# Return of Organization Exempt From Income Tax OMB No. 1545-0047

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

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

		f the Treasury nue Service	•	gov/Form990 for instr		est information.	1010	Inspection		
Δ			dar year, or tax year beginning	11,	20					
<u>^</u>		applicable	C Name of organization USTA/M		, 2019, and end		D Emple	oyer identification number		
	Address		Doing business as	idwest Section inc			<b></b>	23-7417933		
H	Name ch	- 1	Number and street (or P O box	of mail is not delivered to st	reet address)	Room/suite	E Teleph			
H	Initial ret	-	1	II IIIaii is not delivered to si	reet address;	100	E Telephone number 317-669-0471			
Η			City or town, state or province, or	country and ZIP or foreign	nostal code	100		317-003-0471		
Η	Amende	rn/terminated	Indianapolis, IN 46240	country, and zir or loreign	postar code		G Gross	receipts \$		
H		on pending	F Name and address of principal of	officer Mark Saunders .	Same As Ahove	H(a) is this a		r subordinates? Yes No		
ш	Applicati	on pending	I value and address of principal of	mocr mark sauracis	Sume AS ABOVE	4 1		es included? Yes No		
$\overline{}$	Tax-exec	npt status	501(c)(3) 501(c) (	4 ) ◀ (insert no )	4947(a)(1) or 527	<del>\</del>		st (see instructions)		
<u></u>		•	idwest.usta.com	<del></del>	,	<del></del>	exemption			
ĸ			Corporation Trust Associ	ation ☐ Other ►	L Year of for			of legal domicile OH		
_	art I	Summa					<del></del>	. <u></u>		
	1		cribe the organization's miss	sion or most significa	int activities:					
ģ	`		services for our members and			portunities to pl	av tennis.			
auc		No. Province.								
Activities & Governance	2	Check this	box ▶ ☐ if the organization	n discontinued its op-	erations or dispose	ed of more thai	า 25% of	its net assets.		
õ	3		voting members of the gove				3			
8	4		independent voting membe	• • •	•	1b)	4			
es	5		ber of individuals employed				5			
ξ	6		ber of volunteers (estimate if				6	180		
Act	7a		ated business revenue from				7a	0		
_	b		ted business taxable income				7b	0		
<u>-</u>				· · · · · · · · · · · · · · · · · · ·		Prior Ye	ar	Current Year		
λυ ζυζ Revenue	8	Contributio	ons and grants (Part VIII, line	5,496,056						
Ž	9		ervice revenue (Part VIII, line	5,659,078						
š.	10	_	t income (Part VIII, column (/	0						
_ Œ	11		nue (Part VIII, column (A), lin				(101,565)			
د	12		nue-add lines 8 through 11 (				1,053,569			
	13		d similar amounts paid (Part				2,169,430			
	14		aid to or for members (Part I				0			
s	15	•	ther compensation, employee				2,843,596			
Expenses	16a		al fundraising fees (Part IX,	•			0			
per	b		raising expenses (Part IX, co		0					
M	17		enses (Part IX, column (A), lir				6,157,195			
L	18		nses. Add lines 13-17 (must				1,170,221			
	19		ess expenses. Subtract line				(116,652)			
P S						Beginning of Cu	rrent Year	End of Year		
Assets or Balances	20	Total asset	ts (Part X, line 16)		N. 4: 0 0000	3	2,621,243	-		
Ass	21		ities (Part X, line 26) .	[පි] . NO	DV <b>1 3</b> 2020	भ्रा	754,382			
Net/	22		or fund balances. Subtract	line 21 from line 20			1,866,861			
-	art II	Signatu	re Block	00	DEN LIT					
Ur	der pena	Ities of perjury,	, I declare that I have examined this	return, including accompa	mying-schedules-and-s	tatements, and to t	he best of n	ny knowledge and belief, it is		
tru	e, correct	, and complet	e Declaration of preparer (other tha	n officer) is based on all inf	ormation of which prep	arer has any knowl	edge			
			som A K	Lesso	<b>**</b>		11-1	11-20		
Sig	gn	Signati	ure of officer		-	Da	te			
He	ere	D	orian A. Tor	sol						
		Type o	or print name and title			_				
	id	Print/Type	e preparer's name	Preparer's signature		Date	Check [	ıf PTIN		
Pa		_					self-emp			
	epare	I E.mo'o non	me ►			Firm	n's EIN ▶			
US	e Onl	Firm's add				Pho	ne no			
Ma	y the IF		this return with the preparer	shown above? (see	instructions)			. Yes No		

