

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2017 cale	ndar year, or tax year beginning , 2017, and ending			, 20	
В	Check i	f applicable	C Name of organization USTA/Midwest Tennis & Education Foundation, Inc.		D Employ	er identification nu	ımber
		s change	Doing business as			35-1875466	
$\overline{\Box}$	Name o	_	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number	
$\overline{\Box}$	Initial re	•	1310 East 96th Street 10	n		317-669-0471	
\exists		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			01. 000 0	
\exists			Indianapolis, IN 46240		G Gross re	eceipts \$	1,255,500
\exists		ed return	F Name and address of principal officer Mark Saunders - Same as Above			subordinates? Yes	
ш	Applica	tion pending	Walk Sauliders - Sallie as Address	1	•	s included? Ves	
_			[] 504(-)(0)			list (see instructio	
÷		empt status	✓ 501(c)(3)	4	-	,	•,
<u>7</u>	Websit		w.midwest.usta.com ✓ Corporation Trust Association Other ► L Year of formation	H(c) Group 6			181
_				1992	W State	of legal domicile	IN
į	art I	Summ					
•	1	•	escribe the organization's mission or most significant adtivities.				•••••
uce.		To develo	pe the life skills of youth and selective adults through tennis and education.	·			
Governance	_				0504 . (
Ş	2		is box ▶☐ if the organization discontinued its operations or disposed of			its net assets.	
			· · · · · · · · · · · · · · · · · · ·		3		12
∞ ŏ	4		of independent voting members of the governing body (Part VI, line 1b)		4		12
ij	5		nber of individuals employed in calendar year 2017 (Part V, line 2a) .		5		1
Activities &	6		nber of volunteers (estimate if necessary)		6		20
Ä	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a		79,866
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u> </u>	7b		49,236
·^			<u> </u>	Prior Yea	ar	Current Ye	ear
ညိဳ	8	Contribu	tions and grants (Part VIII, line 1h)		406,979		435,075
75	9	Program	service revenue (Part VIII, line 2g)		1,210		2,165
₹8	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,241		18,159
ī "	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		285,638		244,079
כ	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		697,068		699,478
<u>-</u>	13	Grants a	nd sımılar amounts paid (Part IX, column (A), lines 1-3)		113,895		133,003
,	14		paid to or for members (Part IX, column (A), line 4)		0		0
- 0	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		53,014		65,000
Expenses	16a	Profession	onal fundraising fees (Part X, column G Fling He		0		0
be e	. ь	Total fun	draising expenses (Part IX volumn (D), line 25				
ŭ	17	Other ex	penses (Part IX, column (AS) ines (1) la-1 121, 11f-24e) (0.		315,540		420,116
	18	Total exp	penses (Part IX, column (18) net (1) 1a-1 121, 11f-24e)		482,449		618,119
	19	Revenue	less expenses. Subtract line 18 from line 12		214,619		81,359
- 6			OGDEN, UT	ginning of Cur		End of Ye	
ets o	20	Total ass	ets (Part X, line 16)	4	,231,327		4,211,660
ASS	21		ollities (Part X, line 26)		,920,367		1,819,341
Net Assets or	22		ts or fund balances. Subtract line 21 from line 20		,310,960		2,392,319
	art II		ture Block	_	,5.0,555		_,00_,0_,0_
			ry, I declare that I have examined this return, including accompanying schedules and statement	ents and to th	e best of	my knowledge, and	belief, it is
tru	ue, corre	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowle	edge	,	
_							
Si	gn	Sign	ature of officer		e /	0 -	
	ere		La - A Nep -	11/1	1/		
•••	J. C	Two T	por print name and title	'// '	/ / 🖰	ر	
_		PriAt/Tu	he nrenarer's name Preparer's signature Date		<u>.</u> T.a.:	PTIN	
	aid	4	, span or a significant		Check self-em	ıf	
	repar				1		
U	se On				's EIN ▶		
N A -	n, tha !		a this rature with the proparar shown above? (see instructions)	Phor	ne no		. □ No
_			s this return with the preparer shown above? (see instructions)	· · · ·		<u></u> Yes	
Fo	r Paper	work Redu	ction Act Notice, see the separate instructions. Cat No	11282Y		Form \$	390 (2017)

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Part	
1	• Check if Schedule O contains a response or note to any line in this Part III
'	To develop the life skills of youth and selective adults by creating opportunities for advanced education and tennis.
	To develop the life skills of youth and selective addits by creating opportunities for dovalized education and termini-
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 125,057 including grants of \$ 77,753) (Revenue \$ 48,665)
	Grants to prgrams that help in advancing education and athletics to youth.
41	(O-d
4b	(Code:) (Expenses \$ 82,224 including grants of \$ 55,250) (Revenue \$ 43,415)
	To assist youth players in improving their abilities and increase the options to eliglibe players for scholarships to the college of their
	choice.
4c	(Code:) (Expenses \$ 52,125 including grants of \$ 0) (Revenue \$ 467,633)
	To provide support to youth and adult tennis with the desire to create opportunities for the participants to increase their life options.
4d	Other program services (Describe in Schedule O.)
→u	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 259,406

