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CANNED IUN OR 2027

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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

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

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

Open to Public Inspection

Α	For the	2016 calendar year, or tax year beginning , 2016, and end	ling		, 20		
В	Check if	applicable: C Name of organization Wisconsin Tennis Association		D Employ	er Identification	n number	
$ \mathbf{V} $	Address			l	39-6283503	.	
	Name ch		suite	E Telephone number			
$\bar{\Box}$	Initial ret			ł	920-602-034	1	
$\bar{\Box}$		n/terminated City or town, state or province, country, and ZIP or foreign postal code					
Ħ.	Amende			G Gross n	eceints \$	539,647	
$\overline{\Box}$		on pending F Name and address of principal officer Pam Hammond - same as above	Med in the a		subordinates?		
	- ppiloeti	or pending - Manager and a same as above			s included?		
;-	Toy-ovo	mpt status			a list. (see instru		
<u>:</u>	Website			p exemption		5003	
ř.		organization			of legal domicil		
	art I	Summary	nation· 1968	in Grane	or legal domica	o. yyı	
	1	Briefly describe the organization's mission or most significant activities: To p	romoto develo	n and se	ndee tennie li	n the	
۵	1		ioniote cever	p, and se	AICA (AIIIIS II	1 419	
Š	1	Wisconsin district.					
Activíties & Governance	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more the	n 2504 of	ite not genet	·	
Š	3	-		1 -	its riet asset		
Ś	4	Number of voting members of the governing body (Part VI, line 1a)	 h)	<u> </u>		17	
88	5	· · · · · · · · · · · · · · · · · · ·	-		 	17	
Ě	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<u> </u>	 	4	
Ş	6	Total number of volunteers (estimate if necessary)		. 6		20	
•	7a	, ,		. 7a	 	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	Prior	. 7b	Curren	0	
	8	Contributions and grants (Bort \/III lies 1h)			 		
92	9	Contributions and grants (Part VIII, line 1h)		230,635		250,294	
Revenue	10	Program service revenue (Part VIII, line 2g)	<u>263,123</u> 361		286,641		
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		204			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	5,267			
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-}	499,386	 		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	ļ	59,470	 		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	\	0	 		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		152,615			
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	₹ P	0	 	0	
X	b		<u> </u>		 		
	111	Other expenses (Part IX, column (A) lines (1) and (1) 11 f-24e)	(313,620	T	274,456	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25),	<u>]</u>	525,705		525,013	
_	19	Revenue less expenses. Subtract line 18 from line 123	Beginning of C	(26,319)		14,634	
Net Assets or		Total access (Oct V Sec 10)	pedining of		+		
988	20	Total liabilities (Part X, line 26)	, 	95,401	 	110,035	
Į.	21	Total liabilities (Part X, line 26)	\				
		Net assets or fund balances. Subtract line 21 from line 2015 Signature Block	┸	95,401	ــــــــــــــــــــــــــــــــــــــ	110,035	
_	art II						
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep			my knowledge	and belief, it is	
_		Λ			2.1/1=		
S	gn	Signature of officer		Date .	7411		
	ere	11 2 4 -			1 to 1		
-	C! C	Pamela Hainmand, txecu	rive	יוע	001		
		- 	Data		Den	 	
P	aid	Print/Type preparer's name Preparer's signature	Date	Check			
P	repar				npioyed		
U	se On			rm's EIN ▶			
3.6	av the !	PS discuss this return with the preparer shows shows (see instructions)		hone no.		W F7	
_		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>			Yes No	
FC	T PADA!	work Reduction Act Notice see the congrate instructions	H No 11292V		Fo	ლ 990 ღიან	

	(Code:) (Expenses \$	167,464 inc	luding grants	of \$	20,316) (Re	venue \$	250,499)
	General Programs:	Provide support an	d administratio	n to general a	nd league progra	ams for memb	ers and the lo	cal community.
_								
		rvices (Describe in	Schedule O.)					
	(Expenses \$ Total program ser	o includin	g grants of \$		o) (Revenue \$		<u>o)</u>	
_		vice expenses 🕨 🗀		411,604				

Part 1	V 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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<u> </u>	_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3_		-
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		
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, VIII, IX, or X as applicable.	Jacob char		
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	1	Melai .
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
	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	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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		
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)			1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		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
		<u></u>		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	==-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?]		
	If "Yes," complete Schedule L, Part I	25b		✓
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	000		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u> </u>
£1	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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	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,"	 		<u> </u>
	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		1
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_]	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√	
		Forr	n 990	(2016)

