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## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2016

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 2016, and ending 20 C Name of organization United States Tennis Association Inc Midwest Section D Employer identification number Check if applicable Address change Doing business as 23-7417933 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1310 F 96th Street 100 317-669-0471 City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated Amended return Indianapolis, IN 46240 G Gross receipts \$ 11,135,801 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tes No If "No," attach a list (see instructions) ☐ 501(c)(3) **√** 501(c) ( Tax-exempt status 4947(a)(1) or Website: ▶ www.midwest.usta.com H(c) Group exemption number ▶ Form of organization Corporation Trust L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: To provide services for our members and the general population by providing opportunites to play tennis. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 32 Total number of volunteers (estimate if necessary) . . . . . . 6 170 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 5,094,182 5,197,264 Revenue Program service revenue (Part VIII, line 2g) 5,681,338 5.550,024 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 348,351 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . (410,018)98,513 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,713,853 10,845,801 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1.915.789 2,218,104 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,701,156 2,748,426 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,911,227 6,007,044 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 10,528,172 10,973,574 19 Revenue less expenses. Subtract line 18 from line 12 185,681 (127,773)End of Year Beginning of Current Year 8 3 20 Total assets (Part X, line 16) 2,577,289 2,615,000 ·0·11 2017 AUG 21 Total liabilities (Part X, line 26) Ó 527,734 693,218 22 Net assets or fund balances. Subtract line 21 from line 20 2,049,555 1,921,782 Signature Block Under penalties of penury, Laeclare that I have examined this return, holuding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (oth r) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check [ If self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) Yes □ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form 990 (2016)

Form 99	00 (2016)			Page 2						
Part		ce Accomplishments a response or note to any line in this F	Part III							
1	Briefly describe the organization's mis									
		rest for the general populaton and our mer								
2		ignificant program services during the y		ne Yes V No						
3	If "Yes," describe these new services									
	services?	Schedule O.		☐ Yes ✓ No						
4		service accomplishments for each of it (c)(4) organizations are required to repoy, for each program service reported.								
4a	(Code ) (Expenses \$ 2,209,178 including grants of \$ 1,929,212 ) (Revenue \$ )  District support funding to the districts is to support their commitment to their members and youth in the area and support the									
	USTA/Midwest Tennis & Education Fou	ndation.								
				·						
4b		4,006,341 including grants of \$ organization members to provide services								
4c	(Code: ) (Expenses \$ Tennis programs for member and youth	3,197,297 including grants of \$ norganization.	) (Revenue \$	833,443)						
4d	Other program services (Describe in S (Expenses \$ 64,975 includin		e \$ 30,062 )							
4e	Total program service expenses ▶	0.477.704		<del></del>						

Form 99 Part		_		Page 3
rarı	Checklist of Required Schedules		Yes	No
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		1
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	✓	<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	<b>√</b>	
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	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>`</u>
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
		_	- 99C	(2016)

rant I	Checklist of Required Schedules (continued)			
20 -	Did the erganization energia one or more hospital facilities? If "Vas " complete Schodule H	000	Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<b>-</b>
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	1	
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	<b>√</b>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
C	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		✓ ✓
	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>√</b>
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		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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	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		1
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		<b>√</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		· · □
			Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0	
0-	reportable gaming (gambling) winnings to prize winners?	1c	
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 32		
<b>L</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ZU	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1
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	<del></del>
	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	<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6	
-	gifts were not tax deductible?	6b	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
u	and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	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	<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
_	sponsonng organization have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.	9a	
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b	\ <u>\</u>
10	Section 501(c)(7) organizations. Enter:	OB	
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		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		
b	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	
	1. 100) The filling at a till the to tope the tilout payments in they provide an explanation in conseque of		n <b>990</b> (2016)

Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь 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		<b>√</b>
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	<b> </b>
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?	7a		✓
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	<b>✓</b>	ļ
ь 9	Each committee with authority to act on behalf of the governing body?	8b_	<b>~</b>	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	Ì
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		✓
b	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	1 .00	<u> </u>	1
17	List the states with which a copy of this Form 990 is required to be filed ► Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	;▶	
	Dorian A Dyson, Director of Finance, 1310 F 96th Street, Suite 100, Indianapolis, IN 46240, 317-669-0471			