Part	Ш	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	[7]
1	Brie	efly describe the organization's mission:	· <u>V</u>
•		promote tennis throughout the Midwest for the general population and our members.	
2		I the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ?	✓ No.
		or Form 990 or 990-EZ?	<b>(</b> NO
3		I the organization cease conducting, or make significant changes in how it conducts, any program	
	serv	vices?	☑ No
4		scribe the organization's program service accomplishments for each of its three largest program services, as meas	ured by
		penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to total expenses, and revenue, if any, for each program service reported.	others,
4a		ode:) (Expenses \$including grants of \$) (Revenue \$	
		trict support funding to the districts to support their commitment to their members, youth in the area, and adult participant	
		nding is also used to support the USTA/Midwest Tennis & Education Foundation.	
4b	(Co	ode:) (Expenses \$ including grants of \$) (Revenue \$	.)
		nnisLink provides a platform for our organization members to provide services for our members.	
4c	(Co	ode:) (Expenses \$including grants of \$) (Revenue \$	.)
	<u>Ten</u>	nnis programs for member and youth organizations	
		<u> </u>	
4d		ner program services (Describe on Schedule O.)	
		penses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Tota	tal program service expenses 🕨	

BC DJJ

Part	Checklist of Required Schedules			
			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_	✓	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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? If "Yes," complete Schedule D, Part IX	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	<b>✓</b>	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		- V
b	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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		,
20-	If "Yes," complete Schedule G, Part III	19 20a		<b>√</b>
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	1	

Part	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	1	
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	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
C	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 24d		1
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		<u> </u>
	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):			ļ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
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			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

Part	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 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b> </b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. [		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<del></del>		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		,
	required to file Form 8282?	7c		<b>/</b>
d	1 100, 11010110 110 110110	7e		7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		<b>✓</b>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			1
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		<b>V</b>
h	· · · · · · · · · · · · · · · · · · ·			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.			_ <b></b>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter.	35		<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	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		
с b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		<b>/</b>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O			

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and See in	for a struc	"No" tions.				
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u> :					
Section	on A. Governing Body and Management							
_	and the second of the second o		Yes	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							
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			]				
<b>.</b>								
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>				
6	Did the organization have members or stockholders?	6	✓_	L				
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,							
	stockholders, or persons other than the governing body?	7b		<b>✓</b>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following							
а	The governing body?	8a	<b>√</b>	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		,				
Coati	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		ode l	<u> </u>				
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	<u>ue                                    </u>	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b>✓</b>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Ť					
	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	✓	<del>                                     </del>				
b 10=	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	1					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<b>–</b>	$\vdash$				
С	describe in Schedule O how this was done	12c	<b> </b>					
13	Did the organization have a written whistleblower policy?	13	1	$\vdash$				
14	Did the organization have a written document retention and destruction policy?	14	7					
15	Did the process for determining compensation of the following persons include a review and approval by							
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	<del></del>	┢──┚				
a	Other officers or key employees of the organization	15b	7					
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
iva	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							
	organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure							
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-	Г (Sec	tion 5	501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website. ☐ Another's website. ☑ Upon request. ☐ Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>					
	Dorian A Dyson, CFO, 1310 East 96th Street Suite 100 Indianapolis, IN 46240							

-orm	990	(2019)	

	-
Page	4

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
-	Independent C	ontractors							

## 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (D) (E) (F) (A) (B) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an hours compensation compensation officer and a director/trustee) per week from the from related compensation Officer Individual trustee Institutional trustee Key employee Highest compensated from the organization organizations (list any director (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related organizations related roanizations below dotted line) (1) Paul Farah President (2) Colin Atkinson 10 0 **Executive Vice President** (3) Katie Orlando 10 0 Vice President (4) Steve Hayden Vice President 0 (5) Jeff Strassen 10 0 Treasurer (6) Jennifer Reinbold 10 O Secretary 10 (7) Joy Albi 0 Delegate (8) Mark Saunders 40 **Executive Director** 233,331 40 (9) Dorian Dyson 0 Chief Financial Officer 157,364 (10) Chad Doctor 40 135,409 Chief Operating Officer (11) (12) (13)

