Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2018

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

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.							
A F	or the	2018 calend	r year, or tax year beginning January 1	, 2018, and ending	December	31 , 20 18	
В	heck if a	pplicable	C Name of organization inc	İ		entification number h	
	Address o	change	Nebraska Tennis Association, Inc		4	7-0681045	
	Name cha	•	Number and street (or P O box, if mail is not delivered to street a	ddress) ht Room/suite	E Telephone n	umber	
_	Initial retu	rn/terminated	18520 Marinda Circle		40	2-290-5931	
=	Amended		F Group Exe	•			
=	Applicatio	Number 1	h:				
G /	Accoun	Check ▶ 🔲	f the organization is not				
	Vebsite	•	ach Schedule B				
J T	ax-exer	npt status (che	ck only one) - ☐ 501(c)(3)) 4947(a)(1) or 527 (Form 990, 99	0-EZ, or 990-PF)	
		organization	☑ Corporation ☐ Trust ☐ Association				
			7b to line 9 to determine gross receipts. If gross receipts a	are \$200,000 or more, or if total	assets		
			500,000 or more, file Form 990 instead of Form 990-EZ		\$	(D 1) =	
Р	art I		e, Expenses, and Changes in Net Assets or	·		· — <u>—</u>	
_	_		the organization used Schedule O to respond to	any question in this Part I		<u> </u>	
h.	1		ns, gifts, grants, and similar amounts received		1	35932	
he	2	•	ervice revenue including government fees and contribute to the contribute and assessments	acis	. 3	817	
he he	4	Investment	•		. 4	467	
	5a		unt from sale of assets other than inventory	5a	. +		
	b		or other basis and sales expenses		- 		
	c		s) from sale of assets other than inventory (Subtrac		5c	. 0	
(0)	6		d fundraising events:	t inio ob trotti inio ou, i i i	1 20		
Ö	a	_	ome from gaming (attach Schedule G if greati	er than			
Page		\$15,000)		· · 6a			
Hevenue	b	Gross inco	me from fundraising events (not including \$	of contributions	3		
Πé		from fundr	aising events reported on line 1) (attach Schedule	G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) . [6b]	· ·		
ر روز روز	С		t expenses from gaming and fundraising events	. <u>6</u> c			
Ö	ď		e or (loss) from gaming and fundraising events (ac	ld lines 6a and 6b and sub	tract		
	_	line 6c)		1 - 1	6d	0	
دن	7a		s of inventory, less returns and allowances	7a			
2010 2010	b		of goods sold	7b 1050	 	0	
3	C	Gross prot	t or (loss) from sales of inventory (Subtract line 76 fi	rom libe / aN 3000	· 7c		
	8		nue (describe in Schedule O)	5	8 9	70454	
_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O)	S WAR I ZUIU S	n	11431	
Expenses	11		10	ול ייי ול	11	0	
	12	•	id to or for members	RECEIVED	12	0	
	13	Profession	<u> </u>	24112			
	14	Occupancy	14	142			
	15	Printing, pi	. 15	243			
	16	Other expe	. 16	29541			
	17		nses. Add lines 10 through 16		▶ 17	65469	
S	18		deficit) for the year (Subtract line 17 from line 9)		18	4985	
set	19		or fund balances at beginning of year (from line 2	27, column (A)) (must agree	with		
As		=	r figure reported on prior year's return)		· · 19	88784	
Net Assets	20		ges in net assets or fund balances (explain in Sched	,	20	0	
	21		or fund balances at end of year. Combine lines 18 t	hrough 20	. 🕨 21	93769	
For	Danon	work Reduct	on Act Notice, see the senarate instructions	Cat. No. 106421		Form 990-EZ (2018)	

