For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury

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

2018

inte		ue Service		v.irs.gov/Formsso for instruction					ili Sp	
<u>A</u> _	For the	2018 cale	ndar year, or tax year begi	nning	, 2018, a	ınd endinç	3		, 20	.
В	Check if	applicable	C Name of organization Unite	d States Tennis Association In	c Midwes	t Section_		D Employ	er identificati	on number
	Address	change	Doing business as						23-741793	3
	Name ch	ange	Number and street (or P O b	ox if mail is not delivered to street ad	dress)	Room/suit	е	E Telephone number		
	Initial reti	urn	1310 E 96th Street			1	00		317-669-0471	
	Final retur	n/terminated	City or town, state or provinc	e, country, and ZIP or foreign postal	code					
	Amended	d return	Indianapolis, IN 46234					G Gross re	ceipts \$	11,053,569
	Applicate	on pending	F Name and address of principa	al officer Mark Saunders			H(a) Is this a gr	oup return for s	subordinates?	Yes 🗹 No
			Same as above			W	H(b) Are all s	subordinates	s included? 🔲	Yes 🗌 No
ī	Tax-exer	npt status	501(c)(3) 🗹 5	01(c) (4) ◀ (insert no) ☐ 494	17(a)(1) or	(2/527)	If "N	o," attach a	list (see instr	uctions)
J	Website	: ► ww	w.midwest usta com	1	\		H(c) Group	exemption	number 🕨	5003
ĸ	Form of c			Association ☐ Other ►	L Yea	ar of formati	on 1895	M State	of legal domic	ale OH
Р	art I	Summ	ary		1					,
	1		_ 	mission or most significant a	activities:					
ķ		-	-	s and the general population b			unites to pla	v tennis.		
and		io piotia		o dia dia garata papara	1.5.03.00	ua un parti		1.10	-	***************************************
Ē	2	Check th	is box ▶☐ if the organiza	ation discontinued its operap	onsendi	Stds 6 cos	Phore than	25% of	its net asse	ets.
Š	3	Number 6	of voting members of the	governing body (Part VI, line	Tal inc	OSC	- 14	3		7
ঞ	4	Number 6	of independent voting me	mbers of the governing body	/ (Part VI	line 1b)		4		<u>,</u>
es	5	Total nun	ober of individuals emplo	yed in calendar year 2018 (P	antVlmi⊜	2012 8	2019	5		36
Ξ	6	Total nun	nber of volunteers (estima	ate if necessary)	۳., ۱, شو	, 40, D C.	-• · · ·	6		180
Activities & Governance	1			from Part VIII, column (C), lin	 e 12			7a	VIII.	0
•	•			come from Form 990-T, line 3	88 ∩(GDEN, I	JTAM	7b		0
		1101 011101	ated been record taxable int	<u> </u>	, .	1	Prior Ye		Curre	nt Year
	8	Contribut	tions and grants (Part VIII	line 1h)		-		.376,652		5,496,056
Revenue			service revenue (Part VIII			· · ·		· · · · · · · · · · · · · · · · · · ·		5,659,078
Ver				mn (A), lines 3, 4, and 7d)		· · ·		,632,682		0,000,010
æ					 d 11a\	· ·		217,037		(101,565)
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								11,053,569
				Part IX, column (A), lines 1-3		16 12)		,226,371		
						· ·		,041,425		2,169,430
	1		•	Part IX, column (A), line 4)	 (A) linon (- ' -		0		
Expenses	1			byee benefits (Part IX, column	(A), lines :	^{3–10)} -	2	,874,453		2,843,596
ē	1			IX, column (A), line 11e)			· ·	0	nia es la lic	U
Ä	1		draising expenses (Part I)							
				A), lines 11a-11d, 11f-24e)		.· · ├-		,248,761	6,157,195	
	1	•	,	must equal Part IX, column (/	4), iine 25	" ·	17	,164,639		11,170,221
		Hevenue	less expenses. Subtract	line 18 from line 12	• • •	· ·	eginning of Cu	61,732	End o	(116,652) of Year
Assets or Balances	00	Takal ass	-t- (Dt V t 10)			۲				2,621,243
Sse	20		ets (Part X, line 16) .			· ·		,810,889		
Net As Fund B	21		ılıtıes (Part X, line 26) .			· ·		827,375		754,382
			ts or fund balances. Subt	ract line 21 from line 20 .		<u></u>	1	<u>,983,514</u>		1,866,861
	art II		ture Block							
				d this return, including accompanyin er than officer) is based on all informa					ny knowledge	and belief, it is
						эн ргораго	1	10	~ / 10	<u>. </u>
e:			ature of officer	A Supor			Dat	0/0	<i>([</i>	
Sig		300	\	Dugay.				.в	•	
He	re	<u> </u>	JOHIAN H	D AZON		CFC)			
			or print name and title	December : : : : : : : : : : : : : : : : : : :				T	DTW	
Pa	id	Printry	pe preparer's name	Preparer's signature		Dat	е	Check [
	epare	r					1	self-emp	loyed	
	e Onl		ame 🕨				Firm	's EIN ▶		
		Firm's a	ddress ▶				Pho	ne no		
Ma	v the IR	S discuss	this return with the prec	arer shown above? (see insti	ructions)				Г	Yes No

