SCANNED SEP 2 6 2018

990 C&F

Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Dpen to Publi

miler	nal Kevenue		<u></u>		330 (01 11130 000)						
<u>A</u>	For the 2	2017 cale	ndar year, or tax year begin	nning		, 2017, and er	rding			, 20	
В	Check if a	opticable:	C Name of organization United	States Tenni	s Association In	c Midwest Sect	ion		D Employer identification number		
	Address c	hange	Doing business as	•						23-7417933	
$\bar{\sqcap}$	Name cha	nae	Number and street (or P.O. bo	x if mail is not d	elivered to street ad	dress) Room	m/suite E Telephone number			e number	
ī	Initial retur	-	1310 E 96th Street				100	1	•	317-669-0474	
\exists	Final return		City or town, state or province	country, and Z	IP or foreign postal	code					
H								1	Gross rec	eints \$ 1	11,326,371
님	Amended		Indianapolis, IN 46240	officer Mod	Coundana		/ Ut-	_		ubordinates? Ye	
Ш	Application	n pending	F Name and address of principal Same as above	Cilicer: pregra	r Sannoers		N :	-		_	
			-		included? Ye list. (see instructi						
<u>I</u>	Tax-exem	pt status:	<u> </u>	01(c)(4) ◀	(insert no.) 494	17(a)(1) or 1 52	7			•	
<u>J_</u>	Website:		w.midwest.usta.com						emption r		5003
K_	Form of on	ganization:	✓ Corporation ☐ Trust ☐ As	ssociation 🔲 O	ther >	L Year of fo	rmation:	1895	M State o	of legal domicile:	OH
P	art I	Summ			<u>'</u>						
	1 E	Briefly de	scribe the organization's	mission or m	ost significant a	ictivities:					
9	Т Т	o provid	e services for our members	and the gen	eral population b	y providing op	portunite	s to play	termis.		
Governance	-										
E	2 0	Check th	is box ▶☐ if the organiza	tion disconti	nued its operati	ons or dispos	ed of mo	re than 2	25% of it	ts net assets.	
Š			of voting members of the						3		7
• 6			of independent voting me				1b)		4		7
8	1		nber of individuals employ				,		5		35
Activities	1				_				6	······	180
ŧ			nber of volunteers (estima				• •		7a		100
⋖			elated business revenue f				•				
	<u> </u>	let unrel	ated business taxable inc	ome from Fo	m 990-1, line 3	<u> </u>		 Dian Yes	7b		0
				Prior Yea		Current Y					
•	8 (Contribut	tions and grants (Part VIII,	5,	197,264		5,376,652				
Ĕ	9 F	rogram	service revenue (Part VIII,	5,	550,024		5,632,682				
Revenue	10	nvestme	nt income (Part VIII, colun		O		0				
Œ	11 (Other rev	renue (Part VIII, column (A		98,513		217,037				
			enue-add lines 8 through	10,	845,801		11,226,371				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)									2,041,425
	1		paid to or for members (P		218,104 0		0				
			other compensation, emplo	7	748,426	.,,,	2,874,453				
Expenses	1		onal fundraising fees (Part	-		(y, iii 100 0 10)			0		0
Ë							13.028		Sec. 150		erseer)
×			draising expenses (Part IX				- 2385.3				
			penses (Part IX, column (A				·		007,044		6,248,761
			enses. Add lines 13-17 (r				- h		973,574	····	11,164,639
	19 F	Revenue	less expenses. Subtract l	ine 18 from I	ine 12 2 - (;				127,773)	5-4-41	61,732
500					10		C	ing of Cun		End of Y	
# E	20 1	Total ass	ets (Part X, line 16)		$[\mathfrak{Q}]$	i inin 1	Š —		615,000		2,810,889
Net Asset Fund Belsi	21 7		ilities (Part X, line 26)		[64] . JOE 9	1 2018 .	9		693,218		827,375
25	22	Vet asse	ts or fund balances. Subtr	ract line 21 fr	omiline 20 .	<u></u>	8	1,	921,782		1,983,514
P	art II	Signat	ture Block		OCOC	AL LITE					
Lin	der nensiti	es of perju	ry, I declare that I have examined	this return, inc	uding accompanyin	g schedules and s	tatements.	and to the	e best of m	y knowledge an	d belief, it is
tru	e, correct,	and compl	ete. Declaration of preparer (other	or than officer) is	based on all informa	ation of which pre	parèr has a	uny knowle	dge.		_
_	Г		lead and	1	Can-			-	7-/	2 - 20	57 <i>E</i>
Sign Here		_Sign	ature of officer		7			Date			
			.	V CCD	XI T						
. 16		Turns	or print name and title		T		·				
		·	pe preparer's name	Proper	's signature		Date		T	, PTIN	
Pa	id	1.1817.19	he hadden a sente	i i upa ei	gr				Check self-emp	_] if	
Pr	eparer	·								,	
	e Only		ame 🕨						s EIN ▶		
		Firm's a	ddress ▶					Phon	e no.		
Ma	y the IRS	discus	s this return with the prep	arer shown a	bove? (see inst	ructions)			<i></i> .	□Ye	
E	Baname	wh Darks	ction Act Notice, see the se	namte instru	ctions.		at. No. 112	282Y		Form	990 (2017)