Part \				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.		1
b	If "Yes," enter the name of the foreign country:	4a		-
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		,	
7	gifts were not tax deductible?	6b	✓	ļ <u>-</u>
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			
_	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
·	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	-	_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		İ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
-	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Total All Control of the Control of			
C 14a	Enter the amount of reserves on hand	4.4		
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		✓
		170		1

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and									
	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	<u></u>		<u>. 🗸</u>						
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	}	1							
	if the governing body delegated broad authority to an executive committee or similar	į								
	committee, explain in Schedule O.		ł							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 17	}	{							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1						
	any other officer, director, trustee, or key employee?	2		1						
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		✓						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 -	V						
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6	1	-						
	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	1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1						
	stockholders, or persons other than the governing body?	7b	1	L						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	1	1						
	Each committee with authority to act on behalf of the governing body?	8b	1	 						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		<u> </u>						
40-	Did the average term have least shorters because or affiliates?	140-	Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	 	-						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		}						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1							
p	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			į						
40	describe in Schedule O how this was done	12c	✓							
13 14	Did the organization have a written whistieblower policy?	13		1						
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?			l						
а	The organization's CEO, Executive Director, or top management official	15a	1							
b	Other officers or key employees of the organization	15b	1							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			}						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?									
.		16a		/						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			}						
	organization's exempt status with respect to such arrangements?	16b		1						
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(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 int	erest	policy	/. and						
	financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶							
	Dom Hammand MCCCC De serville Dand Sand Du Las MILEGOOD DOS 000 000 404									

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

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

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	or any related	d org	aniz	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
	1			•	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	officer and a director/trustee					tee)	compensation from	compensation from	amount of
	week (list any hours for	or a	ns l	Off	6	캶	Former	the	related organizations	other compensation
	related	d vid	<u>F</u>	Officer	en	bes oy	l ji	organization	(W-2/1099-MISC)	from the
	organizations below dotted		1 5 1		Key employee	8 6	<u> </u>	(W-2/1099-MISC)		organization and related
	line)	rust	를		yee) mp				organizations
	1	8	Institutional trustee			Highest compensated employee	1	[ļ	
					-	8.	-			
(1) Nancy Massart						[[
Excecutive Director	40				1			66,199	0	0
(2) Steve Burns										
President	3			✓			L	0	0	0
(3) Joe Sagen							ł	1		
Executive Vice President	3	L		1				0	0	0
(4) Joan Donner					1	1			Į,	
Vice President	3			✓		<u></u>	_	0	0	0
(5) Jack Shepich					1		l		[
Vice President	3	ļ		1		L	_	0	0	0
(6) Brad Seegert		}	'			1		ł		
Secretary	3	 	1	1		 	<u> </u>	0	0	0
(7) Daniel Bickett				[ļ		ļ	1		
Treasurer	3			✓	L.	<u> </u>		0	0	0
(8) Suellyn Rohrer					1		1			
Delegate at large	1	1		_	↓_		<u> </u>	0	0	0
(9) Mike Sharp		1		ł			1	†		
Past President	11	1	1	<u> </u>		.		0	0	0
(10) Kara Amundson					ļ					
Director	1	1	<u> </u>	_	<u> </u>	<u> </u>	_	0	0	0
(11) Dustin Blackburn		1				1	1			
Director	11	1			L	L	_	0	0	0
(12) Essie Herron		1		1		1	1	1		
Director	1	1		_	L	<u> </u>	<u>L</u>	0	0	0
(13) Chip Liefert]				ļ	ļ		Ì	-
Director	1	1	_		_	<u> </u>	_	0	0	0
(14) Jayson Memken										
Director								0	o	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (c	ontın	ued)		
			(C)						{	(m)	1			
	(A)	(do not check more than or							(D)	(E)				
	Name and title	Average hours per		box, unless pofficer and a					Reportable compensation	Reportable compensation for			timated ount of	
		week (list any hours for		_				 -	from the	related organization	.		other pensation	
		related	divid	stitu	Officer	y er	ghes	Former	organization	(W-2/1099-M		-	om the	1
		organizations below dotted	ctor	iona	`	Key employee	/ee	-	(W-2/1099-MISC)		}	-	anization I related	
		line)	Individual trustee or director	Institutional trustee		yee	mpe		}]		nizations	i
		}	8	stee	}		Highest compensated employee		}		}			
(15) 1-	anii Dahad	 		\vdash			<u>a</u> _	├-	 					
Directo	cquie Rehard	1	1		1			1	o		o			0
	ny Richmond	+			-	 								
Directo		1	1						0		0			0
(17) Je	an Luetschwager													
Directo		11	/		ļ			<u> </u>	0		0			0
	ke Patneaude				}			}	_	Ì				
Directo		1	/	-			 	├	0		0			0
7137			1							-				
(20)			<u> </u>		T		l	\vdash		 				
(21)		ļ			}	1		}						
(0.0)		 -	ļ		 	 	ļ	 		ļ				
(22)		ļ	-				}							
(23)		 		┼	-	├─		 	 	 				
120)		}	1		}	1	}	}		}	ļ			
(24)									1	1				
				<u> </u>				<u> </u>	<u> </u>					
(25)		}	}		}		}	}		}	}			
	Sub total	1	L	1	<u> </u>	<u> </u>	L	<u> </u>	ļ					
1b c	Sub-total		 .n Δ	•	•	•	• •		66,199	 	0			0
ď	Total (add lines 1b and 1c)							>	66,199		0			<u>v</u>
2	Total number of individuals (including bu							e) w				0 of		
	reportable compensation from the organ	zation >							0				,	
3	Did the association list only former of	Hinar dirac	tor (- +.	~ ~ +		leon e	~~~	alaysa ar bish			4	Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>								oloyee, or nigr	iest comper	isate	a 3		,
4	For any individual listed on line 1a, is the							-		nensation fro	, . ım th			<u> </u>
•	organization and related organizations													
	ındıvidual											4	1 1	1
5	Did any person listed on line 1a receive of									zation or ind	vidua	al		
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hedi	ule J i	for s	such person	· · · · ·	<u> </u>	5		✓_
	on B. Independent Contractors Complete this table for your five highest					1 4					- 040	0.000		
1	compensation from the organization. Re													~
	year.	,							your orraing wi			94	01. 0 10.	^
	(A)							T -	(B)	 -		(C)		
	Name and business add	dress						$oxed{oxed}$	Description of s	ervices		Compen	sation	
None								 						
								┼						
								+-						
2	Total number of independent contractor	ors (ıncludi	ng bi	ut n	ot	limi	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compens								n					

