Dort VI	I - 4b Revenue is a wash transaction.						
Fait Ai	1 · 40 Revenue 15 a wash u ansacuon.						
Dart VI	II. Ah. Evnonco ic a wach transaction						
rail A	II - 4b Expense is a wash transaction.						·
	•••••••••••••••••••••••••••••••••••••••	•					
				••••			
••							

Schedule D (Foi	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2014) % □ (h) Purpose of grant or assistance To fund mission ✓ Yes 23-7417933 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. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 1,923,329 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. Inited States Tennis Association Inc Midwest Section (b) EIN 1 (a) Name and address of organization (1) See Attached Part I Part II Q ন (9) 3 8 € 9 **©** 5 Ξ 2 <u>©</u>

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. For individual grants and programs not part of the USTA/Midwest Section direct operation, we require receipts for the expenses the funding was meant to cover. (e) Method of valuation (book, FMV, appraisal, other) The USTA/Midwest Section requires that all their districts submit a copy of their 990 ,audited financials and minutes of the organization. (d) Amount of non-cash assistance 20,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 36 (a) Type of grant or assistance 1 Cash Grant Part IV Part III N က 4 S ဖ

SCHEDULE J (Form 990)

Compensation Information

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

20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Name of the organization

ormation about Schedule J (Form 990) and its instructions is at www.irs.gov/rorm990.

United State Tennis Association Inc Midwest Section 23-7417933 Part I Questions Regarding Compensation Nο Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ✓ Compensation survey or study ✓ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 1 Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? . . 5a **b** Any related organization? . . 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: a The organization? 6a 1 **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe ın Part III . 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columnis (b)()—(ii) for each issed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (U) and (E) amounts for that individual.	or eac	in listed individual m	JSt equal the total arric	Juni di Formi 990, Pe	IT VII, SECTION A, IIITE I	a, applicable colum	n (U) and (E) amount	s tor that individual.
		(b) Breakdown ((b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(l)(a)	in column (B) reported as deferred in prior Form 990
Mark Saunders, Executive	8	193,500					193,500	
1 Director	€							
	€							
2	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	€							
8	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			
	8							
4	≘		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					•
	€							
5	(ii)					1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(6)							
6	(ii)							
	(1)							
7	≘					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	€							
88	€							
	€							
6	Ξ							
	€							
10	€							
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11	€							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12	€							
	8							
13	€							
	8							
14	€							
	€ !							
15								
	≘ €		1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
16	€							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

(10)

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

United	d States Tennis Assoc										7417 <u>9</u> :	33		
Part	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l (c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, l	nd 50 ine 25	1(c)(29) organiz a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part '	V, line	40b	
1	(a) Name of disqualified	20000	(b) Relationship b	etween o	disqualified	person and		(c) Descriptio	o of tro				(d) Con	ected?
	(a) Name of disqualified	person	_	organiza	ation	_		(c) Descriptio		isactio:			Yes	No
(1)														
(2)														
(3)								-						
(4)						_								
_(5)				_										
_(6)														
2	Enter the amount under section 4958		-	nızatio 	-	-		ed persons du	•	•		S		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organi	ızatıoı	ı		!	▶ \$	<u> </u>		
												_		
Part	Complete if the organization r	reported an am	answered "Ye ount on Form	es" on 990, P	art X, lin	e 5, 6, or 2	2. ——	9 38a or Form 9	_		ı			
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In (iefault?	by bo	proved pard or nittee?	(i) Wi agreei	ntten nent?
		ļ	<u> </u>	То	From				Yes	No	Yes	No	Yes	No
_(1)		ļ	ļ	-	<u> </u>				<u> </u>			<u> </u>		
_(2)		ļ		-	ļ		_		-			ļ		
_(3)		 		 	1				-			 		
<u>(4)</u>	····	 						<u> </u>	┼			├		
<u>(5)</u>		ļ	-		-				-	├		<u> </u>		
<u>(6)</u>		+	-	1	+	-			+	 		-		
_ (7) (8)		+	 	┼──	+				+	-	-	╁		
(9)		 			 				+	 	<u> </u>	\vdash		
(10)		1		1	 				+			1		
Total				٠	<u> </u>		—	\$		1				
Part	Grants or As Complete if the	sistance Bene ne organization	fiting Interest answered "Ye	ted Pe es" on	rsons. Form 99		I							
	Name of interested person		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assistant	e 	(e) Purpo	ose of a	ssistan	ce
(1)										-		_		
_(2)				-	_		ļ			_				
_(3)						· · · · · · · · · · · · · · · · · · ·	-							
(4)			 -							_		_	_	
<u>(5)</u>					_									
<u>(6)</u>	_ 		 -											
<u>(7)</u>			 _			.	-							
<u>(8)</u> (9)				-			-			-				
(3)		1					1			1				

Part IV	(Form 990 or 990-EZ) 2014 Business Transactions Inv Complete if the organization	volving Interested Persons. In answered "Yes" on Form 990	, Part IV, line 28a, 2	28b, or 28c.		Page 2
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	anng of zation's nues?
		ļ		_	Yes	No
(1) Erik	a Wentz-Russell	Daughter of Former	66,980	Wages		1
(2)		Officier				<u> </u>
(3)						↓
(4)					_	├
(6)						┼──
(7)						_
(8)						
(9)						
(10) Part V	Supplemental Information					
,						
,						

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.