Part	V Checklist of Required Schedules			-30
	•		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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		✓
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? <i>If "Yes," complete Schedule D, Part II</i> .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	√	
b	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? 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	ļ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		/
		<u></u>	000	/2017

Part	V Checklist of Required Schedules (continued)			
rait			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	<u> </u>
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			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- - -	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	00		1
04.		23		├-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$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			1
	· · · · · · · · · · · · · · · · · · ·	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	l		
	to defease any tax-exempt bonds?	24c		
	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		 ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	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		i	١,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١,
	Schedule L, Part IV	28b		/
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	<u> </u>	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١.
	conservation contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l		,
	Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			,
	complete Schedule N, Part II	32		 ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-
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		 √ _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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	✓	1

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a ्	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓ _	
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 1			
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)	L		<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
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)?	4a		V
ь	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a	✓	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
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	-	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	√
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	_	√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	!	
	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.	1		
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]		
С	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

It Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting nights among members of the governing body, or of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization officers, directors, or fussees, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization officers, directors, or fussees, or key employees to a management company or other person? 4 Did the organization beace members or stockholders? 5 Did the organization become aware during the year of a significant diversion of the corganization's assets? 5 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exceptible of the process, if any used by the organization to review this Form 190. 10a Did the organization have a written policies and procedures governing the activates of such chapters, affiliates, a	Part '				
The presence of the governing Body and Management The presence of the governing body at the end of the tax year if there are material differences in voting nights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 10					
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It be rumber of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Dd the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 4 Dd the organization make any significant changes to its governing documents since the prior form 900 was filed? 5 Dd the organization have members or stockholders? 7a Dd the organization have members or stockholders? 7b Dd the organization have members or stockholders? 7c Dd the organization have members or stockholders? 7b Dd the organization have members or stockholders? 7c Dd the organization have members or stockholders? 7c Dd the organization have members or stockholders? 7d Dd the organization on the poverning body? 5 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the poverning body? 5 Dat the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee isted in Part VIII, Section A, who cannot be reached at the organization shall address? if Prices, "provide the names and addresses in Schedule	Section	on A. Governing Body and Management	1	Yes	No
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b Other officers or key employees of the organization		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		15b		<u>√</u>
with a taxable entity during the year?	40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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organization's exempt status with respect to such arrangements?	D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	19		G1621	holic	, and
	20		corde	: ▶	
POLIDIA DESON, DILECTO DI INIGNO, 1919 EGSI SON SINGLI SANO 100 MANDIADONS, IN TOLTO DI 1-000-077 I	_0	Dorian A Dyson, Director of Finance, 1310 East 96th Street Suite 100 Indianapolis, IN 46240 317-669-0471			

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Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	anc
•	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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee.

Check this box if fieldler the organization		<u> </u>			C)	<u> </u>				,	_
(A)	(B)	١		_	ition			(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated	
	hours per					or/trust	ee)	compensation	compensation from related	amount of other	
	week (list any hours for	악	Ins	ç	Ke	em	Former	the	organizations	compensation	
	related	Individual trustee or director	랿	Officer	Key employee	ploy) He	organization	(W-2/1099-MISC)	from the	
	organizations below dotted) 학교	Į Š		gr	ee co	Ì `	(W-2/1099-MISC)		organization and related	
	line)	lrus	3		yee	l mg				organizations	
		89	Institutional trustee			Highest compensated employee					
	_		-			8		<u> </u>			_
(1) Violet Clark	5										
President			<u> </u>	✓				0	0		0
(2) Joy Albi	5]						
Vice President				✓				0	0	_	0
(3) Paul Farah	5			١.							
Treasurer				✓				C	0		0
(4) Erın Ortman	3										
Secretary				✓					0		0
(5) Bart Bronk	11		1	1							
Director		✓		_	<u> </u>		<u> </u>		0		0
(6) Don Harris	1				l						
Director		✓			<u> </u>			<u> </u>	0		0
(7) Jım Hendrix	1										
Director		✓			<u> </u>			c	0		0
(8) Alexis Prousis	11		i								
Director		✓	_	<u> </u>			_	c	0		0
(9) Jonelle Smith	11		1			1	-				
Director			<u> </u>	<u> </u>	<u> </u>		<u> </u>		0		0
(10) Bridget Vaughn	11										
Director	_	✓	<u> </u>	<u> </u>			<u> </u>	(0		0
(11) Doug Wenger	111							İ			
Director		✓	<u> </u>						0		0
(12) Bev Wentz	1	ļ									
Director		✓		<u> </u>	<u> </u>	<u> </u>	_	(. 0		0
(13) Mark Saunders	5						1		1		
Executive Director	40	ļ		<u> </u>	1		_		0 0		0
(14)				1							
		1	1	1	1	1	1				

