

Short Form Return of Organization Exempt From Income Tax

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	CST.	(\ddot{o})					29492	0260	8923 9			
`	<u> </u>				,	Short Form			OMB No 1545-1150			
	a	_	QQ	10-EZ	Return of Organizat		om Income 1	Гах				
	CAMMED	Forn	, V		Under section 501(c), 527, or 4947(a)(1) o	=			2017			
	P	.0			Onder section 301(c), 321, 01 4347(a)(1) 0	i die internal Nevende C	ode (except private	-	O L. D. Li'a			
					▶ Do not enter social security r	numbers on this form as	it may be made pu	blic.	Open to Public			
		Depa	irtment o	of the Treasury nue Service	► Go to www.irs.gov/Form990	OEZ for instructions and	the latest informati	ion. [Q [()	Inspection			
	3		_		<u> </u>		2017, and ending	OCTOBER	R 31 , 20 18			
	MAR		heck if ap		C Name of organization	,	2017, and chang		lentification number			
	~	V	Address o	hange	COLORADO TENNIS UMPIRES ASSOCIA	ATION INC		2	7-4299314			
	3 71		Name cha	=	Number and street (or P O box, if mail is not de		Room/suite	E Telephone n				
5	2	_	nitial retur	m/terminated	7840 CURLEW COURT			71	719-533-0277			
à	2016	=	Amended		City or town, state or province, country, and ZIF	or foreign postal code	06		roup Exemption			
	_		Applicatio	n pending	COLORADO SPRINGS, COLORADO, 809		06	Number	19/73			
				ting Method	✓ Cash ☐ Accrual Other (specify)	·			if the organization is not			
			/ebsite		/.E-CTUA.COM	4 (4) 🗖 4047/			ach Schedule B 0-EZ, or 990-PF)			
				organization	eck only one) — 501(c)(3) 501(c) (6 Corporation Trust	☐ Association ☐ O	-//-/	(101111 990, 99	0-EZ, 01 990-FF)			
				•	7b to line 9 to determine gross receipts If g			assets				
					w) are \$500,000 or more, file Form 990 inste	•		▶ 9	130,859			
		Pa	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund Ba	alances (see the	instructions				
				Check if	the organization used Schedule O to	respond to any ques	stion in this Part I		🗆			
			1		ons, gifts, grants, and similar amounts			1	307			
			2		ervice revenue including government for	ees and contracts .		. 2	128,927			
			3		p dues and assessments			3	1,625			
			4	Investmen				4				
			5a b		ount from sale of assets other than inve	•	5a 5b	 ₹ .:/	•			
			C		or other basis and sales expenses. ss) from sale of assets other than inver			. 5c				
			6	Gaming ar	. 00							
			а		ome from gaming (attach Schedule	G if greater than	,					
		Jue		\$15,000)			6a					
1		Revenue	b		ome from fundraising events (not includ		of contribution	is 🏋				
		æ			aising events reported on line 1) (atta		La. I					
					ch gross income and contributions exc		6b					
			C d		t expenses from gaming and fundraisi e or (loss) from gaming and fundraisi		6c	ntract 1				
			_	line 6c)	· · · · · · · · · · · · · · · · · · ·	•		6d				
			7a	Gross sale	s of inventory, less returns and allowar	nces'	7a					
			b		of goods sold		7b					
			С		it or (loss) from sales of inventory (Sub		7a)	7c				
			8		nue (describe in Schedule O)			8				
			9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar		CENTE	. • 9	130,859			
			10		d similar amounts paid (list in Schedule aid to or for members		POLIVED	. 10	350			
		s	11 12	•	ther compensation, and employee ben	1241	· · · · · · · · · · · · · · · · · · ·	رار <u>11</u> درا <u>12</u>	· · · · · · · · · · · · · · · · · · ·			
		Expenses	13		al fees and other payments to indepen		V 0 4 2019 / 8	3 13	128,927			
		per	14		y, rent, utilities, and maintenance			14	120,027			
		Ж	15	-	ublications, postage, and shipping		DEN, UT	. 15	27			
			16		(`	7,01	16	1,550			
			17		enses. Add lines 10 through 16	· · · · · ·		. ▶ 17	130,854			
		şţ	18 19		(deficit) for the year (Subtract line 17 fr			18	5			
		SSE	פו		s or fund balances at beginning of year ar figure reported on prior year's return		nn (A)) (must agree	and the same of	-			
		Net Assets	20		nges in net assets or fund balances (ex			1.0	3,403			
		ž	21		or fund balances at end of year. Com			▶ 21	3,408			
												