Ŗart	VII Section A. Officers, Directors, 1	Tustees,	Tey	51111		yee C)	5, an	ur	iighest Compe	nsateu	Employ	ees (c	Oria	nueu
	(A) Name and title		box,	unles	Pos neck ss pe	rtion more	than o	an	( <b>D</b> ) Reportable compensation	(E) Report compens	able	(F Estimated of o		
			Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations -MISC)			e n and
(15)														
(16)													-	
(17)														
(18)						-								
(19)														
(20)														
(21)			-	i .										
(22)														
(23)						<u> </u>						-		
(24)														
(25)														
1b c	Subtotal		on A					<b>&gt;</b>	526,104 0		0			0
d	Total (add lines 1b and 1c)							<u> </u>	526,104		0			0
2	Total number of individuals (including but reportable compensation from the organi		d to th	nose	list	ted	above	e) w	tho received mor	e than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							-	loyee, or highes			3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	n a	nd other compe	nsation fr	om the			Ť
5	Individual									 tion or inc	 dıvıdual	4	<u>✓</u>	
Socti	for services rendered to the organization on B. Independent Contractors	? If "Yes," o	comp	lete	Sch	nedi	ıle J 1	or s	such person	<del>. : _ :</del> _	• •	5		<b>I</b>
1	Complete this table for your five high compensation from the organization. Report	nest comp	ensat	ed	ınde	epe	ndent	CC	ontractors that r	eceived	more the	nan \$1	00,0	)00 of
	(A)  Name and business add		isatio	11 10		. ca	icrida	,,	(B) Description of sen			(C)		. your.
None									,					
										<u></u>				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who				

	90 (2019	Statement of Rev	<b></b>							Page <b>9</b>
Fart	VIII	Check if Schedule			spor	ise or note to a	nv line in this Pa	urt VIII		$\square$
		Onda in Odnosa			. <del></del>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaig	ns .		1a					
ra n	b	Membership dues			1b	1,021,822		ļ		
اڭ ئ	С	Fundraising events			1c		Ų			
ar it	d	Related organization			1d		1			
S, E	e	Government grants	-		1e	<u> </u>	4			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no			1f	4,649,411				
불팅	g	Noncash contribution			١.					
No.					1g	<u> </u> \$0	<del></del>			
<u> </u>	h	Total. Add lines 1a-	-11 .	• • •	· ·	Business Code	5,671,233			
<u>بر</u>	2a	Marketing				Business code	18,594	18,594	0	0
ام کے	b	Tonnict ink					5,028,285	<del>                                     </del>		<del></del>
Se	C	A duals Dun augum					131,661	ī ·	0	
Program Service Revenue	d	lunior Drograms					404,981		0	0
ğæ	е	Community Program					14,508	14,508	0	0
<u>۲</u>	f	All other program se					100,199	100,199	0	0
	g	Total. Add lines 2a-					5,698,228			İ
	3	Investment income	•	_		_	_			
			her similar amounts)				0	0	**	_
	4 5	Royalties	nence	JI lax-exell	ipt bt	na proceeds	0			<del>                                     </del>
	J	noyanies	<del>i i</del>	(i) Rea	<u>.</u> 1	(ii) Personal				
	6a	Gross rents	6a		0	<del>                                     </del>				
	b	Less: rental expenses	6b		0					
	С	Rental income or (loss)	6c		0	C				
	d	Net rental income o	r (loss	s) <u>.</u>		🕨	0	0	0	0
	7a	Gross amount from		(i) Securi	ties	(II) Other	1	İ		
		sales of assets	<b>.</b>							
		other than inventory	7a	-	- 0		4			ļ
venue	D	Less cost or other basis and sales expenses .	7b		O	ے ا				
š	С	Gain or (loss)			0	1				
Ě	d					•	0	0	0	O
Other R	8a	Gross income from	m fu	ndraising						
Ö		events (not including	\$	0						
		of contributions rej								
		1c) See Part IV, line			8a		4			
	b	Less: direct expens Net income or (loss)			8b	l o	0		0	
	с 9а	Gross income f			y eve		1			
	<b>9</b> a	activities. See Part I			9a	(				
	b	Less: direct expens			9b	d	1		i	
		Net income or (loss)			ctivitie	es <b>&gt;</b>	0	0	0	0
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan			10a		1		•	
		Less: cost of goods			10b		<del>                                     </del>			
	С	Net income or (loss)	) irom	sales of in	ivento	Business Code		0	0	0
Miscellaneous Revenue	11a	Unrealized Gain/Loss	c			business Code	252 200	253,380	0	0
scellaneo Revenue	i ia b						253,380	253,380	_	
ella	c						1 0	0		
isc	_	All other revenue	· · ·				0	0	0	o
Σ	е	Total. Add lines 11a	a-11d	<u> </u>		•	253,380			
	12	Total revenue. See	ınstrı	uctions		>	11,622,841	5,951,608	0	O