Farm 99	0 (2017)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
	To promote tennis throughout the Midwest for the general populaton and our members.	
	To positive terms of the property of the control of the second population and the management	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		☐Yes ☑No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	☐Yes ☑No
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	
	(O-d	
4a	(Code:) (Expenses \$2,021,100 including grants of \$2,021,100) (Revenue \$	
	USTAMidwest Tennis & Education Foundation.	pport us:
4b	(Code:) (Expenses \$ 4,030,399 including grants of \$ 0) (Revenue \$	4,862,032)
	TennisLink provides a platform for our organization members to provide services for our members.	
	(Code:) (Expenses \$ 3,401,377 including grants of \$ 20,325) (Revenue \$	747,955)
	Tennis programs for member and youth organization.	

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 68,512 including grants of \$ 0) (Revenue \$ 22,695)	
4e	Total program service expenses ▶ 9,521,388	
		Form 990 (2017)

17

18

OJBODI

om 9	90 (2017)			୬∕ Page
Part	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.			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	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	11e	1	
	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 .	111		✓
	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		✓
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	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		✓
5	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		✓
6	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

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)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 17

18

 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	ration or 21 duals on 22		No √
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return Did the organization report more than \$5,000 of grants or other assistance to any domestic organization domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individent Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest compemployees? If "Yes," complete Schedule J . Did the organization have a tax-exempt bond issue with an outstanding principal amount of most \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lithrough 24d and complete Schedule K. If "No," go to line 25a	20b ration or 21 21 duals on 22		1
 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individe Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest compemployees? If "Yes," complete Schedule J	ration or 21 duals on 22		
 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individer Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21 duals on 22		
 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest compemployees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of most \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer list through 24d and complete Schedule K. If "No," go to line 25a 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 to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables current or former officers, directors, trustees, key employees, highest compensated employ 	duals on 22	l √	
 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation organization's current and former officers, directors, trustees, key employees, and highest compemployees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of most \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer list through 24d and complete Schedule K. If "No," go to line 25a 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 to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 if "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables current or former officers, directors, trustees, key employees, highest compensated employ 		1	
organization's current and former officers, directors, trustees, key employees, and highest compemployees? If "Yes," complete Schedule J	of the	 	
 Did the organization have a tax-exempt bond issue with an outstanding principal amount of most \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer list through 24d and complete Schedule K. If "No," go to line 25a 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 to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Sif "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables current or former officers, directors, trustees, key employees, highest compensated employ 		1	
 \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lithrough 24d and complete Schedule K. If "No," go to line 25a		•	-
 Did the organization maintain an escrow account other than a refunding escrow at any time during to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 of "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables current or former officers, directors, trustees, key employees, highest compensated employ 			1
 Did the organization maintain an escrow account other than a refunding escrow at any time during to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 of "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables current or former officers, directors, trustees, key employees, highest compensated employ 	J	†	1
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			1
 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 If "Yes," complete Schedule L, Part I		 	1
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 8 If "Yes," complete Schedule L, Part I		1	<u> </u>
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9 If "Yes," complete Schedule L, Part I	· · 25a		1
If "Yes," complete Schedule L, Part I			
current or former officers, directors, trustees, key employees, highest compensated employ	25b		1
current or former officers, directors, trustees, key employees, highest compensated employ	<u> </u>		
disqualified persons? If "Yes," complete Schedule L, Part II			1
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key en substantial contributor or employee thereof, a grant selection committee member, or to a 35% coentity or family member of any of these persons? If "Yes," complete Schedule L, Part III	introlled		1
Was the organization a party to a business transaction with one of the following parties (see Sche Part IV instructions for applicable filing thresholds, conditions, and exceptions):	L=:_	v est de la	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	7 = 3 = 2 = 2	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," co Schedule L, Part IV			✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member		 	
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 Schedul	le M 29		1
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or of conservation contributions? If "Yes," complete Schedule M	ualified 30		1
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sche			1
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If complete Schedule N, Part II	"Yes,"		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regu	dations 32		<u>√</u>
sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part I	33		✓_
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pa or IV, and Part V, line 1	34		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-characted organization? If "Yes," complete Schedule R, Part V, line 2	aritable		
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,	nization i		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 19? Note. All Form 990 filers are required to complete Schedule O.	· · 37		✓

