

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
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 20 18

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **USTA MISSOURI**
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2331 E PYTHIAN STREET
 City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD MO 65802-6506

D Employer identification number **814258389**

E Telephone number **417-837-5826**

F Group Exemption Number ▶ **NONE**

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **USTA.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

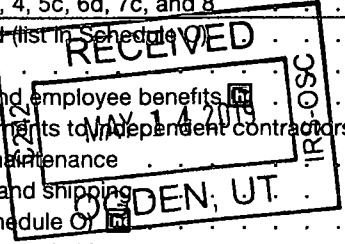
K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **106049**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
<input checked="" type="checkbox"/>	1	Contributions, gifts, grants, and similar amounts received	1				32727
<input checked="" type="checkbox"/>	2	Program service revenue including government fees and contracts	2				72430
<input checked="" type="checkbox"/>	3	Membership dues and assessments	3				892
<input checked="" type="checkbox"/>	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory	5a				
	5b	Less: cost or other basis and sales expenses	5b				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				0
	6	Gaming and fundraising events:					
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b				
	6c	Less: direct expenses from gaming and fundraising events	6c				
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				0
	7a	Gross sales of inventory, less returns and allowances	7a				
	7b	Less: cost of goods sold	7b				
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				0
	8	Other revenue (describe in Schedule O)	8				0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9				106049
	10	Grants and similar amounts paid (list in Schedule O)	10				0
	11	Benefits paid to or for members	11				0
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12				0
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13				44858
	14	Occupancy, rent, utilities, and maintenance	14				3272
	15	Printing, publications, postage, and shipping	15				3413
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16				46651
	17	Total expenses. Add lines 10 through 16	17				98194
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18				7855
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19				24555
	20	Other changes in net assets or fund balances (explain in Schedule O)	20				0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21				32410

SCANNED AUG 20 2019



Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24555	32410
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	24555	32410
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24555	32410

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **PROMOTE & DEVELOP THE GAME OF TENNIS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)
28 YOUTH TENNIS-Tennis Festivals, Play Days, Schools, P.E. Classes, Junior Team Tennis, Tournaments (Local, District, Sectional, National), Boys and Girls Club, Special Olympics, Optimist Club, Park Programs. All events are open to the public except tournaments that require USTA Membership (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 22403
29 ADULT TENNIS: USTA LEAGUES AND TOURNAMENTS (Local, District, Sectional, National), Growing all adult tennis throughout the district. Tennis on Campus is a program for college students (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 14862
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses (add lines 28a through 31a)	32 37,265

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Glenn Pelecky President	2			
Rhonda Kaissi 1st Vice President	1			
Dennis Boyd 2nd Vice President	1			
Steve Webb Secretary	1			
Bill Lingenfelter Treasurer	1			
Paul Nahon Past President	1			
Larry Huitt Director at Large	1			
Dave LaFevors Director at Large	1			
Alyssa Stelmach Director at Large	1			
Jeff Bourk Director at Large	1			

0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a 0	
b	Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	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 ▶ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ MISSOURI		
42a	The organization's books are in care of ▶ LINDA PETERS Telephone no. ▶ 417-837-5826 Located at ▶ 2331 E PYTHIAN, SPRINGFIELD, MISSOURI ZIP + 4 ▶ 65802-6506		
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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c	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	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and checkboxes for question 46.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization.

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Linda Peters, Registered Agent/Missouri, Authorized By Officers Date: 5/8/19

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

USTA MISSOURI

Employer identification number

814258389

PART I: LINE 16-OTHER EXPENSES- TOTAL = \$ 46,651

Travel and Transportation Costs - \$ 372

Expenses for Conferences, Conventions and Meetings - \$ 4,023

Office/General Administrative - \$200

Competition Expense - \$ 38,072

Community Tennis Expense - \$ 3,984

PART V: Line 35b – We did not complete form 990-T because we had no unrelated business income and no unrelated business liabilities.

PART V: Line 44d - We do not own a tanning booth.