	90 (2019)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				-
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			_	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,074	0	7,074	0
c	Accounting	15,086	0	15,086	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	0	0	0	0
16	Occupancy			0	
17	Travel				
18	Payments of travel or entertainment expenses				***
	for any federal, state, or local public officials	0	0	0	o
19	Conferences, conventions, and meetings .				
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	19,108	0	19,108	0
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				'
	(A) amount, list line 24e expenses on Schedule O.)				
а	Tampial ink	4,206,322	4,206,322	0	
-		4,206,322	4,200,322	0	
b	Membership Services				
C	Direct Programming				
d	US Open	4 /3 9=	-		
e 05	All other expenses	10 44 AT ON			
25	Total functional expenses. Add lines 1 through 24e	47, 10			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	<u>.                                    </u>		<u> </u>	

Form 990 (2019) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . End of year Beginning of year 687,609 320,860 2 2 ol 0 3 3 Pledges and grants receivable, net . . . . . . o 0 4 4 Accounts receivable, net . . . . 113,935 162,540 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 0 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 0 Notes and loans receivable, net . . 0 7 0 Assets Inventories for sale or use . . . . Я 8 n 0 9 Prepaid expenses and deferred charges . 362,284 9 206,533 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a Less: accumulated depreciation . . . . . | 10b| 440.097 31.124 30.356 1,582,042 11 1,832,148 11 12 12 Investments—other securities. See Part IV, line 11 . . . . . 0 13 13 Investments—program-related. See Part IV, line 11 . . . . ol 0 14 0 14 al Intangible assets . . . . . . . . . . . . 15 15 Other assets See Part IV, line 11 . . . . . . . . 0 16 Total assets. Add lines 1 through 15 (must equal line 33) . 2,621,243 16 2.708.188 17 17 Accounts payable and accrued expenses . . . . 325,838 263,659 18 18 Grants payable. 0 350,220 19 19 343,457 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . . 22 n 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 78,324 25 93,939 26 Total liabilities. Add lines 17 through 25 . . . . . 754,382 26 701.055 Organizations that follow FASB ASC 958, check here ▶ ☑ **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions . . 1,866,861 27 2.007,133 27 28 0 Organizations that do not follow FASB ASC 958, check here ▶ □

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds . . .

Total liabilities and net assets/fund balances . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds . . .

29

30

31

32

33

Form **990** (2019)

2,007,094

2.708.188

0

0

0

29

30

31

32

0

ol

1,866,861

2,261,243 33

_	4	2
Page	1	_

Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1 _		11,62	2,841
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		1,86	6,861
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40			
D	32, column (B))	10		2,00	7,094
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				$\overline{}$
	Check if Schedule O contains a response of flote to any line in this Part Air	· · ·		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			100	1
•	If the organization changed its method of accounting from a prior year or checked "Other," e	volain ir	-		İ
	Schedule O.	Apiaiii ii	`		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		>
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		r		1
	reviewed on a separate basis, consolidated basis, or both:	.,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>\</b>	
	If "Yes." check a box below to indicate whether the financial statements for the year were audi	ted on a	а 🗀		
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		f		
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın oı	ן ר		
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			,
	Single Audit Act and OMB Circular A-133?		3a_		<del></del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		9     3b ∶		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	iudits .			(0010)
			Forr	ח ששט	(2019)

## **SCHEDULE C** (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

-	, o., o., o. , (o, (o, o. ga za o			V. W. = =	•
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	/ Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga				
Name o	of organization			Employer iden	ntification number
USTA/I	Midwest Section Inc				23-7417933
Part	I-A Complete if th	e organization is exempt und	er section 501(d	c) or is a section 527 (	organization.
1	definition of "political car		·		IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions)		▶ \$	· )
3		cal campaign activities (see instru			
Part		e organization is exempt und			
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨 🖇	; 
3	-	ed a section 4955 tax, did it file Fo			
4a					Yes No
b	If "Yes," describe in Part				/ \/O\
Part		e organization is exempt und			(c)(3).
1	activities	tly expended by the filing organiz		<b>&gt;</b> \$	
2	527 exempt function act	filing organization's funds contritivities		<b>▶</b> \$	
3		expenditures. Add lines 1 and 2		on Form 1120-POL,	
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No
5	organization made paym the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro fund or a political action committed	enter the amount motly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(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)					

