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# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

<u> </u>	Fo	For the 2014 calend		ar year, or tax year beginning , 2014, and ending			, 20		
B G I	Check if applicable			C Name of organization	D Empl	over ide	entification number		
	_	· ·	•	1		38-2486776			
	_	ddress change ame change		Northern Michigan Tennis Association  Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Telephone number				
	] In	itial retur	n	·		21	7.660.0471		
	_		n/terminated	2419 Schuss Lane City or town state or province country, and ZIP or foreign postal code	E Gro	317-669-0471 F Group Exemption			
	_	Amended return				nber ▶	•		
			n pending	Gaylord, MI 49735   ✓ Cash Accrual Other (specify) ► H			f the organization is <b>not</b>		
	G Accounting Method   ☐ Cash ☐ Accrual Other (specify)  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					ed to attach Schedule B			
	**************************************						)-EZ, or 990-PF)		
_	Form of organization Corporation Trust Association Other								
		dd lines							
				▶ ¢	65,960				
1/2	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Revenue, Expenses (see the instructions for Part I Re								
⇒				f the organization used Schedule O to respond to any question in this Part					
ZZZ		1		ons, gifts, grants, and similar amounts received		<del></del>			
		2		service revenue including government fees and contracts		2	13,123		
Ü		3		nip dues and assessments		3	46,441		
		4	Investmen	•		4	6,39 <u>6</u> 0		
MAY			-	ount from sale of assets other than inventory					
-<	Į	5a b		t or other basis and sales expenses	0				
S	Ì			pss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	•		
0		С 6		nd fundraising events	30	<u>_</u>			
20	ı	а			1				
015	Revenue	a	\$15,000)	come from gaming (attach Schedule G if greater than					
		b	-	ome from fundraising events (not including \$ 0 of contributio	ns	1 1			
		U		raising events reported on line 1) (attach Schedule G if the	113				
			sum of su	۸					
		С		ch gross income and contributions exceeds \$15,000)		1			
		d		1 1					
		_	line 6c)	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and su		6d	٥		
		7a	'n	es of inventory, less returns and allowances	0				
	1	b		of goods sold		1			
		Ç	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
		8	Other reve	enue (describe in Schedule/0)		8			
		9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9	65,960		
-		10		d similar amounts paid (list in Schedule O)		10	03,500		
	Expenses	11	•	paid to or for members		11	0		
		12		other compensation, and employee benefits		12	22,178		
		13		nal fees and other payments to independent contractors		13	4,431		
		14	Occupancy, rent, utilities, and maintenance				1,817		
		15					61		
		16	•	penses (describe in Schedule O)		15 16	35,698		
		17		enses. Add lines 10 through 16		17	64,185		
-	S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	1,775		
•	še	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree					
	Net Assets			ar figure reported on prior year's return)		19	67,228		
	et	20	Other cha	inges in net assets or fund balances (explain in Schedule O)		20	0,,,0		
	Z	21		s or fund balances at end of year. Combine lines 18 through 20	_	21	69,003		
i	For Paperwork Reduction Act Notice, see the separate instructions.  Cat No 106421						Form <b>990-EZ</b> (2014)		

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_	990-EZ (2014)	for Dort III				Page 2
rai	Balance Sheets (see the instructions	•	ny allection in this	Part II		
	Check if the organization used Schedule	e O to respond to ar	ny question in this	(A) Beginning of year	·	(B) End of year
20	Cook sowner and investments		-	67,228	22	
22	Cash, savings, and investments	• • •	· · · · · ·		23	
23	3				24	
24	Other assets (describe in Schedule O)					
25	Total assets			67,228	26	
26	Total liabilities (describe in Schedule O)	- (D)			$\overline{}$	
27	Net assets or fund balances (line 27 of column			67,228	21	69,003
Par	<b>9</b>	•		·	Ì	Expenses
A ()	Check if the organization used Schedule				(Re	equired for section
/vhai	t is the organization's primary exempt purpose?	Promotion of tennis	in the local commun	iity	50	1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompl neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the				ganizations, optional for ners)
28	Adult Tennis: To provide playing opportunities and	provide support to ou	t adult members and	I the general		T
	local community population.	L				
	(Grants \$ 0) If this amount	t includes foreign gra	ants, check here .	▶ 🗀	28	a 21,600
29	Administration: Administration and oversight of the					
	•					
	(Grants \$ 0) If this amoun	t includes foreign gra	ants, check here .	▶ □	29	a 30,468
30	Junior Tennis. Support our junior members and the				-	55,155
	Samo, Jennis, Sapport Ou. Jamo, Monisons and the	.90::0::0::0::0::0::0::0::0.F.				
					ļ	
	(Grants \$ 0) If this amoun	t includes foreign gra	ents check here	▶ 🗀	30	a 12,117
31	Other program services (describe in Schedule O)	-	- 12,117			
٥.		t includes foreign gra	nts chack hare		31	a o
32	Total program service expenses (add lines 28a	through 31a)	ants, oncor here .	· · · · · · · · · · · · · · · · · · ·	32	<del></del>
	List of Officers, Directors, Trustees, and Ke				<u>,                                      </u>	
	Check if the organization used Schedule			·		
	Oncok ii are organization acca contaati		(c) Reportable	(d) Health benefits.	Ť	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	ree (	
	(-)	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)		n	other compensation
	Consitu	<del>                                     </del>	<u> </u>	<del> </del>	+	
	Cassity		2.45			•
	tuive Director	20	2,45	U	0	0
	e Witte					_
	ident	3		0	0	0
~	Diamond			_		
	Vice President	1		0	0	0
	y Yff-Miller				İ	
	ond Vice President	1		0	0	0
Clau	dia Vanlandschoot					
Thire	d Vice President	1		0	0	0
Terry	y Parks				-	
Secr	etary/Treasurer	3		0	0	0
Don	Newport					
Past	President	1		0	0	0
		]				
		[				
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•••						
		<del> </del>	<del> </del>	<del></del>	+	

Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part			
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes," provide a		Yes	No	
55	detailed description of each activity in Schedule O	33		<b>✓</b>	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓_	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	·	<b>√</b>	
b	If Yes," to line 35a, has the organization filed a Form 990-T for the year? If 'No," provide an explanation in Schedule O	35b			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		<b>✓</b>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	!	<u>√</u> √	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		· ✓	
41	List the states with which a copy of this return is filed ▶ Michigan				
42a		317-66	9-047	1	
	Located at ► 1310 E 96th Street Indianapolis, IN ZIP + 4 ►	462			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	
	If "Yes," enter the name of the foreign country			İ	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c			
С	If "Yes." enter the name of the foreign country: ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		.	▶ 🗆	
	and enter the amount of tax-exempt interest received or accrued during the tax year		1		
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	
44a	completed instead of Form 990-EZ	44a		1	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	]		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		1	

t am 45	IC-FZ 126*				⊃cge 4
46	Did the organization engage directly or	•	. •	in behalf of or in opp	1 1
	to candidates for public office? If "Yes,		Рап .		46 /
Part		•	nationa 47 40h ann	d EO mani a a maninda	
	All section 501(c)(3) organization	ns must answer que	estions 47-490 and	3 52, and complete	the tables for lines
	50 and 51.				_
	Check if the organization used Sc	chequie O to responi	to any question in	this Part VI	<u></u> _
					Yes No
47	Did the organization engage in lobbying	•	section 501th) elect-	on nieffect auring t	he tax
	year? If "Yes," complete Schedule C. Pa	irt II			47
48	is the organization a school as described	in section * 70(b)(1)(A)(	n)? If "Yes," complete	Schedule F	48
49a	Did the organization make any transfers	to an exempt non-ch.	antable related organ	nzation?	498
b	If "Yes " was the related organization a s	section 527 organizati	on?		49b
50	Complete this table for the organization	s five highest compe.	nsated employees to	ther than officers, di	ectors, trustees and key
	employees) who each received more that	in \$100 000 of comps	nsation from the org	anization. If there is r	none, enter "None."
		(b) Average	(c) Penortonie	(d) Health ucrofits	<del></del>
	(a) Name and title of each employee	ackapa to bost ou grant has mack	compensaturi thum , W-2 1081 MIS_	penell rians, and defin	ee (e) Formated amount of other compensation
	<del></del>		• -	-	<del></del>
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	** *** ***			,	
-	<del></del>	<del></del>		1	<del></del>
-			+		
					i.
			<del></del>		
f	Total number of other employees paid of		▶		
51	Complete this table for the organization	n's five highest comp	ensated independen	it contractors who e	ach received more than
-	\$100,000 of compensation from the org	anization if there is n	one, entor 'None	·	
	(a) Nome and business all treat integer indeper	rde-Lobritació	(b) ",pe of e	7v=e	(c) Compernation
-			+		
				1	
_					
			<del></del>		<del></del>
			•		
d	Total number of other independent conti	ractors each receiving	over \$100,000	<b>-</b>	<del></del>
52	Did the organization complete Sched	Lie A? Noto All s	acton alliquib ere		
	complated Schedule A	10.0 A 1000 A 3	ection somepay dry	anzadons must ad	zen a .► Yes [ No
Lnave	פחסוכה מד בסיונוץ מבטבים וחוו ו פפוב דר מיי	rature incha na secome		<del></del>	148 110
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Prep	arer		- <del></del>		rotcyed
Use	Only			Fim + ≡N ►	
<del></del>	ern' cata e-a ►			Phonero	
Vav II	re IRS discuss this return with the prepare	er snown above? See	instructions		Yes No

ил **990-ЕZ** (2614)

#### 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 ► 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

Name of the organization	Employer Identification number
Northern Michigan Tennis Association	38-2486776
Don't	
Part I	
Line 16 - \$35,698	······································
Supplies and Equipment - \$4,103	
Tournament Entry Fees - \$8,295	
Travel - \$6,992	
Court Force #10 C27	
Court Fees - \$10,637	
Other Program Expenses - \$546	
Committee and Board Expenses - \$644	
Meetings - \$1,301	
Organizational Expenses - \$3,180	
	••••••