Form **990** (2018)

Cat No 11282Y

	90 (2018)	Page 2
Part		-
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	To promote tennis throughout the Midwest for the general population and our members.	
2	Did the organization undertake any significant program services during the year which were reprior Form 990 or 990-EZ?	not listed on the
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest p expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of the total expenses, and revenue, if any, for each program service reported.	rogram services, as measured by grants and allocations to others
4a	(Code.) (Expenses \$ 2,147,687 including grants of \$ 2,147,687) (Rev	/enue \$
70	District support funding to the districts is to support their commitment to their members and youth	in the area and support the
	USTA/Midwest Tennis & Education Foundation.	•••••
		••••••
4b	(Code:) (Expenses \$ 4,179,706 including grants of \$) (Rev	venue \$ 4,982,727)
	TennisLink provides a platform for our organization members to provide services for our members	·
		••••••
		•••••
4c	(Code:) (Expenses \$ 3,247,822 including grants of \$ 21,743) (Rev	venue \$
40	Tennis programs for member and youth organization.	, , , , , , , , , , , , , , , , , , , ,
	remis programs for member and found organization.	

		•••••
		••••••
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$) (Revenue \$	0)

9,575,215

4e Total program service expenses ▶

Fart	Checklist of Required Schedules			т
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	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	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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	✓	

Part	V Checklist of Required Schedules (continued)						
-			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	✓			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	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 Schedule L, Part IV	28b		1			
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		,			
31	conservation contributions? If "Yes," complete Schedule M	30 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		1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓				
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П			
		<u> </u>	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 97						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?	1c	✓				

art '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 36			
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)			
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	_	✓_
С	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	6a		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		<u> </u>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD.	·	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		***	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	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		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			•
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	,		
			,-	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
D	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		
	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.			
	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			
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			لبنا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓_
	If "Yes," complete Form 4720, Schedule O.			

	50 (2016)		<u> </u>	UNI-E					
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_					
	Check if Schedule O contains a response or note to any line in this Part VI	• •		. ☑					
Secti	ion A. Governing Body and Management		Yes	No					
10	Enter the number of voting members of the governing body at the end of the tax year 1a	,	165	No					
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or	4	ĺ						
	if 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 . 1b	7		i					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		٠					
	any other officer, director, trustee, or key employee?	2		✓					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	V					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-					
6	Did the organization have members or stockholders?	6	-						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u></u>	l	١,					
_	stockholders, or persons other than the governing body?	7b		 					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	I	1	1 1					
а	the year by the following: The governing body?	8a	1	لحمنا					
b	Each committee with authority to act on behalf of the governing body?	8b	/						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>						
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	/						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	,						
42	describe in Schedule O how this was done	12c	✓	-					
13 14	Did the organization have a written document retention and destruction policy?	14	∀						
15	Did the process for determining compensation of the following persons include a review and approval by	+	•						
.5	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ه 	<u> </u>					
а	The organization's CEO, Executive Director, or top management official	15a	✓						
b	Other officers or key employees of the organization	15b	\						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	11.25							
	with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-		igwdot					
Secti	organization's exempt status with respect to such arrangements?	16b							
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	I (Sec	tion f	501(c)					
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,000							
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and					
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>						
	Dorian A Dyson, CFO, 13610 F 96th Street, Suite 100, Indianapolis, IN 46240 317-669-0471								

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Form 990 (2018)