Form **990** (2016)

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to			<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	0				
ir a	b	Membership dues 1b	71,617	ł			
Am Am	C	Fundraising events 1c	0	1	į		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	0				
ns,	е	Government grants (contributions) 1e	0				
er ë	f	All other contributions, gifts, grants,		1			
혈취		and similar amounts not included above 11	178,677	1			
15 P	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f		250,294			
Program Service Revenue			Business Code			_	_
eve	2a	Adult Program Revenue		226,101	226,101	0	0
e E	b	Junior Tennis Revenue		60,540	60,540	0	0
ξ	C			0	0	0	
Se	d			0	0	0	0
la l	e f	All other program service revenue.		. 0	0	0	0
ဦ	g	Total. Add lines 2a–2f		286,641			0
-=-	3	Investment income (including dividence)		200,041			
l		•	•	204	204	0	0
	4	Income from investment of tax-exempt to	ond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				·
	6a	Gross rents	0				•
	b	Less: rental expenses	0				
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)	🕨	0	0	0	0
	7a	Gross amount from sales of (i) Securities	(II) Other		′		
		·	0				
	b	Less. cost or other basis					
			0				
	C		0			i	
_	d	Net gain or (loss)	· · · · · •	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ n					
Şe v	}	of contributions reported on line 1c).					
7	1	O = - D = -+ IV I = - 40	a				
チ	Ь		0				
0	ľ	Net income or (loss) from fundraising	events .	o		o	o
		Gross income from gaming activities.					<u></u>
1	1	See Part IV, line 19	a 0				
	b	Less: direct expenses	0]			
	С	Net income or (loss) from gaming ac	tivities 🕨	o	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances	8,613				
	b	•	6,10 <u>5</u>	1			
	<u>c</u>	Net income or (loss) from sales of in		2,508	2,508	0	0
		Miscellaneous Revenue	Business Code	1			
	11a		ļ	0	0	0	0
	b			0	0	0	0
	C	All adhan managara	 	0	0	0	0
	d	All other revenue	L	0	0	0	0
	12	Total. Add lines 11a–11d Total revenue. See instructions		0			
	1 12	i otal levellue. See monuchons		539.647	289.353	0.	n