Pari	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 1a 8	38	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	O		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	N. Control	THE PERSON	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		15.1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	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		
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)?			1
b			-	
	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
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Þ	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
_	gifts were not tax deductible?	6b	Sylmings	ap Neglection
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?	(CALLES		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			10
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71	_	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	4.44		
_	sponsoring organization have excess business holdings at any time during the year?	8		₹ 5.5
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		√
a	Initiation fees and capital contributions included on Part VIII, line 12	1		ی
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11	Section 501(c)(12) organizations. Enter:	- (
а	Gross income from members or shareholders	Ż.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417 If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ra mitra es	
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		***	
C	Enter the amount of reserves on hand		10.00 20.00	发
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	1
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.						
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗸						
Sect	on A. Governing Body and Management									
	** * * * * * * * * * * * * * * * * * *	(350 cm)	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7								
	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	Enter the number of voting members included in line 1a, above, who are independent . 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	12 5	ئ ويداريون ويداريون							
	any other officer, director, trustee, or key employee?	2	and the same	J						
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	1	<u> </u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint]	1 -						
	one or more members of the governing body?	7a	ļ	1						
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_	ł							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		V						
•	the year by the following:									
а	The governing body?	8a	1	2000						
b	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		<u> </u>	 						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue 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,		,							
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b								
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		0e7=- 1						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√							
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	-						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	 						
	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							
15	Did the process for determining compensation of the following persons include a review and approval by	3.5								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	A	10 m m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1							
a	The organization's CEO, Executive Director, or top management official	15a	1							
b	Other officers or key employees of the organization	15b	√							
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	- 1818 A. m.							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	26								
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 5 01(c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
10	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	nen-t .	- ali							
19	financial statements available to the public during the tax year.	elesi	JOICY	, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re									
æ. U	outre the frame, address, and telephone number of the person who possesses the organization s doors and re	JUI US.								

E~~~	000	(20117)	

Page 7

5 3 7 7 7		<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		unu
	Independent Contractors	

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

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

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

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

☐ Check this box if neither the organization no	or any relate	d org	aniz	zatio	on c	отре	nsa	ated any currer	nt officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related organizations	other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Don Harris, President	10	1		1				0	O		0
(2) Joy Albi, Executive Vice President	10	1		1				0	0		
(3) Jeff Stassen, Vice President	10	1		1				0	0		
(4) Colin Atkinson, Vice President	10	1		1				o	0		0
(5) Paul Farah, Treasurer	10	1		1				a	o		0
(6) Jim Hendrix, Secretary	10	1		1				0	Q		0
(7) Vi Clark, USTA Delegate	10	1						0	Q		_ 0
(8) Mark Saunders, Executive Director	40				1			217 <i>,27</i> 0	O		_ 0
(9) Dorian A Dyson, CFO	40					1		140,250			0
(10) Diane Ansay, Director Adult Tennis	40					✓		105,416	o		0
(11)											
(12)											-
(13)											
(14)											

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd ł	lighe	st C	ompensated E	mployees (co	ontinued)
		Į.			•	C)			Į.	l	
	(A)	(B)	(do n	ot ch		more	e than	one	(D)	(E)	(F)
	Name and title	Average hours per	box,	unles	ss pe	erson	is both			Reportable compensation fr	Estimated rom amount of
	week flist any									related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	
		organizations	ecte	ξ	۳	퓔	st c	e e	(W-2/1099-MISC)		organization
		below dotted line)	٦	18 17		oye	l a	}	}		and related organizations
		}	stee	uste	1	"	ens	ł	1	Í	J
		}		ď	1	}	ated	{	}		•
(15)						Г		Г			
(16)											
					<u></u>	L		<u></u>			_
(17)					١	1			1		
				-	<u> </u>	_		_	<u> </u>		
(18)							1)
(4.0)				-	-	-			 	 -	
(19)								1			
(20)		 		Н	-	-		-			
1207											
(21)				$\vdash \vdash$	<u> </u>	-					
}											
(22)											
<i></i>											
(23)											
(24)											
(25)			- 1	ı							
-41								ĻЦ			
1b	Sub-total			•	-		•		462,936		0 0
d	Total from continuation sheets to Part	-		•	•		•		0		0 0
<u>u</u>	Total (add lines 1b and 1c)							\	462,936		000 of
2	reportable compensation from the organization		to th	ose	ust	ea a	above	e) Wr	no received mo	ore than \$100	,000 of
	Toportubio dempondaden nom me organiz	Editoria									Yes No
3	Did the organization list any former off	icer, direct	or. o	r trı	uste	e. I	kev e	mpl	lovee, or high	est compens	
	employee on line 1a? If "Yes," complete S										. 3
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole d	om	pen	satio	n ar	nd other comp	ensation from	the Assault
	organization and related organizations										
	ındıvıdual										. 4 🗸
5	Did any person listed on line 1a receive or									atıon or indıvi	dual MAN TO MAN
	for services rendered to the organization?	If "Yes," co	omple	ete S	Sch	edu	le J fo	or si	uch person .	· · · · ·	. 5 ✓
	n B. Independent Contractors										
1	Complete this table for your five highest of	•									
	compensation from the organization. Rep year.	ort comper	isatio	n to	rτn	e ca	alenda	ar y	ear ending with	i or within the	organization's tax
											