5-4-1/4	0	Din1	T	Van Emplana	Limbood	<u>Campagnetad</u>	L Clayeaa	
Part VII	Compensation of Officers,	Directors,	irustees,	key Employees,	nignest	Compensated	i Empioyees, a	anic
	Independent Contractors							

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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 any relate	d orga	aniza	atıo	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	box, i	ot ch unles:	Pos eck s pe l a d	rson	than o is both or/trust	an ee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		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) Don Harris, President	10	1		✓				0	0		0
(2) Joy Albi, Executive Vice President	10	1		1				0	0		0
(3) Jeff Stassen, Vice President	10	1						0	0		0
(4) Colin Atkinson, Vice President	10	1						0	0		0
(5) Paul Farah, Treasurer	10	1		1				0	0		0
(6) Jim Hendrix, Secretary	10	1		<b>\</b>				0	0		0
(7) Vi Clark, USTA Delegate	10	1						0			0
(8) Mark Saunders, Executive Director	40				1			213,500			0
(9) Dorian A Dyson, Director of Finance & Administration	40					1		137,500			0
(10) Diane Ansay, Director of Adult Tennis	40					1		110,000			0
(11)	<u> </u>										
(12)											_
(13)											
(14)											

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ontinue	:d)
		1	}			C)					-	
	(A)	(B)	(do n	not ct		more		nne	(D)	(E)		(F)
	Name and title	Average					Reportable	Reportable		Estimated		
		hours per week (list any	+	_		т -	or/trust	<u> </u>	compensation from	compensation f related	rom	amount of other
		hours for	Individual trustee or director	l Ing	Officer	Key employee	활돌	Former	the	organization		compensation
		related	legĕ	로	ğ	9	Joy	T OF	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization
		organizations below dotted	of a	l Sa		흥	8 8		(W-2/1099-MISC)			and related
		line)	<u>  [</u>	ŧ		è	륳	ļ		ļ		organizations
			8	Institutional trustee	1		Highest compensated employee					
				Ľ		ļ	8.					
(15)		ļ				Į			}	ļ		
						_		-				
(16)		<b></b>			ļ				1	ļ	ĺ	
<del></del>		<u> </u>		<u> </u>		<b>⊢</b>		<u> </u>			_	
(17)		<b>_</b>									1	
(4.0)				<u> </u>	-			⊢	<del> </del>	<u> </u>		
(18)		<del> </del>	ĺ	l	l	l	l		1	ľ	1	
(40)		-		-	-	-		┢				
(19)		<del> </del>	ł									
(20)				<del>  -</del>	-	$\vdash$		$\vdash$	<del> </del>	<del></del>		
(20)		<del> </del>		ĺ								
(21)		<del> </del>			l –			$\vdash$			$\neg +$	
3=11		f		ĺ								
(22)			1	<u> </u>	l –				<u> </u>			
3		† <u>-</u>	]	}					)			
(23)												
(24)												
(25)		<u> </u>		İ	1					1		
		<u> </u>		<u> </u>	L			<u> </u>				<u>-</u>
	Sub-total							<b>&gt;</b>	461,000	<del> </del>	0	0
	Total from continuation sheets to Part			-	-	-		<b>•</b>	0	<del> </del>	0	0
<u>d</u> _	Total (add lines 1b and 1c)							<u> </u>	461,000	<del></del>	0	0
2	Total number of individuals (including bu		d to th	nose	e list	ted	abov	e) w	ho received m	ore than \$10	0,000	of
	reportable compensation from the organ	ization >				<del></del> -						<del></del>
3	Did the organization list any former of	Higgs direc	tor a	ar tı	ruct	00	kov (	omr	alovoo or bigh	act compon	catad	Yes No
•	Did the organization list any former of employee on line 1a? If "Yes," complete									lest compen	Saleu	3 /
4	For any individual listed on line 1a, is the									· · · · ·	m tha	
~	organization and related organizations											
	individual										30011	4 🗸
5	Did any person listed on line 1a receive of									zation or indi	vidual	
•	for services rendered to the organization											5 ✓
Section	on B. Independent Contractors		· · ·	-				_	<del></del>	<del></del> ,		<del></del>
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	ract	ors that receive	ed more than	\$100	,000 of
	compensation from the organization. Rep											
	year.											
	(A)							П	(B)			(C)
	Name and business add	iress							Description of s	services		Compensation
None								<u> </u>				
								<u> </u>				<del></del>
								╄-			<u> </u>	
								$\vdash$				
	Total number of independent contractor	ors (includi	na bi	ut r	ot	lımı	ted to	o th	nose listed ah	ove) who		
	received more than \$100,000 of compens							_	0	= <b>,</b>		