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	l other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		
Do no 3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,194	59,194		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	o		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	o		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	66,199	0	66,199	0
7 8	Other salaries and wages	98,263	98,263	0	0
9	section 401(k) and 403(b) employer contributions) Other employee benefits	13,667	8,166	5,501	0
10 11 a	Payroll taxes	13,234	7,907	5,327	0
c b	Legal	0 1,593	0	0 1,593	0
d e	Lobbying	0	0	0	0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,946	22,946	. 0	0
12 13	Advertising and promotion	13,607 18,016	13,607 6,673	0 11,343	0
14 15	Information technology	6,104	0	6,104	0
16 17 18	Occupancy	41,827	34,236	7,591	0
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0 3,738	0 0	0 3,738	0
20 21	Interest	0	0	0	0
22 23 24	Depreciation, depletion, and amortization . Insurance	620	0	0 620	0
24	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.)				
a b	Program Entry Fees Program Incentives & Awards	17,155 63,289	17,155 63,289	0	0
c d	Program Court Fees Other Program Expenses	32,397 47,771	32,397 47,771	0	0
25 26	All other expenses Organization Expenses Total functional expenses. Add lines 1 through 24e	5,393 525,013	0 411,604	5,393 113,409	0 0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

P	art X				
		Check if Schedule O contains a response or note to any line in this Par		· · ·	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	44,442	1	58,923
	2	Savings and temporary cash investments	50,959	2	51,112
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		•	
ets			0	6	0
Assets	7	Notes and loans receivable, net		7	0
Q.	8	Inventories for sale or use	0	8	0
	9 10a	Prepaid expenses and deferred charges	0	9	0
	ь	Less: accumulated depreciation 10b 60,427	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments – other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	95,401	16	110,035
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	1	of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
es	ļ	complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
ag	28	Temporarily restricted net assets		28	
Q E	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.			
S O	30	Capital stock or trust principal, or current funds	0	30	•
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
AS	32	Retained earnings, endowment, accumulated income, or other funds.	95,401		110,035
<u>et</u>	33	Total net assets or fund balances	95,401		110,035
2	34	Total liabilities and net assets/fund balances	95,401		110,035

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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3b

Form 990 (2016)

Schedule O.

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

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.

Open to Public Inspection

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	,,				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
	of organization			Employer ider	ntification number
•	nsin Tennis Association				39-6283503
Part		e organization is exempt und			
1	definition of "political car	. •	·	. •	,
2	Political campaign activit	y expenditures (see instructions)		<i>.</i>	3
3	Volunteer hours for politic	cal campaign activities (see instruc	ctions)		
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectio	n 4955 ▶ \$	5
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 > \$)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
2		filing organization's funds contributions			
3	•	expenditures. Add lines 1 and 2		·	
4	Did the filing organization	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 nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all s enter the amount emptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing ization'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)			†		

Schedule C (Form 990 or 990-FZ) :	2016

Page 2

Pa	rt II-A Complete if the organization section 501(h)).	is exempt	under section 50	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization belo name, address, EIN, expens					up member's
В	Check ► ☐ If the filing organization chec	ked box A	and "limited cont	rol" provisions a	ipply.	
	Limits on Lobbyi				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts	s paid or incurred.)	organization's totals	group totals
1	 Total lobbying expenditures to influence p 	ublic opinior	grass roots lobby	ring)		
	b Total lobbying expenditures to influence a	legislative b	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures					
	 Total exempt purpose expenditures (add li 		•			
	f Lobbying nontaxable amount. Enter th columns.	e amount 1	from the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			1
	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 o	ver \$1,500,000	}	
	Over \$17,000,000	\$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	•			LL	
	j If there is an amount other than zero o reporting section 4911 tax for this year?		th or line 1i, dic	-		Yes No
	(Some organizations that made a sect	ion 501(h) e	Period Under sec lection do not hav tructions for lines	e to complete all	of the five column	s below.
	Lobbying E	xpenditure	S During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	a 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					