Form	non	1201	ıQ۱

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization	nor any relate	d org	anız			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
·· (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	untes	Pos neck ss pe	rson	than of the both set both sor/trus Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Joy Albi, President	10	1		1		ă		0	0	0
(2) Paul Farah, Executive VP	10	√		/				0	-	0
(3) Jim Hendrix, Vice President	10	<i>'</i>		·				0	-	0
(4) Katie Orlando, Vice President	10	1		→				0		0
(5) Colin Atkinson, Treasurer	10	1		1				0		0
(6) Jeff Stassen, Secretary	10	~		1				0	0	0
(7) Don Harris, Delegate	10	✓						0	0	0
(8) Mark Saunders, Executive Director	40				1			227,500	0	0
(9) Dorian A Dyson, CFO	40				✓			150,150	0	0
(10) Chad Docktor, COO	40				1			125,500	0	0
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(C)											
	(A)	(B) Position (do not check more than of							(D)	(E)		(F)
	Name and title	Average				tnan (is both		Reportable	Reportable	,	Estimated	
		hours per					or/trus		compensation	compensation	from	amount of
		week (list any	25	5	0	ᄌ	ŌΙ	Ī	from	related	_	other
		hours for related	Individual trustee or director	l st	Officer	Key employee	필호	Former	the organization	organization (W-2/1099-MI		compensation from the
		organizations	8 5	돍	역	Ĕ	oye	₫.	(W-2/1099-MISC)	(** 2, 1033	50,	organization
		below dotted	익	ᆲ		ğ	e con	ľ	ľ ,			and related
		line)	l st	ã		ee	þe					organizations
		i	ë	Institutional trustee			Highest compensated employee					
				"	l		ed	L				
(15)												
*****		ļ						ŀ				
(16)		j										
X:::1		†								1		
(17)												
11.2												
								_			\rightarrow	
(18)		_									1	
								<u> </u>				
(19)											- 1	
(20)												
*************************		T									1	
(21)								┢				
35.17		†						ĺ				
(22)		 			—			-				······································
(22)												
(0.0)				<u> </u>		_		_			$-\!\!+\!\!\!-$	
(23)												
								L.				
(24)												
								l				
(25)												
3												
1b	Sub-total	l						•	503,150		0	O
c	Total from continuation sheets to Part								303,130		0	
d				-	-		-					0
	Total (add lines 1b and 1c)							<u>, </u>	503,150			0
2	Total number of individuals (including but		to th	ose	list	ea a	above	e) w		ore than \$10	J,000 6	or
	reportable compensation from the organi	zation >							3			
												Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	key e	emp	loyee, or high	est compen	sated	
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	ındı	vidu	ıal					3 /
4	For any individual listed on line 1a, is the	sum of rea	oortal	ole d	com	ner	satio	n a	nd other comr	ensation fro	m the	
•	organization and related organizations											
	individual										000,,	4 /
5	Did any person listed on line 1a receive of										.idual	
J	for services rendered to the organization											5 ✓
Castis		111 103, 0	Unipi		001		10 0 1	0/ 3	uch person	· · · · ·	<u> </u>	1 3 1 4
	n B. Independent Contractors									_ .		
1	Complete this table for your five highest of											
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ie c	alend	ar y	ear ending wit	h or within th	ie orga	ınizatıon's tax
	year.											
	(A)								(B)	l		(C)
	Name and business add	ress							Description of s	ervices	C	ompensation
None												
										-		
-			· · · · · -					-	-			
-		•										
				_				<u> </u>				The second secon
2	Total number of independent contracto	-	_					th.	ose listed abo	ove) who		
	received more than \$100,000 of compens	ation from t	he or	ganı	zati	on)	>		0	<u> </u>		