	` (A) Name and business addr	ess					į		(B) Description of se	rvices	(C) Compensation
None											
MOTIE							\dashv				
2	Total number of independent contractor							the	se listed abo	ve) who	"S (A.J. V. S. V. B. Y.
	received more than \$100,000 of compensa	tion from th	ne org	anız	zatio	on 🕨	·		00		Table NOA

Par	t VIII	Statement of Rev	enue						
		Check if Schedule C	contains	a res	ponse or note	to any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
# # # # # # # # # # # # # # # # # # #	1a	Federated campaign	s	1a			13.2		
s, Grants Amounte	b	Membership dues .		1b	1,020,784			it. Barangan	
e E	С	Fundraising events .		1c			A Section of		
	d	Related organizations	s	1d					
ωE	e	Government grants (cor	ntributions)	1e					
<u> </u>	f	All other contributions, g			· · · · · · · · · · · · · · · · · · ·	and the same			
tributic Other		and similar amounts not inc	avode bebut	1f	4,355,866				
Contribution and Other Si	9	Noncash contributions inclu	ded in lines 1a-	-1f: \$					
Con	h	Total. Add lines 1a-1	f		>	5,376,652		*	
93					Business Code			24	
Š	2a	Marketing				22,695	22,695		0
2	b	Tennistink				4,862,032	4,862,032		0
훙	C	Adult Programs				141,694	141,694		
Se	d	Junior Programs				475,214	475,214		0
Program Service Revenue	е	Community Programs				47,058	47,058	C	0
8	f	All other program ser	vice revenu	ө.		83,989	83,989		0
<u> </u>	g	Total. Add lines 2a-2			<u> </u>	5,632,682			Mark All Street
	3	Investment income		divide	ends, interest,				
		and other similar amo	•		>	0		C	0
	4	Income from investmen	t of tax-exen	npt bo	nd proceeds ▶	0	9	0	0
	5	Royalties	· · ·	• • •	. ▶	0	0	(I	0
			(i) Real		(ii) Personal				
	6a	Gross rents		0	{		2,50		
	b	Less: rental expenses		0	0				
:	C	Rental income or (loss)	1 \	0	0	ALTERNATION OF THE PARTY	i kangist i ing		
	d 7a	Net rental income or (Gross amount from sales of	(i) Securitie	· ·	(ii) Other	0	(<u>)</u>	- emilian constitution of the second	0
	1a	assets other than inventory	<i>()</i> 000011110		100,000				
	ь	Less: cost or other basis		4	100,000		S. Comer		
	-	and sales expenses .		٦	100 000				
	С	Gain or (loss)		0	100,000				
	d	Net gain or (loss) .			<u> </u>	Cartilla Car	C. Company of the Com	Commence of the second	والمعالم والمسترون
		recegan or (ross) .		· • [
enueve	8a	Gross income from fu events (not including \$ of contributions reporte	.	<u>o</u>				And the state of t	
Other Reve		See Part IV, line 18 .		a	0				
ᡖ	þ	Less: direct expenses		ρĮ	. 0			**************************************	
j	C	Net income or (loss) for		~ _	events . 🕨	0		0	0
	ya.	Gross income from ga See Part IV, line 19 .	_			4 4 4 4 6 2			
					0	and the second			
	Ь	Less: direct expenses			0			Sherra	
	100	Net income or (loss) for Gross sales of in		_	nues P	0	0 *** *********************************	0	0
	10a	returns and allowance		- 1	_				
	L			a	0			1. Ac	
	b	Less: cost of goods s Net income or (loss) fr		b finve	ntony 🟲		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	<u> </u>	Miscellaneous R		I	Business Code	0	0	0	0
-	11a					A SEP COMP.		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	The second second
	iia b	Unrealized Gain/Loss		-		217,037	217,037	0	
1	~			}			0	9	0
	d	All other revenue		}		9	0	0	0
		Total. Add lines 11a-	 11d	Ĺ		217 027			0
l	12	Total revenue. See in		•		11,226,371	5.849.729		100 miles