Schedule C (Form 990 or 990-EZ) 2016

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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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? i Other activities? j Total. Add lines 1c through 1i ab if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Were substantially all (90% or more) dues received nondeductible by members? Did the organization agree to carry over lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Dues, assessments and similar amounts from members Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Carryover from last year 1 Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 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? i Other activities? 1 Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 txx, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying axpenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 2 Section 162(e) nondeductible lobbying and political expensitures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organ	Eor o	(election under section 501(h)). ach "Yes," response on lines 1a through 11 below, provide in Part IV a detailed	(8	a)		(b)	
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5 Taxable amount of lobbying and political expenditures (see instructions)	5 Taxable amount of lobbying and political expenditures (see instructions)			ying				
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1	Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 as 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5		•				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.		<u> </u>	·				
•		Provid	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 a instructions); and Part II-B, line 1. Also, complete this part for any additional information.	-		t II-A, I	ines 1	ar
						· 	·	
						·		-

	rm 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
·		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

### **SCHEDULE D** (Form 990)

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.

Employer identification number

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Wiscon	sin Tennis Association			39-6283503
Part				counts.
	Complete if the organization answered '			
		(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year		<u> </u>	
	Aggregate value of contributions to (during year)		<del> </del>	
	Aggregate value of grants from (during year)		<del> </del>	
	Aggregate value at end of year			
	Did the organization inform all donors and donor funds are the organization's property, subject to th	•		
	- · · · · · · · · · · · · · · · · · · ·			<del>-</del> <del>-</del>
	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
	The second of th	· · · · · · · · · · · · · · · · · · ·	-	
Part			<del></del>	· · · L les L No
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			
-	Preservation of land for public use (e.g., recrea	- · · · · · · · · · · · · · · · · · · ·	f a historica	ally important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the for	rm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>	
ь	Total acreage restricted by conservation easemen			
С	Number of conservation easements on a certified			
d	Number of conservation easements included in		<b>I</b>	
_	5		_2d	
3	Number of conservation easements modified, tran	sterred, released, extinguished, or teri	minated by	the organization during the
	tax year ►  Number of states where property subject to conse	uniation accoment to legated N		
4 5	Does the organization have a written policy re		enection h	andling of
•	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec			
	<b>▶</b>			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation	on easements during the year
	▶\$	-		
8	Does each conservation easement reported on line			'0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?			· · · 🗌 Yes 🗍 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		nancial state	ements that describes the
Diam'	organization's accounting for conservation easem		011 0	
Part	Organizations Maintaining Collection Complete if the organization answered			milar Assets.
12	If the organization elected, as permitted under SF			totoment and belongs short
14	works of art, historical treasures, or other simila			
	public service, provide, in Part XIII, the text of the			
ь	If the organization elected, as permitted under S			
_	works of art, historical treasures, or other simila			
	public service, provide the following amounts related	ting to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of an	t, historical treasures, or other simila	r assets fo	
	following amounts required to be reported under S			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u></u> .	<b>&gt;</b> \$