Part	• Section A. Officers, Directors, Trust • (A) • Name and title	(B) Average hours per week (list any hours for related organizations	(do n box, o	ot ch unles	Pos neck ss pe	ition more rson irecti	than out the thick the thi	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	(F) Estimated m amount of other compensation
		below dotted line)		Institutional trustee		employee	Highest compensated employee				and related organizations
(15)										-	
(16)											
(17)						-					
(18)											-
(19)					 						
(22)											
(23)			-								
(24)			-			-					
(25)			 								
С	Sub-total	VII, Section		L	· •			<u> </u>	0		0 0 0 0 0 0
d 2	Total (add lines 1b and 1c)	t not limited						e) w		'- -	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high	nest compensa	Yes No ated 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npei	nsatio f "Ye	s, "	and other comp complete Sch	nedule J for s	the uch
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individual	dual 5 🗸
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress			·				(B) Description of s	ervices	(C) Compensation
NONE											
NOIVE		· -									
				_				-			
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who	

Part	VIII	Statement of Reve			any line in this	Dort VIII		
	-	Check if Schedule O	o contains a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues		0				
בַּ בַּ	C	Fundraising events .		157,107		ļ		
Gifts, (ilar Am	d	Related organizations		0				
nis G	e	Government grants (con		o				
ons	f	All other contributions, g						
outi her		and similar amounts not inc		277,968				'
o it	g	Noncash contributions includ		188,053				
Contributions, and Other Sim	h	Total. Add lines 1a-1			435,075			
		Totall / las miles i.g. i	<u> </u>	Business Code				
Program Service Revenue	2a	Diversity Camp			2,165	2,165	0	0
Rev	 b							
ce	c							
erv	d		·	-		_		
SE	e							
grai	f	All other program ser						
Pro	g	Total. Add lines 2a-2		•	2.165			
	3	Investment income						
		and other similar amo	,	_	18,159	o	0	18,159
	4	Income from investmen	=	and proceeds ▶	0	0	0	0
	5	Royalties	it of tax oxompt by	>	0	0	0	
		1 to yakiloo	(i) Real	(II) Personal				
	6a	Gross rents	507,734	0				
	b	Less: rental expenses	427,868	- 1.				
	c	Rental income or (loss)	79,866					
	ď	Net rental income or		•	79,866	0	79,866	
	7a	Gross amount from sales of	(i) Securities	(II) Other	73,000		73,000	
	'"	assets other than inventory	0	0				
	ь	Less: cost or other basis						
		and sales expenses .	0	ا				
	С	Gain or (loss)						
	ď	Net gain or (loss) .		•	0	0	0	
ō		-						
Other Revenue	ва	Gross income from fu events (not including \$:		
æ		of contributions reporte						
Je.			· · a	257,500				
8	b	Less: direct expenses						
	С	Net income or (loss) f		events . ►	129,346		0	129,346
	9a	Gross income from ga						
		See Part IV, line 19 .		0				
	b	Less direct expenses						
	С	Net income or (loss) f		vities ▶	0	0	0	<u> </u>
	10a	Gross sales of in returns and allowance		0				
	ь	Less: cost of goods s	sold b	0				
	С	Net income or (loss) f	from sales of inv	entory 🕨	o	0	0	(
		Miscellaneous F	Revenue	Business Code				
	11a	Unrealized Gain/Loss			34,867	0	0	34,867
	b							
	С							
	d	All other revenue .	. ,					
	е	Total. Add lines 11a-		▶	34,867			
	12	Total revenue. See II	nstructions	🕨	699,478	2,165	79,866	182,372