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon			<u> </u>	<i>. </i> 🗆
86, 9	ot include amounts reported on lines 6b, 7b, b, 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	2,021,100	2,021,100		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	20,325	20.325		
3	Grants and other assistance to foreign			the state of the s	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o	0	Sale Sale Francis a Sale Line 1885	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			A. 1	
	trustees, and key employees	217,271	Œ	217,271	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,926,780	1,297,077	629,703	(
7	Other salaries and wages	0	C	O O	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	169,708	98,981	70,727	(
9	Other employee benefits	415,394	273,631	141,764	C
10	Payroll taxes	145,300	101,613	43,687	
11	Fees for services (non-employees):				,
а	Management , ,	14,112	0	14,112	
b	Legal	5,742	0	5,742	
¢	Accounting	13,150	0	13,150	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	<u> </u>	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column	1			
	(A) amount, list line 11g expenses on Schedule O.)	0	0	c	0
12	Advertising and promotion	0	<u>0</u>	0	0
13	Office expenses	268,063	191,831	76,232	
14	Information technology	24,407	24,407		
15 16	Royalties	0	0	0	0
17	Occupancy	198,178	112,473		
18	Payments of travel or entertainment expenses	237,782	209,917	27,865	0
	for any federal, state, or local public officials		a	0	0
19	Conferences, conventions, and meetings .	536,307	327,527		0
20	Interest	0.30,307	327,327	200,780	0
21	Payments to affiliates	<u> </u>	0	0	0
22	Depreciation, depletion, and amortization .	25,639	0	25,639	
23	Insurance	0	0	0	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	A Marchael			
	line 24e amount exceeds 10% of line 25, column			1 1 2 2 2 4	
	(A) amount, list line 24e expenses on Schedule O.)				
a	Tennis Link	4,030,399	4,030,399	0	0
b	Membership Services	82,875	0	82,875	0
C	Direct Programming	743,595	743,595	0	0
ď	US OPEN	68,512	68,512	0	0
e	All other expenses 0	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	11,164,639	9,52 1,388	1,643,251	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 > 1 if	1			
	following SOP 98-2 (ASC 958-720)	İ			

	art X						
		Check if Schedule O contains a response or	r note	to any line in this Pa	rt X		<u></u> 🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			736,419	1	675,490
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			145,690	4	120,021
	5	Loans and other receivables from current and	forme	r officers, directors,	which is the first management of		
		trustees, key employees, and highest co Complete Part II of Schedule L	omper · ·	sated employees.	a pro	5	
22	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	ndicont ntary e	ributing employers and mployees' beneficiary	0	6	
Asseta	7	Notes and loans receivable, net			0	7	
å	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			206,516	9	297,538
	10a	Land, buildings, and equipment: cost or					13
	1	other basis. Complete Part VI of Schedule D	10a	433,522			
	ь	Less: accumulated depreciation	10b	402,207	53,164	10c	31,315
	11	Investments—publicly traded securities			1,472,671		1,686,525
	12	Investments-other securities. See Part IV, line 1	11 .		0	12	C
	13	Investments-program-related. See Part IV, line	11 .		0	13	
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			540	15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	2,615,000	16	2,810,889
	17	Accounts payable and accrued expenses			284,487		409,356
	18	Grants payable			0		0
	19	Deferred revenue ,			351,921	19	364,645
	20	Tax-exempt bond liabilities		+	0		8
	21	Escrow or custodial account liability. Complete F		,	0	21	6
	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen		•			
P		disqualified persons. Complete Part II of Schedu			0	22	
Lla	23	Secured mortgages and notes payable to unrelate	ted th	ird parties	0		0
		Unsecured notes and loans payable to unrelated			0		0
	25	Other liabilities (including federal income tax, i		· •		_=-	
1	20	parties, and other liabilities not included on lines					
		of Schedule D			56,810	25	53,374
	26	Total liabilities. Add lines 17 through 25		<u> </u>	693,218		827,375
		Organizations that follow SFAS 117 (ASC 958)			- voice of a course are any series and the same		
8		complete lines 27 through 29, and lines 33 and					
5	27	Unrestricted net assets		[1,921,782	27	1,983,514
ğ	28	Temporarily restricted net assets		1	O	~~	0
9		Permanently restricted net assets		<u> </u>	0	29	Ô
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	58), cha	eck here ▶ 🔲 and		• (ecc.) 776 •	
9	30	Capital stock or trust principal, or current funds			n	30	n
8		Paid-in or capital surplus, or land, building, or eq			0	31	0
A		Retained earnings, endowment, accumulated inc			0	32	0
5		Total net assets or fund balances			1,921,782		1,983,514
2		Total liabilities and net assets/fund balances .			2,615,000		2,810,889
			<u> </u>				Form 990 (2017)

Form 9	90 (2017)		Page 12
Par	t 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	11,226,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,164,639
3	Revenue less expenses. Subtract line 2 from line 1	3	61,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,921,782
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	1,983,514
Par	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		STATES.
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in	
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipiled or	
	reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b √
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed on a	
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of		
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c √
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in	
_	Schedule O.		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	torth in	
	the Single Audit Act and OMB Circular A-133?		3a /
p	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such a	_	210

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number United States Tennis Association Inc Midwest Section Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)

(5)

(6)

Schedule	С	(Form	990	or	990-	EZ)	2017
----------	---	-------	-----	----	------	-----	------