Part	VIII	Statement of Reve	nue						
		Check if Schedule O	contains	a res	ponse or note to	any line in this	Part VIII		<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		1a					
ara Iour	b	Membership dues .		1b	1,020,599				
is, (	С	Fundraising events .		1c					
Gifts, ilar An	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con		1e					
ntio er S	f	All other contributions, gi							
년 동		and similar amounts not inc		1f	4,176,665				
a at	9	Noncash contributions includ							
	h	Total. Add lines 1a-1	<u> </u>	<u>· · ·                                  </u>	Business Code	5,197,264			
Program Service Revenue	0-	\$4-ulustina			Business Code		<u></u>	Ţ	
Şe e	2a	lunior Drogram				30,062			<del></del>
9	b	Junior Program Adult			-	543,686			
Ž	d	Toppict ink				146,825			<del>                                     </del>
Š	e		·			4,686,519 56,793		ļ	<del> </del>
Ţā	f	All other program sen	vice reveni	Δ	<del>-</del>	86,139		<u> </u>	<del> </del>
ě	g	Total. Add lines 2a-2				5,550,024			
	3	Investment income and other similar amo	(including unts)	divid 	ends, interest,	3,330,024	-		
	4	Income from investment							
	5	Royalties		<u> </u>	<b>&gt;</b> [				
	_		(I) Heal		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	C d	Rental income or (loss)   Net rental income or (	looo\						
	7a	Gross amount from sales of	(i) Securit	es.	(ii) Other			1	
	''	assets other than inventory	(,, 0000		300,026				
	ь	Less: cost or other basis			300,020				
		and sales expenses .			290,000				
	c	Gain or (loss)			10,026				
	d					10,026			
ē	8a	Gross income from fu				10,020			
Revenue		events (not including \$ of contributions reported	ed on line 1	c).					
ē	{	See Part IV, line 18 .		. а					
Other Re	b	Less: direct expenses	s	. b					
_		Net income or (loss) f			events . ►				
	9a	Gross income from ga							
		See Part IV, line 19 .							
	b	Less: direct expenses							
	C	Net income or (loss) for			vities ▶				1_
	10a	Gross sales of in returns and allowance	ventory, es	less · a					
	b	Less: cost of goods s						,	
	<u></u>	Net income or (loss) f		of inv					
	<u> </u>	Miscellaneous R			Business Code				
	11a	Unrealized Gain/Loss				88,487		<u> </u>	<del> </del>
	b	***************************************	•••••						<del>                                     </del>
	C	All all an annual and			<u> </u>			-	<del> </del>
	d	All other revenue .			L			<u> </u>	
	12	Total. Add lines 11a- Total revenue. See in			-	88,487			
	14	i otal i cycliue. Oct II	เอน นะแบบไว้		1	10.845.801		1	1

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 (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2,209,178 2,209,178 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 8,926 8,926 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees 213,500 213,500 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 706,655 1,819,588 1,112,933 7 Other salaries and wages Я Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 162,063 87,309 74,754 Other employee benefits . . . . . . 9 263,206 154,404 417,610 Payroll taxes . . . . . . . . 10 135,665 79,862 55,803 11 Fees for services (non-employees): а Management . . . . . . 2,265 2,265 h Legal . . . . . . . . . . 6,417 6,417 C Accounting . . . . . . . 12,500 12,500 d Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 e Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . . . 13 Office expenses 133,850 66,111 199,961 14 Information technology . . . . . . 2,000 2,000 15 16 Occupancy . . . . . . . . . . . 124,028 112,215 236,243 17 Travel . . . . . . . . . . . . 250,575 203,262 47,313 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 326,967 190,596 136,371 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . 27,271 14,726 12,545 23 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) TennisLink а 3,944,931 3,944,931 Membership Services b 94,617 94,617 Direct Programming C 838,322 838,322 US Open & WS Open d 64,975 64,975 All other expenses е Total functional expenses. Add lines 1 through 24e 25 10,973,574 9,477,791 1,495,783 Joint costs. Complete this line only if the organization reported in column (B) joint costs 26 from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