Par	VIII	Statement of Rever							
		Check if Schedule O	contains	a res	ponse or note to	any line in this	Part VIII	<u></u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		1a	0				
irar our	b	Membership dues .		1b	1,021,353				,
s, G	С	Fundraising events .		1c	0				
ar,	d	Related organizations		1d	0				
i, (е	Government grants (cont	ributions)	1e	0				
tion r S	f	All other contributions, gif							
t e		and similar amounts not inclu	uded above	1f	4,474,703				
d d	g	Noncash contributions include	d in lines 1a-	-1f: \$	0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			•	5,496,056			
Program Service Revenue		•			Business Code				
Ven	2a	Marketing				22,547	22,547	0	0
æ	b	TennisLink				4,982,727	4,982,727	0	0
<u>Ş</u>	С	Adult Programs				118,819	118,819	0	0
Ser	d					438,868	438,868	0	0
æ	e	Community Programs				16,677	16,677	0	0
ogi	f	All other program serv				79,440	79,441	0	0
<u>ئە</u>	g	Total. Add lines 2a-2f	· · ·	· ·	▶	5,659,078			
	3	Investment income (i							
		and other similar amou	•		•	0	0	0	0
	4	Income from investment			· · · }	0	0	0	0
	5	Royalties				0	0	0	0
		⊢	(i) Real						
	6a	Gross rents	•	0	0				
	b	Less rental expenses		0	0				
	C	Rental income or (loss)	\	0	0			0	
	_d	Net rental income or (le	(i) Securiti	<u> </u>	>	0	0	0	U
	7a	Gross amount from sales of	(i) Securiti	0	(ii) Other	-	į		
		assets other than inventory			U				
	b	Less: cost or other basis and sales expenses .		0	o				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .				0	0	0	0
e	8a	Gross income from fur		•					
venue	- Ou	events (not including \$	idiaising	0					
ě		of contributions reported	d on line 1			1			Ì
7		See Part IV, line 18 .			o				
Other Re	ь	Less: direct expenses		-	0				
0		Net income or (loss) from			events . ►	0		0	0
		Gross income from gan							
		See Part IV, line 19 .			o		.	•	
	b	Less: direct expenses			ō		•		
		Net income or (loss) fro			vities ▶	0	0	0	0
		Gross sales of inv							
		returns and allowances			o	i		j	-
	b	Less: cost of goods so	ld	. b	0	1	İ	İ	
		Net income or (loss) fro			entory ►	0	0	0	0
		Miscellaneous Re			Business Code				
	11a	Unrealized Gaın/Loss				(101,565)	(101,565)	0	0
	b					0	0	0	0
	С					0	0	0	0
	d	All other revenue .				0	0	0	0
	е	Total. Add lines 11a-1			1	(101,565)			
	12	Total revenue. See ins	structions		. <u></u> ▶ [11,053,569	5,557,513	0	0

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,147,687	2,147,687		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21,743	21,743		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
4 5	Compensation of current officers, directors,	0	0	<u> </u>	
9	trustees, and key employees	503,150	125,500	377,650	
6	Compensation not included above, to disqualified	503,150	123,300	377,630	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,676,644	1,173,441	503,203	
7	Other salaries and wages	1,010,011	1,170,111		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	170,822	95,672	75,150	
9	Other employee benefits	348,553	249,588	98,965	
10	Payroll taxes	144,427	95,902	48,525	
11	Fees for services (non-employees):				
а	Management	375	0	375	
b	Legal	4,335	0	4,335	
C	Accounting	13,400	0	13,400	
d	Lobbying		- · ·		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	2 400			
12	Advertising and promotion	8,100	8,100	0	
13	Office expenses	348,885	216,510	132,375	
14	Information technology	340,003	210,310	102,370	
15	Royalties		-		
16	Occupancy	205,231	124,105	81,126	
17	Travel	217,392	183,566	33,826	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	404.005		400.00	.
20	Interest	401,800	269,242	132,558	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	18,782	0	18,782	
23	Insurance	10,7.02		,,,,,,,	
24	Other expenses. Itemize expenses not covered			,,,	
	above (List miscellaneous expenses in line 24e. If	1		,	
	line 24e amount exceeds 10% of line 25, column		I		
	(A) amount, list line 24e expenses on Schedule O.)				
а	TennisLink	4,179,706	4,179,706	o	
b	Membership Services	74,736	0	74,736	· · · · · · · · · · · · · · · · · · ·
C	Direct Programming	607,412	607,412	0	
d	US Open	77,041	77,041	0	
e	All other expenses	4			
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	11,170,221	9,575,215	1,595,006	<u> </u>
26	organization reported in column (B) joint costs				
	from a combined educational campaign and			İ	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
	<u> </u>		I	·	Form 990 (2018)