Page 2

Schedule C (Form 990 or 990-EZ) 2017

P	art I	l-A		Complete if the organiza section 501(h)).	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Che	eck	>	if the filing organization be address, EIN, expenses, a	longs to an affilia	ited group (and list	in Part IV each aff litures).	iliated group meml	per's name,
В	Che	eck	>	if the filing organization ch	ecked box A and	"limited control" p	rovisions apply.		
					bbying Expendi	itures		(a) Filing organization's totals	(b) Affiliated group totals
	1a	Tota	116	bbying expenditures to influer					Stoch torms
				obying expenditures to influer	•	,			
				bbying expenditures (add line	_	ody (direct lobbyin	9)		
				exempt purpose expenditures	•	•			
				xempt purpose expenditures (a		 1ሐ			
				ng nontaxable amount. Ente			table in both		
		colu			a die dipolit	nom are ronown;	y waste in com		
				nount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amoun	t is:		
	-			\$500,000		mount on line 1e.			
				00,000 but not over \$1,000,000		is 15% of the excess	over \$500,000		
	<u> </u>			000,000 but not over \$1,500,000		s 10% of the excess			
				500,000 but not over \$17,000,000		is 5% of the excess o		ER Co.	
	<u> </u>			7,000,000	\$1,000,000.				
	g	Gras	SST	oots nontaxable amount (enter	25% of line 1f)				
	h	Sub	trac	ct line 1g from line 1a. If zero o	r less, enter -0-				
	i :	Sub	trac	ct line 1f from line 1c. If zero or	less, enter -0-				
	j	lf th	ere	is an amount other than ze	ro on either line	e 1h or line 1i, dic	the organization	file Form 4720	
	(repo	artir	ng section 4911 tax for this ye	ar?				Yes No
		(Sc)m(e organizations that made a s See t	section 501(h) e he separate ins	tructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
				Lobbyi	ng Expenditure	s During 4-Year A	veraging Period		
		С	aler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	2a ∣	Lobi	byir	ng nontaxable amount					
			-	ng ceiling amount of line 2a, column (e))					
	c T	Fota	l lo	bbying expenditures					
	d (Gras	src	oots nontaxable amount					
				ots ceiling amount of line 2d, column (e))					
	f (Gras	STO	ots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)
desc	ription of the lobbying activity.	Yes	No	A	mount
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)?			7.0	
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				<u></u>
е	Publications, or published or broadcast statements?				<u></u>
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		10.50		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				W. 75.
þ	If "Yes," enter the amount of any tax incurred under section 4912		437		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		10		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			ary parameterization
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), (or se	ction	
_					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	- ✓
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."		Part		line 3, is
1	Dues, assessments and similar amounts from members	•	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year	•	2a		
þ	Carryover from last year	•	2b		.,, -,,
C	Total	-	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb				
	and political expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5_		
	Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, li	nes 1 and
•		*****			
	,'				

Schedule C (For	rm 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
		
	······································	

,		
		44444444444444444444444444444444444444
		444444

SCHEDULE D (Form 990)

Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2017

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number United States Termis 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 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II 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 Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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. Part III 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: Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Pari	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner reco	rds, chec	k any of th	ne follo	wing that are a	signific	ant use	of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		e	Other	r					
c	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.		nd expl	ain how ti	hey further	the org	ganization's ex	empt pu	rpose i	in Part
5	During the year, did the organization	solicit or receive of	donation	s of art,	historical t	reasure	s, or other sin	nilar		
	assets to be sold to raise funds rather								Yes [No
Pari	IV Escrow and Custodial Arra	ingements.				· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization 990, Part X, line 21.								on Fo	rm
1a	Is the organization an agent, trustee,							_		٦
b	included on Form 990, Part X? If "Yes," explain the arrangement in Pa						• • • •	· П	Yes	No
J	ii 165, explain the artangement iii i	at Alli alia comple	ic uic ic	mownig te	auic.		1	Amount	 	
c	Beginning balance					10	;			
d	Additions during the year					10	i i		~~~~	
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amour					ustodia	account liabil	ity?	Yes [No
Ь	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the e	xplanatio	n has been	provide	ed on Part XIII		. []
	V Endowment Funds.				· · · · · · · · · · · · · · · · · · ·	······································				
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 10.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e) F	our years	back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and								-	·····
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	he current year end	d balanc	e (line 1a	, column (a)) held	as:			
а	Board designated or quasi-endowmer	_	%	` •						
b	Permanent endowment >	%	•							
c	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and		10%.							
3a	Are there endowment funds not in the	•		zation tha	at are held	and ad	ministered for	the		
	organization by:		Ŭ						Yes	No
								. За		1
	···							. 3a		
ь	If "Yes" on line 3a(ii), are the related or				hedule R?			. 31		
4	Describe in Part XIII the intended uses	•	•			•				
Part										
	Complete if the organization		on For	m 990. F	Part IV. line	e 11a.	See Form 99	0. Part)	(line	10.
	Description of property	(a) Cost or oth (investme	er basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation		Book valu	
1a	Land		0		0	28.76	20	·	<u></u>	0
Ь	Buildings		0		0		0			0
c	Leasehold improvements		0		0		0			0
d	Equipment		0		433,522		402,207			31,315
<u>e</u>	Other		0		0					0
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part)	(, column	(B), line 10)c.)	>			31,315