Part IX Statement of Functional Expenses

Sectio	n·501(c)(3) and 501(c)(4) organizations must com	nplete all columns A	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 .	<u> </u>	
	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	65,857	65,857		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	67,1 <u>46</u>	67,146		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	o	o		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	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)	0	0	o	0
7 8	Other salaries and wages	65,000 0	0	65,000	
9 10	Other employee benefits	2,671 4,961	0	2,671 4,961	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b c	Legal	0 12,592	0	0 12,592	0
d e f	Lobbying	0 0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,481	7,579		18,238
12 13	Advertising and promotion	0 31,029	0 5,845		18,780
14 15	Information technology	0	0 0	0	
16 17	Occupancy	0 77,487	0 59,224		11,895
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		0
19 20	Conferences, conventions, and meetings . Interest	0	0	0	0
21 22 23	Payments to affiliates	0 0	0 0		0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	0	9		
а	Non Cash Contribution Expense	188,053	52,125	101,754	34,174
b	Entry Fees	1,630	1,630		
C	Bank Processing Fees	5,241	0		18
d	Timeshare Expenses	1,409	0		9.760
е 25	All other expenses Business Tax & Other Total functional expenses. Add lines 1 through 24e	41,562 618,119	<u>0</u> 259,406	32,802 266,848	
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)	010,113	233,400	200,040	3 1,000

33

34

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 741,555 839,827 2 2 0 0 Pledges and grants receivable, net 3 3 100,322 176,000 4 0 8,512 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 0 0 **Assets** 7 o 7 Notes and loans receivable, net 0 8 8 0 0 Prepaid expenses and deferred charges . . . 74.741 9 56,292 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,195,163 10b 2,778,634 10c 2,762,300 ь Less: accumulated depreciation 1,432,863 437,803 11 467,001 11 0 12 12 Investments – other securities. See Part IV, line 11 0 Investments—program-related. See Part IV, line 11... 0 13 0 13 14 0 14 0 0 15 0 15 Other assets. See Part IV, line 11. 4,231,327 16 16 Total assets. Add lines 1 through 15 (must equal line 34). 4,211,660 74,492 17 17 Accounts payable and accrued expenses 62,526 0 18 0 18 32,016 19 32,656 19 Deferred revenue 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 n 0 Secured mortgages and notes payable to unrelated third parties . . . 1,778,273 23 23 1,712,067 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 35,586 12.092 1,920,367 26 Total liabilities. Add lines 17 through 25 . 1,819,341 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 1,929,767 27 27 1,919,431 131,193 **2**8 222,888 28 250,000 29 250,000 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 31 Retained earnings, endowment, accumulated income, or other funds 32 32 ol 0

Total liabilities and net assets/fund balances

2,392,319

4,211,660

33

2,310,960

4,231,327 34

Page 12

Donated services and use of facilities	Part	XI Reconciliation of Net Assets			_	
2 Total expenses (must equal Part IX, column (A), line 25) . 2 618,115 3 Revenue less expenses Subtract line 2 from line 1 . 3 81,355 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 2,310,966 5 Net unrealized gains (losses) on investments . 5 6 6 Donated services and use of facilities . 6 6 . 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			<u></u>		<u> </u>	
Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Ret assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Ret unrealized gains (losses) on investments Bohard Services and use of facilities California line services and use of facilities Ret unrealized gains (losses) on investments California line services and use of facilities Ret unrealized gains (losses) on investments California line services and use of facilities Ret unrealized gains (losses) on investments Ret unrealized gains (losses) on investments California line services and use of facilities Ret unrealized gains (losses) on investments nd selection of an independent accountant? Ret end unrealized gains (losses) on lost in undergo the required audit or audits? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Rever the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Ret unrealized gains (losses) under undergo the required audit or audits? If the organization did not 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.	-		1		69	9,478
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		61	8,119
Solution of the audit, review, or compilation of its financial statements and separate basis or solution of the audit, review, or compilation of its financial statements and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consoli	3	Revenue less expenses Subtract line 2 from line 1	3		8	1,359
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,31	0,960
7 Investment expenses	5	Net unrealized gains (losses) on investments	5			0
8 Prior period adjustments	6	Donated services and use of facilities				0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	8		8			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9		9			0
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII		,	10		2,39	2,31 <u>9</u>
Accounting method used to prepare the Form 990	Part	· · ·				_
1 Accounting method used to prepare the Form 990 □ Cash ☑ Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u> </u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1					
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain in			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis ■ Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				<u> </u>		
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a			2a		✓
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			oiled or	ł		
b Were the organization's financial statements audited by an independent accountant?		·		-		1
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		- ' · · · · · · · · · · · · · · · · · ·		<u> </u>		لــــا
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	b	· · · · · · · · · · · · · · · · · · ·		2b	✓	
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		· · · · · · · · · · · · · · · · · · ·	eo on a			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•				
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			orgiabt			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С				,	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				20	V	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			Piaiii III			
the Single Audit Act and OMB Circular A-133?	20		forth in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	Sa		10111111	32		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	h		rao the			
	D			3b		
Fulli 330 (2017					n 99 0	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name of the organization								
<u>USTA</u>	Midwest Tennis & Education Found	lation, Inc.					75466	
Par							ns.	
1 2	rganization is not a private founda A church, convention of churc A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and stat An organization operated for	hes, or association 170(b)(1)(A)(ii). (spital service orgon operated in coest	on of churches descri (Attach Schedule E (Fi ganization described in onjunction with a hosp	bed in se orm 990 in section oital desc	ection 170 or 990-E2 or 170(b)(1 ribed in s	0(b)(1)(A)(i). ⁽ / ₂).))(A)(iii). ection 170(b)(1)(A)(
6 7								
8 9	☐ A community trust described in ☐ An agricultural research organ or university or a non-land-grauniversity:	zation described	in section 170(b)(1)	(A)(ix) op	erated in ir the nam	conjunction with a l ne, city, and state of	and-grant college the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fui t income and uni ifter June 30, 197	nctions—subject to corelated business taxal 75. See section 509(a	ertain exc ole incom i)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its	
11 12	☐ An organization organized and ☐ An organization organized and of one or more publicly support Check the box in lines 12a thro	operated exclus	sively for the benefit of ns described in secti	f, to perfo on 509(a	orm the fu)(1) or se	unctions of, or to calection 509(a)(2). Se	e section 509(a)(3).	
а	☐ Type I. A supporting organization supporting organization. Y	n(s) the power to ou must comple	regularly appoint or e	lect a ma A and B.	ijority of t	he directors or trust	ees of the	
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C	the same	persons	that control or man	age the supported	
С	Type III functionally integ its supported organization.	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.		
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement ar	orted organization(s) id an attentiveness	
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Typo ion.	e II, Type III	
f g	Enter the number of supported Provide the following information	-						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)	_							
(C)								
(D)								
(E)	-							
			· · · · · · · · · · · · · · · · · · ·					