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	r note to any line in this Par	tX		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		675,490	1	687,609
	2	Savings and temporary cash investments		0		0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		120,021	4	113,935
	5	Loans and other receivables from current and trustees, key employees, and highest co	·			
		Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volume (0.01)	nd contributing employers and itary employees' beneficiary			
Assets		organizations (see instructions). Complete Part II of Sche	<u> </u>	0	_	0
SS	7	Notes and loans receivable, net		0		0
⋖	8	Inventories for sale or use	F	0		0
	9	Prepaid expenses and deferred charges	, .,	297,538	9	206,533
	10a	Land, buildings, and equipment: cost or				
	١.	other basis. Complete Part VI of Schedule D	10a 452,113	· · · · · · · · · · · · · · · · · · ·		24.404
	.b		10b 420,989	31,315		31,124
	11			1,686,525		1,582,042
	12	Investments—other securities. See Part IV, line		0	_	0
	13	Investments-program-related. See Part IV, line	h -	0	 	0
	14	Intangible assets		0		0
	15	Other assets. See Part IV, line 11		0		2,621,243
	16	Total assets. Add lines 1 through 15 (must equa		2,810,889		325,838
	17	Accounts payable and accrued expenses		409,356	18	0
	18 19	Grants payable				350,220
	20		F	364,645 0		030,220
	21	Tax-exempt bond liabilities	-	0		0
s	22	Loans and other payables to current and for				
ţį	22	trustees, key employees, highest compen			- ',	
Ē		disqualified persons. Complete Part II of Schedu			22	0
Liabilities	23	Secured mortgages and notes payable to unrela	<u> </u>			0
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·	0		0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payables to related third	_ ×		
		of Schedule D		53,374	25	78,324
	26	Total liabilities. Add lines 17 through 25		827,375	26	754,382
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and			,	
a	27	Unrestricted net assets	[1,983,514	27	1,866,861
Bal	28	Temporarily restricted net assets	[0	28	0
P	29	Permanently restricted net assets		0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), check here ► 🔲 and			
ţ	30	Capital stock or trust principal, or current funds	[0	30	0
Net Assets	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	0		0
ţ	32	Retained earnings, endowment, accumulated in		0		0
ž	33	Total net assets or fund balances		_1,983,514		1,866,861
	34	Total liabilities and net assets/fund balances .	<u> </u>	2.810.889	34	2,621,243
						Form 990 (2018)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,053	
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,170	
3	Revenue less expenses. Subtract line 2 from line 1	3			,653)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,983	
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			4 000	
	33, column (B))	10		1,866	1 08,0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· · · ·		No.
4	Accounting method used to prepare the Form 990: Cash Accrual Other		(T.)	165	-1
1	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain.	<u> </u>	,	
	Schedule O.	фап	"' F. J	l.	- 4
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		7
	If "Yes," check a box below to indicate whether the financial statements for the year were com-			1	<u> </u>
	reviewed on a separate basis, consolidated basis, or both:	plica	ŭ , , <u>,</u>	, -	٠, ا
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	- '	_ :
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	- 1	
	separate basis, consolidated basis, or both:		-		` ,
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			الله أ	. v.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant	? 2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	xpiaın	in .	_ J	`-1
	Schedule O.		* .		5 ()
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?		. 3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		200	
			Form	990 ((2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047 2018 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(a)(2) propagations that have NIOT filed Form 5768 (election under section 501(b)). Complete Part II-R. Do not complete Part II-A

		that have NOT lifed Form 5700 (elect			
	organization answered "Yesee separate instructions), t	s," on Form 990, Part IV, line 5 (Pro	xy Tax) (see separat	te instructions) or Form 990	-EZ, Part V, line 35c (Prox)
	ection 501(c)(4), (5), or (6) org				
	of organization			Employer ide	ntification number
	States Tennis Association	Inc Midwest Section			23-7417933
Part		e organization is exempt un	der section 501	c) or is a section 527	organization.
1		f the organization's direct and i			
2		ty expenditures (see instructions)			3
3		cal campaign activities (see instru			
Part		e organization is exempt un			
1	Enter the amount of any	excise tax incurred by the organi	zation under section	on 4955 * 🕨 🧐	S
2	Enter the amount of any	excise tax incurred by organization	on managers unde	r section 4955 🕨 🧐)
3	If the organization incurr	ed a section 4955 tax, did it file F	orm 4720 for this y	ear?	🔲 Yes 🔛 No
4a		'			LYes LNo
b					
Part		e organization is exempt un			(c)(3).
1	activities	tly expended by the filing organ		\$	
2		filing organization's funds contrivities			
3		expenditures. Add lines 1 and			
4		n file Form 1120-POL for this yea			🗌 Yes 🔲 No
5	Enter the names, addres	ses and employer identification n	umber (EIN) of all s	section 527 political organi	zations to which the filing
	organization made paym	ents. For each organization listed	, enter the amount	paid from the filing organ	ization's funds. Also ente
	the amount of political co	ontributions received that were pr	omptly and directly	y delivered to a separate p	political organization, such
	as a separate segregated	fund or a political action commit	tee (PAC). If additio	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(0)				1	1