	artA	Check if Schedule O contains a response or note to any line in this Pal	+ V		
		Check if Schedule O contains a response or note to any line in this Pal	πx	· · · ·	· · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	738,841	1	736,419
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	199,526	4	145,690
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
ĺ	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			
S		organizations (see instructions). Complete Part II of Schedule L	-	6	
Assets	7	Notes and loans receivable, net		7	<del></del>
d'S	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges	400.410	9	200 510
	10a	Land, buildings, and equipment: cost or	189,410	9_	206,516
	104	other basis. Complete Part VI of Schedule D			
	L		24.400	100	
		'	61,469		53,164
	11	Investments—publicly traded securities	1,387,503		1,472,671
	12	Investments—other securities. See Part IV, line 11		12	<del></del>
	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)	2,577,289	16	2,615,000
	17	Accounts payable and accrued expenses	168,482		284,487
	18	Grants payable		18	
	19	Deferred revenue	288,735	19	351,921
	20	Tax-exempt bond liabilities	<del></del>	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			
ab	 	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	70,517	25	56,810
	26	Total liabilities. Add lines 17 through 25	527,734	26_	693,218
s	ĺ	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
e S		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	2,049,555		1,921,782
89	28	Temporarily restricted net assets		28	
ď	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.			
ō	30			20	
ĕ	30	Capital stock or trust principal, or current funds		30 31	<u> </u>
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
et	32	Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances			
Ž	33	Total liabilities and net assets/fund balances	2,049,555		1,921,782
—	1 34	Total liabilities and fiel assets/fully palatices	2,577,289	34	2,615,000 Form <b>990</b> (2016)
					1 31111 444 (2010)

Page	1	2

i Oilli 5	(2010)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,84	15,801
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,97	73,574
3	Revenue less expenses. Subtract line 2 from line 1	3		(12	7,773)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,04	19,555
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		1,92	21,78 <u>2</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· · · ·	
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	plied or			
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis		2b	<b>1</b>	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on a	20	_▼	
	separate basis, consolidated basis, or both:	eu on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht		_	
U	of the audit, review, or compilation of its financial statements and selection of an independent according to the superior of the audit, review, or compilation of its financial statements and selection of an independent according to the superior of the s		2c	1	ĺ
	If the organization changed either its oversight process or selection process during the tax year, ex		20		
	Schedule O.	·p······			
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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				<del>-                                    </del>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
				n 990	(2016)
			. 511		(~0.0)

#### 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 2016

Open to Public 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," on 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," on 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

		Hat have 1401 med to only of ou (cicotio			
		," on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
	ee separate instructions), th				
• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.		Employer iden	tification number
	of organization			' '	
	States Tennis Association	Inc Midwest Section			23-7417933
Part	Dravide a description of	e organization is exempt under the organization's direct and in-	direct political co	magian activities in Part	IV (see instructions for
1	definition of "political cam	npaign activities")			
2		y expenditures (see instructions) .			
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 💲	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	·····
3		ed a section 4955 tax, did it file For			
4a					Yes No
	If "Yes," describe in Part	IV.	.: 504/	1 11 504	(-)(0)
Part	Complete if the	e organization is exempt und	er section 501(c	c), except section 501	(C)(3).
1	activities	y expended by the filing organiz		<b>&gt;</b> \$	
2	527 exempt function activ	filing organization's funds contribution		\$	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification numents. For each organization listed, ontributions received that were profund or a political action committed.	mber (EIN) of all so enter the amount mptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing zation's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	-
D	•