supported organization

instructions

18

، Schedu	le A (Form 990 or 990-EZ) 2017						Page 2
Part	 Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to 	e box on line	5, 7, or 8 of 1	Part I or if the	organization	failed to	qualify under
Secti	on A. Public Support	<u> </u>				<u> </u>	
alen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	266,824	329,120	283,173	406,979	435,0	75 1,721,171
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	. 0	0		0 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0:	0	0		0 0
4	Total. Add lines 1 through 3	266,824	329,120	283,173	406,979	435,0	75 1,721,171
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					·	0
6	Public support. Subtract line 5 from line 4						1,721,171
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	266,824	329,120	283,173	406,979	435,0	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,975	6,250	6,159	3,241	18,1	35,784
9	Net income from unrelated business activities, whether or not the business is regularly carried on	(21,400)	(48,004)	87,789	147,752	79,8	246,003
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	145,231	245,858	144,726	139,096	166,3	878 841,289
11	Total support. Add lines 7 through 10						2,844,247
12	Gross receipts from related activities, etc.				[12	0
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re			or fifth tax ye	ear as a se	ction 501(c)(3)
14	Public support percentage for 2017 (line 6			1 column (fl)		14	61 %
15	Public support percentage from 2016 Sch				ſ	15	61 %
16a	331/3% support test—2017. If the organi box and stop here. The organization qual	zation did not i lifies as a publi	check the box cly supported	on line 13, and organization	d line 14 is 33	¹ /3% or mo	re, check this
b	33½% support test—2016. If the organization	qualifies as a p	oublicly suppor	ted organizatio	on		🕨 🗀
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumsta imstances" te	ances" test, cho st The organiz	eck this box a ation qualifies	nd stop h e	e re. Explain ın

b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3 Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Tőtal (d) 2016 (e) 2017 (a) 2013 **(b)** 2014 (c) 2015 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . 3 Gross receipts from activities that are not an unrelated trade or business under section 513 revenues 4 levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain of loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) % % Public support percentage from 2016 Schedule A, Part III, line 15 . . . 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . 17 17 % % 18 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .

331/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ou .	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	21-		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a]
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,		·	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	l	1

	V Supporting Organizations (continued)			
Part	Supporting Organizations (continued)		Vac	A!
	11. M		Yes	140
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
secti	on B. Type I Supporting Organizations		Yes	No
	Dulling and the second		res	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		.	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
9	Did the expenientian energic for the handit of any supported expenience other than the supported			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect:	on C. Type II Supporting Organizations	_	<u> </u>	
Jecli	on o. Type if Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			 -
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
Jecu	On D. All 13pc in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		- 55	
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			}
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
1	·		J., J. 18	-/
a	The organization satisfied the Activities Test Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont	one in	otri inti	וחמחו
С	The organization supported a governmental entity. Describe in Part VI now you supported a government unity (JUU 111		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	. _		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	ļ	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	Î		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount see instructions).	t, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	<u> </u>	
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function.	ally inte	egrated Type III support	ing organization (s

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.	=		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	· 	 _	
9	Distributable amount for 2017 from Section C, line 6	··		
10	Line 8 amount divided by line 9 amount		/ii\	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>		4		
b	From 2013			
С	From 2014		···	<u> </u>
_ <u>d</u>	From 2015			
<u>e</u> f	From 2016	<u> </u>		
_	Applied to underdistributions of prior years			
<u>g</u> h	Applied to Underdistributions of prior years Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
Represents fundraising outside the US Open assets.							
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	<u></u>						
	·						
	,						
	· ·						
	•						
••••							
	14						

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.