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
(1) Financia	I derivatives		Cost of all or you make	
	held equity interests			<u> </u>
(3) Other				
(A)				
(B)				
(C)				
(D)	^====================================	•		
(E)				
(F)				
(G) (H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			<u> </u>
Part VIII	Investments—Program Related.		Company of the Company of the Company	· - • • - · ·
arc VIII	Complete if the organization answer	ed "Yes" on Form 990. Part IV. I	ine 11c. See Form 990. Part	X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	
(1)				- <u></u>
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) otal (Column	b) must equal Form 990, Part X, col. (8) line 13.)			
Part IX	Other Assets.		What is a second of the second	
I dit IX	Complete if the organization answer	ed "Yes" on Form 990. Part IV. li	ine 11d. See Form 990. Part	X. line 15.
		scription		ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col.	P) line 15 \		
	Other Liabilities.	5) Inte (3.)	<u> ▶ </u>	
Part X	Complete if the organization answe	ed "Ves" on Form 000 Part IV ii	ne 11e or 11f See Form 00f) Dart V
	line 25.	ed 163 on on 990, raitiv, ii	ne rie or in. oce i omi 990	J, Fail A,
	(a) Description of liability	(b) Book value		Min shows 44
(1) Federal in				
(2) Payroli		5,235	and the state of the state of the state of	A. C.
(3) Other		48,139	a company of the second	
(4)		Section 1	Both Carlotte to the Same of the	
(4) (5)				
(5) (6)			AND THE PARTY OF T	
(5) (6) (7)			And the state of t	State of the Control
(5) (6) (7) (8)			AND THE PROPERTY OF THE PROPER	
(5) (6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25.) ▶			

Pari				Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	7,164,121
2		2a			
a	Net unrealized gains (losses) on investments				
b					
C d			<u></u>		
e	Add lines 2a through 2d	<u> </u>	· · · · · · · · · · · · · · · · · · ·	2e	n
3	Subtract line 2e from line 1			3	7,164,121
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		3.00	1,104,121
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	(1	
ь	Other (Describe in Part XIII.)	4b	4.062.250		
C	Add lines 4a and 4b	التنسا		4c	4,062,250
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	11,226,371
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1				1	7,102,389
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			NA STATE OF THE ST	
а	Donated services and use of facilities	2a	(
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	,	2000	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	7,102,389
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4,062,250	5.45°	
C	Add lines 4a and 4b			4c	4,062,250
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .		5	11,164,639
2; Par Part X	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 III - 4b Revenue is a wash transaction that is connected to TennisLink pass through 1 - 4b Expense is a wash transaction that is connected to TennisLink pass through 1 - 4b.	to provi ough.	ide any additional in	nformation.	
			,		

Schedule D (Fa	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
	2247334742447447447447447447447447474747	
		`
	\$\$\$4	

	,	
		# # * * * * * * * * * * * * * * * * * *
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
,		
		***************************************
	•	

Schedule D (Form 990) 2017

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990, ► Go to www.irs.gov/Form990 for the letest Information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047 2017

United States Tennis Association inc Midwest Section	Midwest Section	Acalotomos					.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	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	or the grants or assistanc	
	award the grants	or assistance?					· · · Ves
	lization s procedur	es tor monitoring	the use or grant tu	nds in the United	States.		
Paint   Grants and Other Assistance to Domestic Org 990, Part IV, line 21, for any recipient that receive	ssistance to Do for any recipient	mestic Organization that received me	ations and Dom ore than \$5,000.	lestic Governm Part II can be du	<b>lents.</b> Complete II uplicated if additic	grants and Otner Assistance to Domestic Organizations and Domestic Governments. Complete it 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) Name and address of organization or government	(b) EIN	(a) 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) See Attached						de mande de la constitue de la	
(2)			2,021,100				To Fund Mission
(6)							
(4)							
(5)							
(9)						minorial management of the control o	
(a)							
(8)							
(6)			The state of the s			Transfer of transf	77.00
(10)		the state of the s		ALL THE		and the state of t	
(11)				The contract of the contract o			
(12)						History	
2 Enter total number of section 501(c)(3) and government org	n 501(c)(3) and gov	ernment organiza	anizations listed in the line 1 table	ne 1 table			•
3 Enter total number of other organizations listed in the line 1	organizations listec	In the line 1 table					. 🕶
For Paperwork Reduction Act Notice. see the Instructions for Form 99	see the instruction	a for Form 890.		č	Cat No 50055D		Chad food my 2011 olished 20