Page	4

Part	II-A	Complete if the organizati section 501(h)).					
A C	heck >	if the filing organization beloaddress, EIN, expenses, an				liated group membe	er's name,
B Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply.							
Limits on Lobbying Expenditures						(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.)	i	organization's totals	group totals
1a	Total lo	obbying expenditures to influence	e public opinion	(grass roots lobby	ing)		
b	Total lo	obbying expenditures to influence	ce a legislative bo	ody (direct lobbying)		
С	Total lo	obbying expenditures (add lines	1a and 1b) .				
d	Other of	exempt purpose expenditures .					
е	Total e	xempt purpose expenditures (a	dd lines 1c and 1	d)			
f	Lobbyi columr	ng nontaxable amount. Enterns.	the amount fi	rom the following	table in both		
	If the ar	nount on line 1e, column (a) or (b)	s: The lobbying	nontaxable amount	is:	7 1 1	
		r \$500,000	<u> </u>	nount on line 1e.		,	ļ
		00,000 but not over \$1,000,000	 	15% of the excess of	over \$500,000.		
		,000,000 but not over \$1,500,000	 	10% of the excess of			
		,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$1	7,000,000	\$1,000,000				
g	g Grassroots nontaxable amount (enter 25% of line 1f)						· · · · · · · · · · · · · · · · · · ·
h	h Subtract line 1g from line 1a. If zero or less, enter -0						
i	Subtra	ct line 1f from line 1c. If zero or	less, enter -0-				
j	If there	e is an amount other than zer	o on either line	1h or line 1i, did	the organization	file Form 4720	
	reporti	ng section 4911 tax for this yea	r?				」Yes No
	(Som	e organizations that made a s See th	ection 501(h) ele ne separate inst	ructions for lines 2	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbyi	ng Expenditures	During 4-Year Av	eraging Period	r r	
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbyı	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))	1		32		
С	Total lo	obbying expenditures					
d	Grassr	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))			- +	+	
f	Grassr	oots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
	uption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	-			•	
а	Volunteers?			-		
b	Media advertisements?	-				
d	Mailings to members, legislators, or the public?	Ĺ.				
e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?			 		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		 		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	\vdash		\vdash		
i :	Other activities?					
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	/	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	ļ .
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				<u> </u>	_
T-CIT	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b	<u> </u>		
С	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	├ ──		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5	<u></u>		
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	rt II-A, I	ines 1	i and
_ (000	mode described, and that it is, into 117 mas, complete the part of any abditional information					
		(
- -		- 		-		
•						

	m 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
•••••		
• • • • • • • • • • • • • • • • • • • •		

•••••		
	•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Name o	f the organization		Employer identification number
United	States Tennis Association Inc Midwest Section	<u>.</u>	23-7417933
Par	t I Organizations Maintaining Donor Ad		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	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		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
6	_		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to cons		
5	Does the organization have a written policy reviolations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcin	g conservation easements during the year
-			acres wetten acceptants during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
•			
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Pari	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under s	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts rela	· ·	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t, 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 it	tems:
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		> \$

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	or Otl	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follow	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progr	ams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generation	S						
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive r than to be mainta	donation ained as p	s of art, part of the	historical tr e organizati	easures on's co	s, or other simi	lar 🗌 Yes 🗌 No
Part	V Escrow and Custodial Arra	angements.			•			
	Complete if the organization 990, Part X, line 21.							
	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:		·	A
						-		Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		O D Vas D Na
2a	Did the organization include an amou	int on Form 990, P	art X, line	21, for e	scrow or cu	ustodiai	account liabilit	y/ Li tes Li No
	If "Yes," explain the arrangement in F	art XIII. Check her	e if the ex	kpianatio	n nas been	provide	on Part Alli.	<u> </u>
Par	Endowment Funds. Complete if the organization	a anawarad "Vas	" on For	~ 000 E	Part IV line	- 10		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bar	ck (e) Four years back
4	Decimalization of vices belongs	(a) Current year	(0) 111	or year	(c) Two year	3 Dack	(a) Times years out	- (c) i cai youro ouon
1a	Beginning of year balance							
c	Contributions			····	<u></u> .			
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current vear er	nd balanc	e (line 1a	. column (a)) held a	as:	
a	Board designated or quasi-endowme				,	,,		
b	Permanent endowment ▶	%	· -					
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3а	Are there endowment funds not in the organization by:			zation tha	at are held	and adı	ministered for t	he Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended use	s of the organization	on's endo	wment fo	unds.			
Part								
	Complete if the organization	n answered "Yes	" on For	m 990, F	Part IV, line	e 11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or of (investm			or other basis ther)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				452,113		420,989	31,124
е	Other	.						<u> </u>
Total.	Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part)	K, columr	n (B), line 10)c.)	▶	31,124