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization 35-1875466 USTA/Midwest Section Tennis & Education Foundation, Inc. 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 . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education)☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R and section 170(h)(4)(B)(ii)? 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. 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X . . .

Cat No 52283D

Schedule D (Form 990) 2017

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

Part		Collections of A	Art, Histor	rical T	reasures, or	Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and oth	her records	, check	cany of the fo	ollow	ing that are a sig	nificant use of its
а	☐ Public exhibition		d □	Loan	or exchange p	rogra	ams	
b	Scholarly research		е 🗌	Other	_			
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather	than to be mainta	ined as par	t of the	organization'	s col	lection?	☐ Yes ☐ No
Part								
	Complete if the organization	answered "Yes'	on Form	990, P	art IV, line 9,	, or r	eported an amo	ount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	and comple	ete the folio	wing ta	ible:		Δm	ount
_	Decimana halana					10	7411	
C	= +3			• •		1c		
d	Additions during the year							
e	Distributions during the year			•		1e 1f		
f	Ending balance							□ Vaa □ Na
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e ir the expi	anatior	nas been pro	vide	u on Part XIII .	
Par	Complete if the organization	answordd "Ves"	" on Form	990 E	Part IV line 1	Λ		
	Complete if the organization	(a) Current year	(b) Prior y		(c) Two years ba		(d) Three years back	(e) Four years back
4	Danisa at vasa balanca						250,000	250,000
1a	Beginning of year balance	250,000		50,000	250,		0	
b	Contributions	0		0		0		0
С	Net investment earnings, gains, and losses							•
_1	-	0		0		- 0	0	0
d	Grants or scholarships	0		0		0		0
е	Other expenditures for facilities and programs						0	0
	· -	0		0		0		0
f	Administrative expenses	250,000		50,000	350	,000	250,000	250,000
g	End of year balance							250,000
2	Board designated or quasi-endowmer		0%	inte ig	, coluitiit (a)) ti	ieiu a		
a			/0					
C	Permanent endowment ► Temporarily restricted endowment ►	27%						
C	The percentages on lines 2a, 2b, and 2		00%					
3a	Are there endowment funds not in the			tion tha	at are held and	d adr	ninistered for the	
- Ou	organization by:	, possession on a						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							
Pari							-	
	Complete if the organization		" on Form	990, F	Part IV, line 1	1a. S	See Form 990, F	art X, line 10.
	Description of property	(a) Cost or ot			r other basis		ccumulated	(d) Book value
	, , ,	(investm	ent)	(01	ther)	de	preciation	
1a	Land		324,037		0			324,037
b	Buildings		3,871,127		o		1,432,864	2,438,263
С	Leasehold improvements							
d	Equipment							-
e	Other	,		_				
Total	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part X.	column	(B), line 10c.)		•	2.762.300

	(a) Description of security or o		(b) Book value	(c) Method of valuation
•	(including name of secui	rity)		Cost or end-of-year market value
	I derivatives			
-	held equity interests			
Other				
(A)				
(B) (C)				
(D)				
(E)				
(E) (F)			-	
(G)		***************************************	-	· · · · · · · · · · · · · · · · · · ·
(H)				
· ·	b) must equal Form 990, Part X, col. (B) line	121 ▶		
art VIII	Investments – Program Re			
			orm 990, Part IV, line	11c. See Form 990, Part X, lin
	(a) Description of investr		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
)				
2)				
<u>)</u>				
I)				
5)				
5)				
71				
				