	art II-A Complete if the organization i section 501(h)).	•				
A	Check ► ☐ if the filing organization below name, address, EIN, expense	ngs to an a	ffiliated group (an are of excess lobb	d list in Part IV e ying expenditur	each affiliated groes).	up member's
B	Check ► ☐ if the filing organization chec			rol" provisions a	pply.	
	Limits on Lobbyi (The term "expenditures" mea				(a) Filing organization's totals	(b) Affiliated group totals
_	1a Total lobbying expenditures to influence pu	ublic opinion	(grass roots lobby	ing)		
	<b>b</b> Total lobbying expenditures to influence a	-				
	c Total lobbying expenditures (add lines 1a a					
	<b>d</b> Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and 1	1d)			
	f Lobbying nontaxable amount. Enter the columns.	e amount f	from the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	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	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess or	/er \$1,500,000		
		\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%					
	h Subtract line 1g from line 1a. If zero or less					
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero or reporting section 4911 tax for this year?			<u> </u>		Yes No
	(Some organizations that made a secti	on 501(h) el	Period Under sec ection do not have tructions for lines	e to complete all	of the five columr	s below.
	Lobbying E	xpenditures	During 4-Year Av	reraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
_	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

	(election under section 501(h)).	(a	1)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed uption of the lobbying activity.	Yes	No	Amount
1	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<b> </b>		
С	Media advertisements?	<b></b>		
d	Mailings to members, legislators, or the public?			-
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	-	-	
	Other activities?			
յ 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			~ .
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), c	or se	ction
	501(c)(6).			12-13
_				Yes N
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 campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)			
u	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."			
1 2	Dues, assessments and similar amounts from members	s of	1	
а	Current year	_	2a	
b	Carryover from last year		2b	
	Total		2c	
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			·
3				
3	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying	4	
6 3 4 5	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	4 5	
3 4 5	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying		
3 4 5 2ar	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	ying	5	rt II-A, lines 1 a
3 4 5 Pari	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	5	rt II-A, lines 1 a
3 4 5 Pari	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	ying	5	rt II-A, lines 1 a
3 4 5 Pari	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	ying	5	rt II-A, lines 1 a
3 4 5 Pari	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	ying	5	rt II-A, lines 1 a
3 4 5 Pari	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	ying	5	rt II-A, lines 1 a
5 Parrovid (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	ying oup lis	5 t); Par	<del>-</del>
5 Parrovid (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ying oup lis	5 t); Par	<del>-</del>
3 4 5 Parrovid (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ying	5 t); Par	
3 4 5 Parrovid (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ying	5 t); Par	
3 4 5 Parrovid (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ying	5 t); Par	
3 4 5 Parrovic (see	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ying	5 t); Par	

Schedule C (For	m 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047 20**16** 

Open to Public Inspection

Name of the organization United States Tennis Association Inc Midwest Section 23-7417933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . . . 2a Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Otl	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	e follow	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe							
Part								
	Complete if the organization 990, Part X, line 21.				-	-	•	
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot
Ь	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	llowing to	able:			Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou					ustodial	account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in F	art XIII. Check her	e if the ex	kplanatio	n has been	provide	d on Part XIII.	🗆
Par	V Endowment Funds.							· · ·
	Complete if the organization	n answered "Yes	" on For	m 990, F	Part IV, line	<del>1</del> 0.		
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	, column (a	)) held a	as:	
а	Board designated or quasi-endowme	ent ▶	%		,			
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in thorganization by:	e possession of the	ne organi	zation tha	at are held	and adı	ministered for t	he Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	organizations listed	l as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended use	s of the organization	on's endo	owment for	unds.			
Part								
	Complete if the organization	n answered "Yes	on For	m 990, f	Part IV, line	e 11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or of (investment)		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	. [						
b	Buildings							
C	Leasehold improvements							
d	Equipment				429,731		(376,567)	53,164
ее	Other							
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part 2	K, columr	n (B), line 10	)c.)	▶	53,164