OMB No 1545-0047

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

Employer identification number

United States Tennis Association Inc Midwest Section	23-7417933
Part VI Section A Governing Body and Management	
6. Did the organization have members or stockholders? - The USTA is a membership organization whe	re its members select representatives
to the Board of Directors.	
7a. Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or more members of
the governing body? - See #6 above.	
7b. Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or persons
other than the governing body? - Changes to the By Laws, Standing Orders, Budget and the election o	f officers to the Board of Directors.
Part VI Section B Policies	
11b. The 990 is reviewed by our Board of Directors. It is then made available to the governing body.	
12c. The policy is signed on an annual basis by the Directors and Officers and reviewed by same.	
15a & b. The Human Resource Committee reviews all salary with the Executive Director and makes adj	ustments accordingly.
Part VI Section C Disclosure	
19. Documents are available on SharePoint for our membership and volunteer base and is available to	the public upon their request.
Part III Statement of Program Service Accomplishments	
4d Other program services - Conferences that are related to programming with membership services a	and depreciation.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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23-7417933

USTA Midwest Section Supporting Schedule - 2014 Form 990 Schedule I - Part II For Year Ended December 31, 2014

Part II Grants & Other Assistance to Governments and Organizarions

											Amount		
				Indiv	Life		Other	Tennis Llnk		RC	of Cash	Method of	
Districts	Network	ē	듬	Метр	Membership	DGI Grant	Support	Distribution	Z.	Section	Grant	Vatuation	Purpose of Grant or assistance
Central Indiana Tennis Association	58,447	1,955	40,126	54,632	90,	20,000	24,111	23,377	35-1404837	501 c 4	223,347	Š	Support the District in promoting tennis
Chicago District Tennis Association	68,537	2,760	43,986	66,778	1,325	34 000	28,273	27,442	36-6118287	501 c 4	273,100	Sost	Support the District in promoting tennis
Northeastern Michigan Tennis Association	8,171	338	2,668	4,848	98	2 400	3,371	1,556	38-2193890	501 c 4	23,447	ខ្លី	Support the District in promoting tennis
Southeastern Michigan Tennis Association	65,664	3,673	47,152	67 747	613	0	27,088	26,249	38-2193892	501 c 4	238,185	Š	Support the District in promoting tennis
Western Michigan Tennis Association	24,008	1,175	12 096	20,941	376	000'6	9,904	10,682	38-2246953	501 c 4	88,182	Cost	Support the District in promoting tennis
Northern Indiana Tennis Association	22,312	975	15,044	20,616	526	0	9,204	9,058	31-0926461	501 c 4	77,466	Cost	Support the District in promoting tennis
Northern Illinois Tennis Association	18 067	488	11,625	15,213	223	0	7,453	9,336	31-0926456	501 c 7	62,404	Ç	Support the District in promoting tennis
Ohio Valley Tennis Association	73 377	5,520	53,680	67,643	188	22,000	30,270	29,329	31-0926466	501 c 4	282,700	Cost	Support the District in promoting tennis
Northeastern Ohio Tennis Association	50,825	3,433	29,527	53,343	949	30,150	20,967	23,050	34-1301372	501 c 3	211,934	Cost	Support the District in promoting tennis
Northwestern Ohio Tennis Association	22,829	1,275	13,577	20,552	506	0	9,418	7,632	34-1564385	501 c 4	75,488	S	Support the District in promoting tennis
Wisconsin Tennis Association	75,283	4,002	49,461	65,873	957	27,272	31,056	21,213	39-6283503	501 c 4	275,117	Cost	Support the District in promoting tennis
Northern Michigan Tennis Association	6,140	523	5,383	5 828	9	1,400	2,533	1,771	38-2486776	501 c 4	23,676	Cost	Support the District in promoting tennis
Mid-South Illinois Tennis Association	20,420	705	11,483	14,970	262	6,764	8 424	5,254	35-2450075	501 c 4	68,282	Ç	Support the District in promoting tennis
Total	514,080	26,819	335,807	478,985	6,633	152,986	212,071	195,948			1,923,329		
Total													
Catalog Manager Comment	000												
Charlet Marwork Support Grant	000,410												
Penormance based runang	709,600												
Dist - Individual Memb Allocation	478,985												
Dist - Organization Altocation	26,819												
Life Membership	6,633												
DGI Grant	152,986												
Other Support	212 071												
TennisLink Distribution	195,948												
Sub Total	1 923 329												
Other Grants	0												
Total	1,923,329												