8)				
8) 9)	(h) must squal Form 000 Port V and (P) line	121		
	(b) must equal Form 990, Part X, col (B) line	13) ▶		
8) 9) otal. <i>(Column</i> (Other Assets.		orm 990. Part IV. line	11d See Form 990 Part X Ju
8) 9) tal. (Column (Other Assets.		orm 990, Part IV, line	11d. See Form 990, Part X, Iır (b) Book val
8) 9) Ital. (Column Part IX	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) Ital. (<i>Column</i> Part IX	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) stal. (Column Part IX 1)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) Part IX 1) 2)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) tal. (Column part IX 1) 2) 3)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) tal. (Column part IX 1) 2) 3) 4)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) tal. (Column part IX 1) 2) 3) 4) 5)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
3) 3) 3) tal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
3) 3) 4) 5) 4) 5) 6) 7)	Other Assets.	n answered "Yes" on F	orm 990, Part IV, line	
8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77) 8)	Other Assets.	n answered "Yes" on F (a) Description	orm 990, Part IV, line	
8) 9) ptal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization imn (b) must equal Form 990, Pa Other Liabilities.	n answered "Yes" on F (a) Description ort X, col. (B) line 15)		(b) Book val
8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization imn (b) must equal Form 990, Pa Other Liabilities.	n answered "Yes" on F (a) Description ort X, col. (B) line 15)		(b) Book val
8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization imn (b) must equal Form 990, Pa Other Liabilities.	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
8) 9) tal. (Column part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column part X	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15)	orm 990, Part IV, line	(b) Book val
8) 9) tal. (Column) Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column) Part X	Other Assets. Complete if the organizatio imn (b) must equal Form 990, Pa Other Liabilities. Complete if the organizatio line 25.	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) Dital. (Column Part IX 1) 2) 3) 4) 5) 6) 7) B) Part X 1) Federal (Column Part X	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) B) tal. (Column Part IX B) B) Control Column Col	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) B) Cart IX Column Part IX B) Column Colum	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
3) 3) 3) 4) 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal (Column Part X 1) Federal (Column Part X	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) B) B) Column Part IX 1) Column Column B) Column B) Column Col	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) B) B) Column (Column Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val	
8) 9) tal. (Column) Part IX 1) 2) 33) 44) 55) 66) 77) 89 99 otal. (Column) Part X 1) Federal (Column) 1) Federal (Column) 2) Swap 3) 4) 55) 66) 77) 88)	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	orm 990, Part IV, line	(b) Book val
B) B) B) Column Part IX 1) Colu	Other Assets. Complete if the organization Imm (b) must equal Form 990, Paragraphic Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F (b) Book value	orm 990, Part IV, line	(b) Book val

Par	Reconciliation of Revenue per Audited Financial Stateme			Return.	
1	Complete if the organization answered "Yes" on Form 990, I Total revenue, gains, and other support per audited financial statements		, III e 12a.	1	CC4 C11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- '- 	664,611
a	Net unrealized gains (losses) on investments	2a	(34,867)		
b	Donated services and use of facilities	2b	(34,807)		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	-		1	
e	Add lines 2a through 2d			2e	(34,867)
3	Subtract line 2e from line 1			3	629,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i	· · · · ·		023,744
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	L I	<u></u>	4c	O
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	699,478
Part	XII Reconciliation of Expenses per Audited Financial Statem			r Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	618,120
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b		1 1	
С	Other losses	2c	0	1	
d	Other (Describe in Part XIII.)	2d	1	1	
е	Add lines 2a through 2d			2e	1
3	Subtract line 2e from line 1			3	618,119
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	0]	
b	Other (Describe in Part XIII.)	4b	0		
С				4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.) .	<u> </u>	5	618,119
Part					·
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				e 4, Part X, line
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	ride any additional in	formation	
art X	Il Line 2d is a difference in rounding.				
				-	
					·
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Schedule D (Fo	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number