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fori	n 990 Part IV line	11h See Form	990 Part X line 12.
	(a) Description of security or category	(b) Book value		hod of valuation
	(including name of security)		Cost or end	-of-year market value
(1) Financial	I derivatives			
	held equity interests		<u>.</u>	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	<u></u>		
r art Viii	Complete if the organization answered "Yes" on Form	m 990. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value		thod of valuation
	(a) Dissipation of invocations	(2, 200. 12.00		-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u></u>
(7)				,
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13) ►			
Part IX	Other Assets. Complete if the organization answered "Yes" on Fore	000 Dark IV line	11d Cas Farms	000 Dad V line 15
	Complete if the organization answered lifes on Fori		LIO SEE FORD	
		11 330, 1 411 17, 1110	114.00010111	
(4)	(a) Description	11 330, 1 211 14, 11110	114.00010	(b) Book value
(1)		11 330, 1 att 14, 1110		
(2)		11 330, 1 41114, 1110		
(2)		11 300, 1 41114, 1110		
(2) (3) (4)		11 000, 1 art 14, 1110		
(2) (3) (4) (5)		11 330, 1 41114, 11116		
(2) (3) (4) (5) (6)		11 330, 1 4111, 1110		
(2) (3) (4) (5) (6) (7)		11 300, 1 41114, 11110		
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Foreline 25.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of hability (b) Book value			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4) (5)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fore line 25. (a) Description of liability (b) Book value income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) Payroll (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of hability (b) Book value income taxes	m 990, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (1) (1) Federal in (2) Payroll (3) (4) (5) (6) (7) (8) (9) Total. (Column (1)	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of hability (b) Book value income taxes	m 990, Part IV, line	11e or 11f. Sec	(b) Book value

	D (Form 990) 2018		MACAL D		Det	Page 4
Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, I				Retur	n.
1	Total revenue, gains, and other support per audited financial statements			<u>. </u>	1	6,844,513
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					0,044,515
	Net unrealized gains (losses) on investments	2a	1			
	Donated services and use of facilities	2b	<u> </u>			
	Recoveries of prior year grants	2c	<u> </u>			
	Other (Describe in Part XIII.)	2d				
	·	<u>zu</u>	<u> </u>		2e	•
	Add lines 2a through 2d				3	6,844,513
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·			1	
		4a			**	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		4 200 05		
	Other (Describe in Part XIII.)			4,209,05	4c	4 200 056
_	Add lines 4a and 4b				5	4,209,056
Part						11,053,569
CILL	Complete if the organization answered "Yes" on Form 990, I				ei neti	ui i i.
1	Total expenses and losses per audited financial statements		V, IIIIC 120	a	11	6,961,017
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					0,301,017
	Donated services and use of facilities	2a	1			
		2b				
	Prior year adjustments	2c				
	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d	_zu_	<u> </u>		2e	0
	Subtract line 2e from line 1	• •			3	U
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i ·			3	6,961,017
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b		4,209,204		
	Add lines 4a and 4b	40		4,209,20	4c	4 200 204
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	 . 18)			5	4,209,204
Part)		- 10)		· · ·	<u> </u>	11,170,221
	Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 A · D	art IV lines	1b and 2l	o Dart \	/ line 4: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					
art XI	4b Revenue is a wash transaction that is connected to TennisLink pass thro	ugn.				-
	AL P. C. La A. Al A. A. A. A. T. Calada a canada					
art XII	 4b Expense is a wash transaction that is connected to TennisLink pass thro 	ougn.	•			
						•••••
					- 	

					- 	

Schedule D (Fo	m 990) 2018	Page 5
Part XIII-	Supplemental Information	(continued)
		
		•
••••		

SCHEDULEI (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.

OMB No. 1545-0047

► Attach to Form 990.