Part	Organizations Maintaining	Collections of	Art, Histo	rical Treasures	, or Othe	er Similar Ass	s <b>ets</b> (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her record	s, check any of th	e followin	g that are a si	gnificant use of its
а	☐ Public exhibition		d [	Loan or exchang	ge progran	ns	
b	☐ Scholarly research		e 🗆	Other			
С	Preservation for future generations						
4	Provide a description of the organizati		and explain	n how they further	the organ	nization's exem	not purpose in Part
-	XIII.						Pr Par Para III . Gir
5	During the year, did the organization	solicit or receive	donations	of art historical t	reactires	or other simila	r
•	assets to be sold to raise funds rather						
Part							☐ Yes ☐ No
rart		-	" on Form	OOO Dort IV Im	00 01 10	nowtood on one	ount on Com
	Complete if the organization	answered res	OH FOIH	1 990, Part IV, IIII	e s, or re	ported an am	iount on Form
	990, Part X, line 21.				<del></del> -		
1a	Is the organization an agent, trustee,						
	included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the foll	owing table:			
						Ar	mount
C	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 amour				ustodial a	ccount liability	? Tyes No
	If "Yes," explain the arrangement in Pa					_	
Pari					p. 0.1.000		<u> </u>
	Complete if the organization	answered "Yes	" on Form	990 Part IV lin	e 10		
	Complete it the organization	(a) Current year	(b) Prior			) Three years back	(e) Four years back
4	Paginning of year balance		(-)	(4) )		,	(0) : 0 ) 0
1a	Beginning of year balance		<del></del>				
b	Contributions		<del></del>	<del></del>		<del></del>	<del> </del>
С	Net investment earnings, gains, and				}		
	losses		<u> </u>				
ď	Grants or scholarships						<del> </del>
е	Other expenditures for facilities and						
	programs						<del></del>
f	Administrative expenses						<u> </u>
g	End of year balance [						<u> </u>
2	Provide the estimated percentage of the		nd balance	(line 1g, column (a	a)) held as:	•	
а	Board designated or quasi-endowmer	nt 🕨	<u></u> %				
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				
3a	Are there endowment funds not in the	e possession of the	ne organiza	ation that are held	and admi	inistered for the	е
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related or						3b
4	Describe in Part XIII the intended uses						L
Part				<del></del>		<del></del>	
	Complete if the organization		" on Forn	n 990 Part IV lin	e 11a Se	e Form 990	Part X line 10
	Description of property	(a) Cost or o		(b) Cost or other basis	<del></del>	cumulated	(d) Book value
	Description of property	(investm		(other)		eciation	(a) DOOK VAIUE
	Land		<del></del>	<del></del>	<del> </del>		
1a	Land	•	0	0	<del>                                     </del>	<del></del>	0
b	Buildings	·	0	0	<del></del>		0
c	Leasehold improvements	•	0	0	<del> </del>	0	0
ď	Equipment		0	60,427		60,427	0
<u>e</u>	Other		0	0			0
I ATAL	und under the through to (Column of) a	auct cauci Earm (	uu Dad V	antimon (D) time 1	() ()	<b>►</b> 1	_

	Complete it the organization a	inciliarad "Yac" on F	orm QQA Part IV (in	a 11h Saa Form	QQN Part Y line 1
<del></del>	Complete if the organization a  (a) Description of security or cate	gory	(b) Book value	(c) Met	nod of valuation
	(including name of security)			Cost or end	of-year market value
-	derivatives		•		
	held equity interests		•	<del> </del>	
(A)					
(B)				<del> </del>	
(C)					
(D)			•	<del> </del>	<del></del>
(E)					<del></del>
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12)				· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Rela Complete if the organization a		orm 990, Part IV, Iir	e 11c. See Form	990, Part X, line 1
	(a) Description of investmen	t	(b) Book value		hod of valuation -of-year market value
1)					
2)					
3)					
4)			<del></del>		
5)				<del> </del>	
6)				<del> </del>	
<u>7)</u>			<del>-   </del>		
8) 9)			<del></del>	<del> </del>	
	(h) must a must Form 000 Port V and (D) line 12		- <del> </del>	· <del>[·</del>	
otal. (Column	IDI MUSI EGUAI FORN 990. PAR A. COI. IDI IINE 13			1	
	(b) must equal Form 990, Part X, col. (B) line 13.  Other Assets.	· · · · · · · · · · · · · · · · · · ·			
Part IX	Other Assets.		Form 990, Part IV, lir	ne 11d. See Form	990, Part X, line 1
	<del></del>		Form 990, Part IV, lir	ne 11d. See Form	990, Part X, line 1
Part IX	Other Assets.	answered "Yes" on I	Form 990, Part IV, lir	ne 11d. See Form	
Part IX	Other Assets.	answered "Yes" on I	Form 990, Part IV, lin	ne 11d. See Form	
Part IX (1) (2)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lir	ne 11d. See Form	
(1) (2) (3)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lin	ne 11d. See Form	
1) (2) (3) (4)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lin	ne 11d. See Form	
1) 2) 3) 4) 5)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lin	ne 11d. See Form	
Part IX  1) 2) 3) 4) 5) 6)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lin	ne 11d. See Form	
Part IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets.	answered "Yes" on I	Form 990, Part IV, lir	ne 11d. See Form	
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	answered "Yes" on F	Form 990, Part IV, lir		
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization a	answered "Yes" on F	Form 990, Part IV, lin	ne 11d. See Form	
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization a summ (b) must equal Form 990, Part 2. Other Liabilities. Complete if the organization a	answered "Yes" on F (a) Description  X, col. (B) line 15.)			(b) Book value
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25.	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  11) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Colu	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" on F (a) Description  X, col. (B) line 15.)			(b) Book value
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25.	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  11) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Columnation (Colum	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu Part X  1) Federal (2) (3) (4)	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Colum	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (C	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columna (Colum	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on F			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a  umn (b) must equal Form 990, Part a  Other Liabilities. Complete if the organization a line 25. (a) Description of liability	Answered "Yes" on F (a) Description  X, col. (B) line 15.)  Answered "Yes" on I		•	(b) Book value