USTA/Midwest Tennis & Education Foundation, Inc. 35-1875466 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yos," list the 10 highest paid individuals or ontities (fundraisors) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization col (i) Yes No 1 2 3 5 6 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Т		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(a) T-1-1
	•		Hall of Fame Gala	US Open Fundraiser	3	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
anilasau						***
2	1	Gross receipts	65,457	272,500	77,650	414,60
-	2	Less: Contributions .	65,457	15,000	77,650	143,10
	3	Gross income (line 1 minus				
_		line 2)	0	257,500	0	257,50
	4	Cash prizes	0	0	o	
		·				
	5	Noncash prizes	0	0	0	
ខ្ល	6	Rent/facility costs	0	0	o	
<u> </u>						***************************************
Direct Experses	7	Food and beverages	0	0	0	
2	8	Entertainment	o	0	o	-
د						
	9	Other direct expenses .	0	128,154	0	128,15
					_	
	10	Direct expense summary Ac	ld lines 4 through 9 in c	olumn (d)	• 1	4 128.15
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	•	129,34
Par		Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answei	olumn (d)	•	129,34
_	11	Net income summary. Subtra	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 99	▶ 00, Part IV, line 19, or r	129,34 eported more
_	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answei	olumn (d)	•	129,34
_	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
anuayay	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	(d) Total gaming (add
Hevenue	11	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Hevenue	11 1 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Hevenue	11	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Expenses Revenue	1 2	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Hevenue	1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Expenses Revenue	1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, c e organization answei 90-EZ, line 6a. (a) Bingo	olumn (d)	▶ 100, Part IV, line 19, or r	129,34 eported more
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, c e organization answer 90-EZ, line 6a.	olumn (d)	▶ 00, Part IV, line 19, or r	129,34 eported more
Expenses Revenue	11 1 1 2 3 4	Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo	olumn (d)	▶	129,34 eported more
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo	olumn (d)	▶	129,34 eported more
Expenses Revenue	1 1 2 3 4 5 6 7	Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo Yes% No	olumn (d)	▶	129,34 eported more
Expenses Revenue	1 1 2 3 4 5 6 7 8	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo Yes% No dd lines 2 through 5 in ce y. Subtract line 7 from line 3.	olumn (d)	▶	129,34 eported more
Expenses Revenue	1 1 2 3 4 5 6 7 8	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in ce y. Subtract line 7 from lines ganization conducts gar	olumn (d)	(c) Other gaming Yes % No	eported more (d) Total gaming (add col (a) through col (c))
Olifect Expenses Revenue	1 2 3 4 5 6 7 8 Er	Subtrace Summary. Subtrace Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	Yes % No dd lines 2 through 5 in cy. Subtract line 7 from line 3 conduct gaming activities	olumn (d)	▶	eported more (d) Total gaming (add col (a) through col (c))
Olifect Expenses Revenue	1 2 3 4 5 6 7 8 Er	Subtrace Summary. Subtrace Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, ce organization answer 90-EZ, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in ce y. Subtract line 7 from lines ganization conducts gar	olumn (d)	▶	eported more (d) Total gaming (add col (a) through col (c))
Olifect Expenses Revenue	1 2 3 4 5 6 7 8 Er a Is b If '	Subtrace Summary. Subtrace Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	Yes % No dd lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gar	olumn (d)	▶	eported more (d) Total gaming (add col (a) through col (c))

schedu	ule G (Form 990 or 990-EZ) 2017	Page 3						
11	Does the organization conduct gaming activities with nonmembers?	□ No						
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ No						
13	"Indicate the percentage of gaming activity conducted in.	_						
а	The organization's facility	%						
b	An outside facility	%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name ▶							
	Address►							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ No						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the third party:							
	Name ►							
	Address ►							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ► \$							
	Description of services provided ▶							
	☐ Director/officer ☐ Employee ☐ Independent contractor							
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$							
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd						

(Form 990)

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 latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

USTA/Midwest Tennis & Education Fo	undation, Inc.					
Part I General Information						
Does the organization mainta the selection criteria used to			unt of the grants or	r assistance, the g	rantees' eligibility fo	or the grants or
2 Describe in Part IV the organ	ızatıon's procedur	es for monitoring	the use of grant fu	inds in the United	States.	
Part II Grants and Other As 990, Part IV, line 21,	ssistance to Do	mestic Organia	zations and Don	nestic Governm Part II can be d	nents. Complete if uplicated if addition	the organiza onal space is
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti noncash assi
(1) Inner City Tennis Clinics Cleveland, OH			5,000			
(2) The Children's Museum of Indy						
Indianapolis - Indianapolis, IN			6,000)	
(3)						
(4)						
(5)						
(6)				_		•
(7)						
(8)						
(9)						
(10)				_		
(11)						
(12)						
2 Enter total number of section 3 Enter total number of other of For Paperwork Reduction Act Notice.	organizations listed	in the line 1 tabl		<u> </u>	at No 50055P	

Stinedule I (Form 990) (2017)

Part III	Grants and Other Assistance to D			organization answ	ered "Yes" on Form 990.
	Part III can be duplicated if addition	al space is needed	<u>d</u>		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
n 1 Gran	ts provided for the assistance in	36	55,250	0	
2 the a	dvancement of youth tennis	-			
3 Gran	ts for wheelchair tennis participants to	6	11,896	11,896	Fair Market Value
_4 purc	hase wheelchairs				
_5				·	
6	*			<u> </u>	
7		,			
Part IV	Supplemental Information. Provide	e the information r	equired in Part I, line	2; Part III, column	(b); and any other addit
	are awarded to individuals and organization				
					······
					
		•••••			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection

Employer identification number

USTA/Midwest Section Tennis & Education Foundation, Inc.	35-1875466			
Part VI - Section B				
11b - The 990 is reviewed by our Audit Committee. It is then made available to the governing body	or their review prior to filing at			
their request.				
42. There is a decreased that is signed as an argued beautiful discloses any material conflicts.				
12c - There is a document that is signed on an annual basis that discloses any potential conflicts.	the document also compels the			
signer to notify the Foundation whenever a potential conflict presents itself.				
Signer to notify the Foundation whenever a potential commet presents from				
Part VI - Section C				
19 - They were readily available to the public upon request.				