	Check if the organization used Schedu	le O to respond to a	ny question in this			<u> C</u>
				(A) Beginning of year		(B) End of year
22 Cas	h, savings, and investments			88784	22	9376
23 Lane	d and buildings				23	
24 Oth	er assets (describe in Schedule O)		<i>.</i> . [<u> </u>	24	
	al assets			88784	25	9376
26 Tota	al liabilities (describe in Schedule O) .				26	
	assets or fund balances (line 27 of colur		· · · · · · · · · · · · · · · · · · ·	88784	27	9376
Part III	Statement of Program Service Acco					
art III	Check if the organization used Schedu	•		,	1	Expenses
N/lo a 4 . a 4lo a	e organization's primary exempt purpose?		nities tennis players in		(Req	uired for section
Describe thas measure	ne organization's primary exempt purpose ne organization's program service accomp ed by expenses in a clear and concise enefited, and other relevant information for	olishments for each of manner, describe the	of its three largest p	rogram services,		c)(3) and 501(c)(4) nizations, optional fo rs)
28 Adult o	competition provided year round league play to	over 1500 adult registere	ed players Nebraska a	also hosted a very I		
adult o	championship which provided 3 days of play					
hr (Grant	ts \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nt includes foreign gra	ants check here	▶ □	28a	2651
29 Comm	nunity Development Grants provided grants to di	versity and adaptive who	elchair play opportuni	ties in Nebraska	200	-
	rants also provided small town with tools and pla					
		y opportunities to player				
						1143
(Grant	ts\$) If this amou	nt includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	1143
30 Junior	competition provided juniors across the state w	th teaching, tools and pi	ay opportunity in Nebra	aska 	ļ	
					İ	
					ŀ	
(Grant	ts\$) If this amou	nt includes foreign gr	ants, check here .	▶ 🗆	30a	435
31 Other	program services (describe in Schedule C					
(Grant	•	nt includes foreign gra	ants, check here .	▶ □	31a	697
	program service expenses (add lines 28				32	4927
						<u> </u>
Part IV	List of Officers, Directors, Trustees, and K	ey Employees (list eac	n one even il not com			
					nstruc	
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part IV	···	
	Check if the organization used Schedu	le O to respond to a (b) Average hours per week devoted to position		Part IV	 ree (e)	<u>.</u> <u>.</u>
Heather Blur	h: (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable nc compensation (Forms W-2/1099-MISC	Part IV	 ree (e)	Estimated amount of
	h: (a) Name and title	(b) Average hours per week	(c) Reportable nc compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	 ree (e)	Estimated amount of their compensation
President	hc (a) Name and title	(b) Average hours per week devoted to position	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of their compensation
President Justin Bigsb	hc (a) Name and title	(b) Average hours per week devoted to position	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of their compensation
President Justin Bigsb Immediate P	nc (a) Name and title mel y Past President	(b) Average hours per week devoted to position	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) o	Estimated amount of their compensation
President Justin Bigsb Immediate P Mike Willma	ne (a) Name and title mel y Past President	(b) Average hours per week devoted to position	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) o	Estimated amount of their compensation
President Justin Bigsb Immediate P Mike Willma Vice Preside	ne (a) Name and title mel y Past President	(b) Average hours per week devoted to position 20 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) o	Estimated amount of their compensation
Mike Willmai Vice Preside Kevin Heim	ne (a) Name and title mel y Past President	(b) Average hours per week devoted to position 20 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
President Justin Bigsb; Immediate P Mike Willmai Vice Preside Kevin Heim Secretary	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e) o	Estimated amount ther compensation
President Justin Bigsb; Immediate P Mike Willmai Vice Preside Kevin Heim Secretary	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount ther compensation
President Justin Bigsbi Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
President Justin Bigsb Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
President Justin Bigsbi Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
President Justin Bigsbi mmediate P Mike Willmai Vice Preside Kevin Heim Gecretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi mmediate P Mike Willmai Vice Preside Kevin Heim Gecretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi mmediate P Mike Willmai Vice Preside Kevin Heim Gecretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi mmediate P Mike Willmai Vice Preside Kevin Heim Gecretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi mmediate P Mike Willmai Vice Preside Kevin Heim Gecretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsbi Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount ther compensation
President Justin Bigsb: Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of
President Justin Bigsb: Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsb: Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsb: Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
President Justin Bigsb: Immediate P Mike Willmai Vice Preside Kevin Heim Secretary Lisa Thomas Executive Di Kay Merkel	nc (a) Name and title mel y Past President n ent	(b) Average hours per week devoted to position 20 5 5 5	ny question in this (c) Reportable no compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation



Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
	mondono for fact v./ check if the organization assa confedure o to respond to any quositor in the	<u> </u>	Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 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	24			- 11
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓	-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	igsquare	<u>/</u>	-
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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		_	- In
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				į 🖺
b	Did the organization file Form 1120-POL for this year?	37b		4	_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a			he
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				i
39	Section 501(c)(7) organizations. Enter:]			
а	Initiation fees and capital contributions included on line 9	_			
b 40a	Gross receipts, included on line 9, for public use of club facilities				
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			_	
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	40b			he
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		<u> </u>	l
41	List the states with which a copy of this return is filed ▶	`			
42a	ric diganization 3 books are in care of P	402-29		 	
	Located at ► 18520 Marinda Circle ZIP + 4 ►	681			-
b	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)?	42b	Yes	No	-
	If "Yes," enter the name of the foreign country ▶	720		_	Ī
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	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		/	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □	
			Yes	No	•
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		-	ĺ
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			İ
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>	•
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			ĺ
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\vdash	<u> </u>	
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				į
	Form 990-EZ. See instructions	45b	1 7	1	