(1) Financial d (2) Closely-he (3) Other (A) (B) (C) (D) (E)	Complete if the organization a  (a) Description of security or cate (including name of security) erivatives	gory	(b) Book value	(c) Meth	od of valuation of-year market value
(2) Closely-he (3) Other (A) (B) (C) (D) (E)	(including name of security) erivatives			Cost or end-c	of-year market value
(2) Closely-he (3) Other (A) (B) (C) (D) (E)	ld equity interests				
(3) Other (A) (B) (C) (D) (E)					
(A) (B) (C) (D) (E)					
(B) (C) (D) (E)					
(C) (D) (E)					
(D) (E)					
(E)					
/E\					
(F) (G)					
(U) (H)	·				-
	must equal Form 990, Part X, col (B) line 12.)	<b>b</b>			
	Investments – Program Rela				
	Complete if the organization a		m 990. Part IV. line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		nod of valuation
	(2) 233311211311311		,,,	Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
	Other Assets.				
	Complete if the organization a		m 990, Part IV, lin	e 11d. See Form	
		(a) Description			(b) Book value
	n Copier Lease				54
(2)					
(3)					<del></del>
(4)					
(5)					
(6)					
<u>(7)</u>		<u>, , ,</u>			
(8)					
(9)	n (b) must equal Form 990, Part	( col (B) line 15 )			54
	Other Liabilities.	, con (B) into 10., 1	<del> </del>		
	Complete if the organization a	inswered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	Form 990. Part X.
	line 25.		000, 1 0		
1.	(a) Description of liability	(b) Book value			
(1) Federal inc	ome taxes				
(2) Payroll	•		4,896		
(3) Other			51,914		
(4)	<del></del>				
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.,	<b>•</b>	56,810		

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements	. 1 6,870,276
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	6,870,276
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c         Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
	. 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	5,525
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5 10,845,801
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	. 1 6,998,049
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	.   2e
3 Subtract line 2e from line 1	6,998,049
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	5,525 4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	.   5   10,973,574
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional Part XI - 4b. Revenue is a wash transaction that is connected to TennisLink pass through.  Part XII - 4b. Expense is a wash transaction that is connected to TennisLink pass through.	nal information.

Schedule D (Fo	orm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
- <b>-</b>		
		<del></del>
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	••••	
••		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

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

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	O

OMB No. 1545-0047

**Employer Identification number** 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 United States Tennis Association Inc Midwest Section

Part I General Information on Grants and Assistance

- (	the selection criteria used to award the grants or assistance?	award the grants	or assistance?	istance?	beticit att di abc	States		· · · Yes No
Part	Grants and Other Assistance to Domest 990. Part IV, line 21, for any recipient that r	ssistance to Do or any recipient	mestic Organiz	ations and Dom ore than \$5,000.	estic Governm Part II can be d	nents. Complete i	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	vered "Yes" on Form
1 (a)	1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) S <sub>(</sub>	(1) See Attached	,		2,209,178				To fund mission
(2)								
(3)								
9								
(2)								
(9)								
(2)								
(8)								
6								
(10)								
(11)								
(12)							,	
01 60	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table			<b>→</b>
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No. 50055P		Schedule I (Form 990) (2016)

## **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

Employer identification number

00 2447000

	State Tennis Association inc withwest Section		33		
Part	Questions Regarding Compensation			Yes	No
1a		rovided any of the following to or for a person listed on Form provide any relevant information regarding these items.		163	No
	☐ 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 (such as, maid, chauffeur, chef)			
b	If any of the boyes on line to are checked did t	the organization follow a written policy regarding payment			
b		spenses described above? If "No," complete Part III to			
	explain		1b		_
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2		
3		ganization used to establish the compensation of the that apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee	Written employment contract			
	✓ Independent compensation consultant	✓ Compensation survey or study			
	☐ Form 990 of other organizations	✓ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 organization or a related organization:	0, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		✓
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		1
С		based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:		*		
а	The organization?		5a		<b>√</b>
b	Any related organization?		5b		<b>✓</b>
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any			
а			6a		1
b			6b		
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,	on A, line 1a, did the organization provide any nonfixed describe in Part III	7		1
8	to the initial contract exception described in	, paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	In Paπ III		8		✓
9		ollow the rebuttable presumption procedure described in	9		

Schedule J (Form 990) 2016

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(F) Compensation in column (B) reported as deferred on prior Form 990 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. (E) Total of columns (B)(i)+(D) (D) Nontaxable benefits (C) Retirement and other deferred compensation (III) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (ii) Bonus & incentive compensation 213,500 (i) Base compensation E E EE EE ≘ ≘ EE EE EE E E E le € EE ≘ ≘ ε€ ≘ ≘ 1 Mark Sander, Executive Director (A) Name and Title e S 8 ø 6 1 9 F 12 <u>ნ</u> Ø 4 15 9