Part	· ·	<del>-</del>	r Return.
	Complete if the organization answered "Yes" on Form 990,		<del></del>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
a	Net unrealized gains (losses) on investments	2a	
þ	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)	2d	-
е	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	_
þ	Other (Describe in Part XIII.)	4b	<del>-  </del>
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			per Return.
	Complete if the organization answered "Yes" on Form 990,		<del></del>
1	total or, portion and too or portion and the control of the contro		1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1-1	
a	Donated services and use of facilities	2a	
р	Prior year adjustments	2b	_
C	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	<u>                                    </u>
e	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	-
_C			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	1 <del>0</del> 18.)	5
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
<b>-</b>			

Schedule D (For	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	***************************************	
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Wisconsin Tennis Association	39-6283503
Part VI	
Line 11b - The President, Treasurer, and Executive Director review the 990 before filing.	
Line 19 - The organization makes its governing documents, conflicts of interest policy, and financial de	ocuments available to the public upon
request.	
Line 12c - The organization has a written conflict of interest disclosure form that is required to be sign	ad annually by directors officers and
	ed annually by directors, officers, and
other volunteers.	
Line 15 - The organization has a committee that reviews and approves the compensation of officers an	nd key employees.
Lines 7a and 7b - the WISTA is a membership organization and their voting powers are distributed to n	nembers who represent their interest.
This group selects a Board of Directors who then make decisions on behalf of those members.	
***************************************	•••••••••••••••••••••••••••••••••••••••
-	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

Inspection
Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ĝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 39-6283503 (f)
Direct controlling
entity (e) End-of-year assets Line9 N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 50103 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state | E or foreign country) Wisconsin (b) Primary activity (b) Primary activity Fundraising W131 N8008 Country Club Drive Menomonee Falls, WI 53051 (a)
Name, address, and EIN of related organization (1) Wisconsin Tennis Foundation 39-1959804 Wisconsin Tennis Association Name of the organization Part I Part II (2) E 2 **₹** ପ୍ର 2 9 ල <u>4</u> 9 9

Schedule R (Form 990) 2016

Cat No 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

E

Part III Identification of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year.	ons Taxable ganizations	<b>as a Partners</b> reated as a pa	<b>ship.</b> Comple irtnership du	ete if the or	rganizatiol x year.	n answere	se ", pe	<b>is a Partnership.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 sated as a partnership during the tax year.	), Part	IV, line	34	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	t Share dd, inc		(g) (h) Share of end-of- Disproportionate year assets allocations?	(h) Disproportional allocations?	(i)  Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership	•
(1)								Yes	O.	Yes	δ 8		ı
(2)					-		į į			-			ı
(6)										-			1
(4)											-		1
(9)													ĺ
(9)													
(2)													
Part IV Identification of Fine 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ons Taxable lated organiz	as a Corpora ations treated	tion or Trus as a corpora	t. Comple	te if the or st during	ganizatio he tax ye	n answe ar.	red "Yes" on	Form (	990, Pe	art IV,	<b>,</b> 1
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign counity)	nicile Direct n country)	(d) Direct controlling entity (	(e) Type of entity (C corp., S corp, or trust)	ty Shar	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	age Sec	(i) Section 512(b)(13) controlled entity?	
											۶	Yes No	
(1)			<del></del>										
(2)													,
(6)													1
(4)							-					-	
(6)												ļ 	1
(9)						į Į					-		1
( <i>u</i> )													1
										schedule	R (For	Schedule R (Form 990) 2016	lω

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016

Part V Transactio

: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
· · ·
Performance of services or membership or fundraising solicitations for related organization(s)
zation(c)
Performance of services of membership of formalisming solicitations by feraced organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
· · · · · · · · · · · · · · · · · · ·
•
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (e) (f) (g) Share of Share of Share of Share of Share of Share of section a section (related, excluded 501(c)(3) country) from tax under organizations?	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership
(1)				Tes No					Si	
(2)										
(3)										
(4)										
(5)										
(9)										
(h)										
(8)										
(6)										
(10)										
(11)										
(12)										
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