Schedule I (Form 880) (2017)
Part III Grants an

Part III	Grants and Other Assistance to Domestic In	mestic Individue	le Complete if the	maaa aajaatiaaaa	OOV	Page Z
	Part III can be duplicated if additional space is needed.	space is needed		organization answ	needed.	ran IV, line 22.
	(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Cash	Cash Grant	08	20.325			
Ø						
Ø				•		
4						
ω						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, line	2; Part III, column	(b); and any other additi	onal Information.
he USTA or individ	he USTAMidwest Section requires that all their districts submit a copy of their 880 audited financials and minutes of the organization.	submit a copy of the	sir 990 ,audited financi ect operation, we recul	ials and minutes of the	s organization.	Po couse
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
# # # # # # # # # # # # # # # # # # #						
			· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		医乳腺素素 医电子 医电子性 医甲状腺素 化二甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲	化水子子 医电电阻 医黑血 汽车中心 电电阻电路 建建物 计字符记录			
	,					Schedule I (Form 980) (2017)

### **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	State Tennis Association Inc Midwest Section		23-74179	333		
Part	Questions Regarding Compensation					
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to			÷	Yes	No
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account	Housing allowance or residence f Payments for business use of per Health or social club dues or initia Personal services (such as, maid,	or personal use sonal residence ttion fees			
b	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the exexplain.					
2	Did the organization require substantiation pricedirectors, trustees, and officers, including the CE 1a?			16		
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director. Check all t related organization to establish compensation of t	hat apply. Do not check any boxes for	methods used by a			
	<ul> <li>✓ Compensation committee</li> <li>✓ Independent compensation consultant</li> <li>☐ Form 990 of other organizations</li> </ul>	<ul> <li>☑ Written employment contract</li> <li>☑ Compensation survey or study</li> <li>☑ Approval by the board or compensation</li> </ul>	sation committee			
4	During the year, did any person listed on Form 990 organization or a related organization:	), Part VII, Section A, line 1a, with resp	ect to the filing			
a b c	Receive a severance payment or change-of-control Participate in, or receive payment from, a supplemental Participate in, or receive payment from, an equity-but if "Yes" to any of lines 4a-c, list the persons and page 15.	ental nonqualified retirement plan? based compensation arrangement?	in item in Part III.	4a 4b 4c		√ √ √
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:					
	The organization?			5a 5b		√ √
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	, line 1a, did the organization pay or a	ccrue any			
a b	The organization?			6a 6b		✓ •
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,"			7		<b>≠</b>
8	Were any amounts reported on Form 990, Part VII, to the initial contract exception described in I in Part III	Regulations section 53,4958-4(a)(3)?		8		<b>✓</b>
9	If "Yes" on line 8, did the organization also foll Regulations section 53.4958-6(c)?			9		ت:

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

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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(ii) 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive compensation (iii) Other reportable compensation		(C) Retirement and	(D) Nortaxable	(E) Total of columns	(F) Compensation	
				reportable	other deterred compensation	benefits	(E)(6)-(C)	in column (3) reported as deterred on prior Form 990
Mark Saunders, Executive	0	217,270						
1Director	(0)	<u> </u>						
	(0)				ļ		<b> </b>	
2	(4)							
	(9)					,		
3	(11)							
	60							
4	<b>P</b>					<u> </u>		
	60							
5	(#)							
	(6)							
6	<b>(A)</b>				<u> </u>			
	<b>(4)</b>			~	<u> </u>			
7	(FI)							
	Ø							
8	<b>(5)</b>	_						
	(A)							
9	(A)							
	Ø							
10	(#)							
	(4)							
11	(A)							
	Ø							
12	(#)							
	9							
13	(A)							
	A							
14	(6)							
	A							
15	(44)							
	A							
	(6)							

Schedule J (Farm 990) 2017

	Form 990) 2017 Page : Supplemental Information
ovide t	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
oranva	dditional information.
	•
· · · · · · · · · · · · · · · · · · ·	
44	
	Schodule J (Farm 990) 2017

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

Department of the Treasury

Name of the organization

Internal Revenue Service

### 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.

• Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

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,					
The state of the s					
Part VI Section A Governing Body and Management					
6. Did the organization have members or stockholders? - The USTA is a membership organization whe	re its members select representatives				
to the Board of Directors.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
7a. Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or more members of				
the governing body? - See #6 above.					
7b. Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or persons				
other than the governing body? - Changes to the By Laws, Standing Orders, Budget and the election of	f officers to the Board of Directors.				
Part VI Section 8 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 adj	usuments accordingly.				
Part VI Section C Disclosure					
19. Documents are available on SharePoint for our membership and volunteer base and is available to	the public upon their request.				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	· · · · · · · · · · · · · · · · · · ·

Schedule O (Form 990 or 990-EZ) (2017)