Schedule J (Form 990) 2016

#### **SCHEDULE L**

## **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.

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

Internal	Revenue Service	►tr	nformation about	Schedule L (For	m 990	or 990-EZ)	and its inst	ruction	is is at www.irs.go				spec	tion	
Name o	of the organization		-						Emplo	yer ide	ntıficat	on nu	mber	_	
United	d States Tennis A			west Section						23-7417933					
Par	Excess Complet	Benet	fit Transaction	s (section 501	(c)(3)	section	501(c)(4), a	nd 50	)1(c)(29) organız 5a or 25b, or Fo	zations	only)	Part	V line	40h	
	Complet								DA 01 200, 01 1 0	7111 JJ	<u> </u>	1 CIII	V, III IC		rected?
1 (a) Name of disqualified person		person	(b) Relationship between disqualified person and organization			(c) Description of transaction					Yes	No			
(1)									······					1	
(2)															
(3)															
(4)															
(5)							-								
(6)															
2	Enter the amounted under section			-		-		•	ied persons du	_	•	ar ► 9	:		
3			f tax, if any, on									7	;		
Part	Complet	e if th	/or From Inter e organization eported an amo	answered "Ye	s" on	Form 990	0-EZ, Part	V, line	38a or Form 9	90, Pa	ırt IV,	line 2	:6; or	if the	
	Organiza		ported an and	l	330, r	ait A, III I	5 5, 6, 6, 2,	<b>_</b>				····		· · · · · · · · · · · · · · · · · · ·	
(a) Name of interested person		erson	(b) Relationship with organization		(d) Loan to or from the organization?		(e) Origir principal an		(g) In default?		(h) Approved by board or committee?		(i) Wntten agreement?		
					То	From				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
_(4)										ļ					
_(5)_								<u></u>							
(6)															
(7)													ļ	ļ	
(8)					ļ					ļ					
(9)			<u> </u>								ļ				<b>_</b>
(10)					<u> </u>										
Total			<del>: : : : :</del>				· · ·	<u>. ►</u>	\$						
Part	Complet	e if th	sistance Bene le organization	answered "Ye	ed Pe s" on	e <b>rsons.</b> Form 99	0, Part IV, I	ine 2	7.						
			onship between interested on and the organization (c) Amount of assistan		of assistance	(d) Type of assistance		ce	(e) Purpose of assistance						
(1)											1				
(2)															
(3)								İ			-				
(4)											1				
(5)										•					
(6)													-		
(5) (6) (7)															
(8)								<u> </u>							
(9) (10)															
(10)	· · · · · · · · · · · · · · · · · · ·														

Part IV	Business Transactions Involv Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization?	
(1) =:::=	Manta Duccell	Developed Former	75.250	184	Yes	No ✓
(1) Erika (2)	Wentz-Russell	Daughter of Former Officer	/5,350	Wages		-
(3)		Officer				
(4)						<del>                                     </del>
(5)		<del> </del>	<del> </del>			<del>                                     </del>
(6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information	<u> </u>	<u> </u>			
					·	
				·		
			••••••			
				·	•	
			•			
			<del></del>			

## 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.

2016
Open to Public Inspection

Employer identification number

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.

United States Tennis Association Inc Midwest Section	23-7417933
Part III Statement of Program Service Accomplishments	
4d Other program services - Conferences that are related to programming with membership services	, entry fees and tickets
Part VI Section A Governing Body and Management	
6. Did the organization have members or stockholders? - The USTA is a membership organization wh	ere 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) member	s, stockholders, or persons
other than the governing body? - Changes to the By Laws, Standing Orders, Budget and the election	of 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.	
15a & b. The Human Resource Committee reviews all salary with the Executive Director and makes ac	ljustments accordingly.
Part VI Section C Disclosure	
19. Documents are available on SharePoint for our membership and volunteer base and is available to	o the public upon their request.
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Name of the organization	Employer identification number
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