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

Open to Publi Inspection

Department of the Treasury Internal Revenue Service			▼ Go to v	► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.	Form 990. 90 for the latest inf	ormation.		Open to Public Inspection
Name of the organization							Employe	Employer identification number
States	sociation Inc M	idwest Section						23-7417933
Part General	Information o	General Information on Grants and Assist	Assistance					
1 Does the organi the selection cri 2 Describe in Parl	ization maintair iteria used to a t IV the organiz	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitori	stantiate the amou or assistance? es for monitoring	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	assistance, the g	rantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e, and Yes No
Part II Grants a	nd Other Ass ne 21, for any	sistance to Do	mestic Organiz eceived more th	ations and Dom an \$5,000. Part	estic Governm Il can be duplica	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form 990,
1 (a) Name and address of organization or government	of organization	(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) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Attached				2,147,687	:			To Fund Mission
(2)								
(3)								
(4)					:			
(5)					:			
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num	ber of section	501(c)(3) and gov	emment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ine 1 table			0
Pag	on Act Notice, s	ee the Instruction	erwork Reduction Act Notice, see the Instructions for Form 990.			Cat. No 50055P		13 Schedule I (Form 990) (2018)

	(f) Description of noncash assistance								onal information.		to cover.						
	(e) Method of valuation (book, FMV, appraisal, other)								ι (b); and any other additic	e organization.	penses the funding was meant						
	(d) Amount of noncash assistance								e 2; Part III, columi	ials and minutes of th	ire receipts for the ex			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(c) Amount of cash grant	21,743							equired in Part I, line	neir 990 ,audited financ	rect operation, we requi						
space is needed	(b) Number of recipients	08							the information r	s submit a copy of tl	Midwest Section di				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance	1 Cash Grant	2	3	4	5	9	7	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	The USTA/Midwest Section requires that all their districts submit a copy of their 990, audited financials and minutes of the organization.	For individual grants and programs not part of the USTA/Midwest Section direct operation, we require receipts for the expenses the funding was meant to cover.						

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization United State Tennis Association Inc Midwest Section

Part I Questions Regarding Compensation 23-7417933

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		162	NO
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			} .
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
		•		
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	Щ.		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	l		
	explain	1b		
•		<u> </u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	١.		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	,		
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			[]
	Form 990 of other organizations Approval by the board or compensation committee	,	,	İ
		-		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		·	
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		√
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		, ,,	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		J.	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		✓
	If "Yes" on line 5a or 5b, describe in Part III.			~
				1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			لـــــا
а	The organization?	6a		✓
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.		٠	• •
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	L		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	'		•
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		- 1	
	in Part III	8	İ	✓
	-			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	a		

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W	3	(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	4-2 and/or 1099-MISC compensation	mino pianomalala (a	(a) (a) (b) (b) (c) (d) (d)	
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable	compensation	benefits	(a)-(ı)(a)	in column (b) reported as deferred on prior
				compensation				066
Mark Saunders, Executive	Ξ	227,500						
1Director	(E)							
	(3)	150,150						
2Dorian Dyson, CFO	(E)							
	3							
_ 3	(ii)							
	(1)							
4	Ξ							
	Ξ							
5	€							
	(9)							
9	€	7 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· · · · · · · · · · · · · · · · · · ·					
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9	<u>(i)</u>							
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10	Ξ							
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11	(E)							
	€							
12	Ξ							
	3							
13	Ξ							
	Ξ							
14	≘							
	E							
15	€							
	€							
16	€							

Schedule J (Form 990) 2018

				Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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· 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.

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

OMB No 1545-0047 Open to Public Inspection

23-7417933

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

United States Tennis Association Inc Midwest Section	23-7417933
Part III Statement of Program Service Accomplishments	
4d Other program services - Conferences that are related to programming with membership services	, entry fees and tickets.
Part VI Section A Governing Body and Management	
6. Did the organization have members or stockholders? - The USTA is a membership organization wh	ere its members select representatives
to the Board of Directors.	
7a. Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or more members of
the governing body? - See #6 above	
7b. Are any governance decisions of the organization reserved to (or subject to approval by) member	s, stockholders, or persons
other than the governing body? - Changes to the By Laws, Standing Orders, Budget and the election	of officers to the Board of Directors.
Part VI Section B Policies	
11b. The 990 is reviewed by our Board of Directors. It is then made available to the governing body.	
15a & b. The Human Resource Committee reviews all salary with the Executive Director and makes ac	ljustments accordingly.
Part VI Section C Disclosure	
19. Documents are available on SharePoint for our membership and volunteer base and is available to	the public upon their request.

Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization •	Employer identification number
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