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

Pa	Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to a	ny question in this			<u>.</u> _
•				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,403		3,408
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			7469	24	
25	Total assets			<u> 3403</u>	25	3,408
26	•			71100	26	
27	Net assets or fund balances (line 27 of column			3403	27	3,408
Par				•		Expenses
\A/b a	Check if the organization used Schedule				(Rea	uired for section
	, , , , , ,	Recruit, train & deve				c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplisions reasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			orga othe	nizations, optional for rs)
28	Provide trained tennis officials for the Colorado High	School Activities As	sociation (CHSAA)	hat sponsor		
	tennis matches throughout the State of Colorado. Be	enefits about 1,000 hi	gh school students.			
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	🕨 🔲	28a	15,053
29	Provide trained tennis officials for collegiate tennis n	natches. Benefits ab	out 800 college stud	lents.		
	••••••					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	29a	58,918
30	Provide trained tennis officials for US Tennis Associa	ation (USTA) tennis n	natches. Benefits al	out 1,500		
	students and adults					
		includes foreign gra		▶ 📙	30a	54,956
31	Other program services (describe in Schedule O)				l	
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	<u> </u>	31a	1
Par					32	128,927
r ai	Check if the organization used Schedule			•		<u> </u>
	Officer if the organization used Schedule		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
Chuc	k Jones, President	_				
		6	()		
Tom	Conter, Vice President	1				
	····	6		<u> </u>		
Jack	e Jones, Secretary					
		6)	_	-
Pat 2	uraskı, Treasurer	1				
		10	64	7		
How	ard McGee	1				
		1)	+	
Jon I	Messick					
		4	1)		
Joei	Larner	1				
		8	1	,		
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Part	•••			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>	Ž.O	ŤW.
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	<u> </u>	✓ ✓
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	N.E.		
39	Section 501(c)(7) organizations. Enter.		2.54	
a b	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	*		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ COLORADO			
42a		719-53		!
b	Located at ► 7840 CURLEW COURT, COLORADO SPRINGS, CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	803	Yes	Nο
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		\
	If "Yes," enter the name of the foreign country: ▶	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		800
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u> </u>	<u>√</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓ ✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b 	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		

Form 99	0-EZ (2	017)						P	age 4		
								Yes	No		
46		ne organization engage, directly or in-				f or in oppositi	on 🗔				
•	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I			46		1		
Part	VI	Section 501(c)(3) organizations	only								
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for								or line	es		
		50 and 51.	•			•					
		Check if the organization used Sch	edule O to respond	to any question ii	n this Part	VI			. П		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No		
Did the organization engage in lobbying activities or have a section 501(h) election in effect of						_					
year? If "Yes," complete Schedule C, Part II							47		<u> </u>		
							48		<u> </u>		
49a		ne organization make any transfers to	· ·						Ь		
b		Yes," was the related organization a section 527 organization?									
50		omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and k									
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization.	if there is none	e, enter "N	lone "			
			(b) Average	(c) Reportable	(d) Health benefits, contributions to employee		(a) Estimate		unt of		
	(a)	Name and title of each employee	hours per week	compensation	benefit nis	ans, and deferred					
			devoted to position	(Forms W-2/1099-MIS		pensation		•			
			· · · · · · · · · · · · · · · · · · ·					_			
			•								
											
	·										
					1						
											
	Total	number of other employees paid eye	e \$100 000	<u> </u>							
		number of other employees paid over				_					
51		plete this table for the organization's ,000 of compensation from the organ			ent contract	ors who each	received	more	; unan		
	Ψ100	, soo or compensation from the organ	112411011: 11 (11010 13 110	T TONG.		-					
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	(c) Compensation						
				-							
				4							
						-					
			·····	+							
				1		+					
				1		1					
	_					+					
				1							
	Tekel	number of other redesendent and	otoro ocob recentre	Over \$100,000							
		number of other independent contra	J	•							
52		Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a									
		mpleted Schedule A									
		of perjury, I declare that I have examined this rud complete. Declaration of preparer (other than					owledge and	belief,	it is		
	T	$\overline{}$	200			10/00	110				
Sia-		Signature of officer		Data 18							
Sign		• ,		Date							
Here		JACKIE JONES, SECRETARY Type or print name and title									
		r -i- 'i	Preparer's consture		Date		PTIN				
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	IT				
Prep	arer		<u> </u>		 ,	self-employ	ed				
Use		Firm's name	<u> </u>			Firm's EIN ▶					
A.4		Firm's address ▶ Phone no									
May th	ne IRS	discuss this return with the preparer	snown above? See	instructions)	► 🗌 Yes	; ∐(No		

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.

2017

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

Colorado Tennis Umpires As	27-4299314							
Part 1, Line 10 - Grants and Similar Amounts Paid								
Mentoring of Umpires	\$350							
Part 1, Line 16 - Other Expen	ses							
Bank Fees	\$449		••••					
Scheduling Support	123	•••••						
Office Expenses	161		·····					
Corporate Fees	135			••••				
Subscriptions	35							
Payroll Support	647							
Total Expenses	\$ 1,550							
				·				
					•••••			