Form 99	90-EZ (2	018)							F	age 4	ŀ		
			- ·						Yes	No	-		
46		he organization engage, directly or in					tion []		
		ndidates for public office? If "Yes," of		, Part I		· · <u>· · · </u>		46	<u> </u>	1	he		
Part		Section 501(c)(3) Organizations											
		All section 501(c)(3) organization:	s must answer que	stions 47–49b an	d 52, and	complete th	e tabl	es f	or line	es			
		50 and 51.											
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI		<u></u>			_		
							_		Yes	No	_		
47		he organization engage in lobbying		section 501(h) elec	tion in effe	ct during the	tax						
	year?	If "Yes," complete Schedule C, Part	tll				. [47		1	he		
48							. [48		✓	he		
49a Did the organization make any transfers to an exempt non-charitable related organization?							. L	49a		✓	_		
b	If "Ye	es," was the related organization a se	ection 527 organization	on?			. [49b		1	_		
50		plete this table for the organization's									/		
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganızatıon.	If there is non	e, ente	er "N	lone "		_		
			(b) Average	(c) Reportable		alth benefits, ons to employee	(a) Est	ımata	d amo	int of			
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS	benefit nis	ins, and deferred							
			devoted to position	(FOITIS VV-2/1099-IVIIS	con	pensation		<u> </u>					
											_		
							_				_		
											_		
											_		
											_		
f	Total	number of other employees paid over	er \$100,000	. ▶0	1	_							
51		plete this table for the organization'			nt contract	ors who each	n recei	ved	more	thar	1		
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."							_		
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c)) Compe	nsatı	on				
											-		
				1									
											-		
				-									
											-		
				-									
											-		
				-		i							
						<u> </u>					-		
				1									
	Total	number of other independent centre	otoro coch roccuuso	0.101 \$100 000							-		
	•	number of other independent contra	J	•	· -						-		
52		the organization complete Schedu pleted Schedule A	ile A? Note: All se	• • • •	ganizations	must attacr	na .▶∏	Vaa	_	No.			
		· 	· · · ·								-		
		of perjury, I declare that I have examined this r d complete Declaration of preparer (other than					nowledg	e and	belief,	IT IS			
											-		
Sign		Signature of officer			Date	117				-			
Here		Lisa Thomas - Executive Director											
. 1616	he	Type or print name and title									-		
		· · · · · · · · · · · · · · · · · · ·	Preparer's signature	1	Date		1 D.	TIN			-		
Paid		Print/Type preparer's name	i reparer a signature	į	Date	Check 🗀 if							
Prep									self-employed				
Use (Only	Firm's name				Firm's EIN ▶					-		
Mayeth	אמו מי	discuss this return with the preparer	chown above? See	inetri ictione		Phone no		V		.lc	-		
ividy (ie iuo	discuss this return with the preparer	SHOWIT ADDVE! See	matructions .	<u>• </u>	· · ·	<u>- U</u>	Yes	ا ب	No_	_		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

20**18**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number 47-0681045 Nebraska Tennis Association, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/2/8 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						
Secti	ion A. Public Support	y quamy arras	5. t 10010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1		(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2010	(i) i otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3.						i
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					4	
6	Public support. Subtract line 5 from line 4		/	ł			
Secti	on B. Total Support				•		
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 .		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					:	
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•	d. third. fourth	or fifth tax v	12 ear as a section	n 501(c)(3)
	organization, check this box and stop her						•
Secti	on C. Computation of Public Suppor						
14				1 column (fl)		14	%
15	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch		-			15	%
16a	331/3% support test—2018. If the organi box and stop here. The organization qual	zation did not	check the box	x on line 13, ai			
b	331/3% support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	ıs 33 ¹ /3% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, cl	neck this box a zation qualifie	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and s	stop here.
18	Private foundation. If the organization districtions	d not check a	box on line 13	, 16a, 16b, 17a		k this box and	_

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total	Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total	Secti	on A. Public Support		1-111				
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4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf! 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	•	•	ا ا	0	o	0	o	0
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organization without charge	organization without charge	3							
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	17	-	_			, or mar tax ye	cai as a scono	- -
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	Sacti					<u> </u>		
Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	Public support percentage from 2017 Schedule A, Part III, line 15					13 column (fl)		15	99 63 %
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))				_	10, 001011111 (1))			99 78 %
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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.

20**18**

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

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

Open to Public Inspection

Employer identification number

Nebraska Tennis Association	47-0681045						
990EZ							
Line 10- Grants were provided to Community Tennis Associations throughout Nebraska, specifically Omaha, Lincoln, Kearney, Columbus, York							
and Fremont These community grants helped the communities provide decent courts, instructions and play	opportunities in these areas						
Also included in these grants is the adaptive and diversity grant. This year Lincoln Nebraska hosted the tenn	s special olympics for Missouri Valley						
Lincoln hosted a large Wheelchair Tournament							
Line 16- Other expenses included travel to Missouri Valley Meeting and Nebraska Tennis Association Meeting	s Expenses were also the cost to						
conduct the meetings The NTA each year hosts a Hall of Fame Banquet and State Championship Award Pre	esentation						
Line 31-Officials Expense and training Officials must be trained and certified to run the junior and adult tourn	aments in Nebraska						
Hall of Fame Banquet recognizes volunteers who have contributed their time and effort into helping tennis div	ersity programs, adult and junior						
competitive and social programs							
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