D۵	_	_	2

Pai	rt II-A	Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
_	o						
В	Check ►	if the filing organization check			rovisions apply.	<u> </u>	
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lo	obbying expenditures to influence	public opinior	grassroots lobby	ing)		
(	b Total lo	obbying expenditures to influence	a legislative b	ody (direct lobbying	g)		
	c Total le	obbying expenditures (add lines 1a	and 1b) .				
	d Other	exempt purpose expenditures					
(	e Total e	xempt purpose expenditures (add	lines 1c and	1d)			
1	f Lobbyi columi	ng nontaxable amount. Enter t ns.	he amount	from the following	table in both		
	If the ar	mount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:		1
	Not ove	r \$500,000	20% of the a	mount on line 1e			1
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
	Over \$1	7,000,000	\$1,000,000				
9	g Grassroots nontaxable amount (enter 25% of line 1f)						
-	h Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0-				
į	i Subtract line 1f from line 1c If zero or less, enter -0-						
j	•	e is an amount other than zero ng section 4911 tax for this year?		th or line 1, did	<del>-</del>		Yes No
	(Som	e organizations that made a sec	tion 501(h) e	Period Under Sec lection do not hav tructions for lines	e to complete all	of the five column	ns below.
		Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
2	a Lobby	ng nontaxable amount					
l		ng ceiling amount of line 2a, column (e))					
(	c Total lo	obbying expenditures					
(	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
1	f Grassr	oots lobbying expenditures					
						Schedule C (Form	990 or 990-EZ) 2019

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	ed l	Form	5768		
For 6	each "Yes" response on lines 1a through 1ı below, provide ın Part IV a detailed	(a	1)		(b)	
		Yes	No	Aı	nount	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:					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	_				
c d	Mailings to members, legislators, or the public?					
е	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?					_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_				
İ	Other activities?					
j	Total. Add lines 1c through 1i					
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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	_				-
d Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	5) (	ar se	ction		
rait	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	•	٠	1	<b>1</b>	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3	✓	1
Part	III-B 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" OR answered "Yes."		Part		ine 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).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	. <u>-</u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
_	and political expenditure next year?		4			
_5_	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list	t); Pai	t II-A, I	nes 1	and
						<b></b>

schedule C (For	m 990 or 990-E2) 2019	Page 🕶
Part IV	Supplemental Information (continued)	<u> </u>
•		
		·
	•••••••••••••••••••••••••••••••••••••••	
1		
	•••••	
	•••••••••••••••••••••••••••••••••••••••	
	•••••	
·		

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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

2019

Open to Public Inspection

Employer identification number

USTA/	Midwest Section Inc		23-7417933
Par	Organizations Maintaining Donor Adv	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
	<del></del>	(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 donor	advisors in writing that the assets he	ld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, as	-	
•	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Dar	Conservation Easements.		
ı aı	Complete if the organization answered "	Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the c	<del>-</del>	for broken and broad and
	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	d a qualified conservation contribution	
	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 easements	i	. 2b
С	Number of conservation easements on a certified h	storic structure included in (a)	. 2c
đ	Number of conservation easements included in (	c) acquired after 7/25/06, and not o	na
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy reg	arding the periodic monitoring, insp	ection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports c		and expense statement and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easement	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
U	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service.
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
_			
2	If the organization received or held works of art,		assets for illiancial gain, provide the
_	following amounts required to be reported under FA	<del>-</del>	• •
a	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X	<u> </u>	· · · • • •

Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or Ot	her Similar As	sets (cont	inued)
•3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	e follow	ving that make s	ignificant u	se of its
а	☐ Public exhibition		d	□ Loan	or exchang	re progr	am		
b	☐ Scholarly research								
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza		and eval	an how t	hov furthor	the oro	ianization's ever	ant nurnaea	n Part
7	XIII	mon's conections	anu expi	alli HOW (	ney further	the org	janization s exer	iipt puipose	s III Fail
5	During the year, did the organization								
	assets to be sold to raise funds rathe		ained as i	part of th	e organizat	ion's co	llection?	☐ Yes	<u> </u>
Part									
	Complete if the organization	n answered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an an	nount on F	orm
	990, Part X, line 21.				<u> </u>				
1a				-					
	included on Form 990, Part X?							☐ Yes	⊔ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete tne fo	llowing t	abie:				
	Danisa halana					<del>  _</del>		mount	
C	Beginning balance			• •		1c	+		
d	<b>J</b> ,					1 <u>d</u>	<del></del>		<del></del>
e	Distributions during the year .					1e	<del></del>		
f	Ending balance						<del></del>	2 <b>7</b> Vee	
2a h	If "Yes," explain the arrangement in P	•					•		
	Endowment Funds.	art Alli. Check her	e ii tile e.	кріанаціо	ii iias beeii	provide	ed Oli Part Alli .	<del>- · · ·</del>	<u> </u>
гаг	Complete if the organization	answered "Ves	" on For	m aan 1	Part IV line	<u>- 10</u>			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	are hack
12	Beginning of year balance	(a) Current year	(0) 111	or year	(c) I wo year	15 Dack	(d) Three years back	(e) rour yea	ars back
	Contributions	<del></del>		<del> </del>	<del></del>		<del></del>	<del> </del>	
		<del> </del>						<del> </del> -	<del></del>
C	Net investment earnings, gains, and losses					ĺ			
d	Grants or scholarships					-	<del></del>	+	
e	Other expenditures for facilities and					_		<del>                                     </del>	
_	programs							ŀ	
f	Administrative expenses							<del>                                     </del>	
g	End of year balance						<del></del>		
2	Provide the estimated percentage of	the current vear er	nd balanc	e (line 1c	ı. column (a	a)) held a	as:	. H	····
а	Board designated or quasi-endowme		%	- (	, ,	,,			
b	Permanent endowment ▶	%	'						
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
За	Are there endowment funds not in th			zation the	at are held	and ad	ministered for th	е	
	organization by:		J					Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations 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 f	unds.				
Part	VI Land, Buildings, and Equip	oment.		<u></u>	•				
	Complete if the organization	answered "Yes	" on For	m 990, l	Part IV, line	e 11a. :	See Form 990,	Part X, line	e 10.
	Description of property	(a) Cost or ot			or other basis other)		Accumulated epreciation	(d) Book va	alue
10	Land	· · · · · · · · · · · · · · · · · · ·					-		
1a h	Land	•	0		0		0		0
b	Buildings	.	0		0		0	<del></del>	<u>_</u> 0
c d	Equipment	•	0		470,453		440,097		30,356
e	Other		<u>_</u> 0		470,453		440,097		30,356
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9			1 (B), line 10	)c.)			30,356
						,			,

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form	m 990 Part IV lin	a 11h See Form	QQN Part X line 12
•	(a) Description of security or category	(b) Book value	(c) Meth	od of valuation
	(including name of security)		Cost or end-	of-year market value
(1) Financial				
	eld equity interests	-		
(3) Other				
(A)			-	
(B)				
(C)				
(D)				
(E) (F)				<del></del>
(G)		. " "		
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12) . 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.		· -	· · · · · · · · · · · · · · · · · · ·
Tartix	Complete if the organization answered "Yes" on Form	m 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Description	,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
_(8)				
(9) T-1-1-(O-1-	(5) much as all Forms (000, Port V. and (D) line 15)			
	mn (b) must equal Form 990, Part X, col. (B) line 15 ) . Other Liabilities.	· · · · · ·		
Part X	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, lın	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2) Payroll L				93,939
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶</u> ]	-
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	n's financial statemer	nts that reports the provided in Part XIII .
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	loothote has been p	JOVICIEC IN PART AIII .

Part	Reconciliation of Revenue per Audited Financial Stateme		r Keturn.	
•	Complete if the organization answered "Yes" on Form 990, I		·	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a	4	
b	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c	4	
d	Other (Describe in Part XIII.)	2d	<del> </del>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l -l	
b	Other (Describe in Part XIII.)	4b	<del>  _  </del>	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er Heturn.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)		<del> </del>	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	
b	Other (Describe in Part XIII.)		<del>  _  </del>	
С 5	Add lines <b>4a</b> and <b>4b</b>		4c	
	XIII Supplemental Information.	0 10.7		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1h and 2	h: Part V. line 4: Par	X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			7, 1110
_,	17.11, 11100 20 and 10, and 7 arrivin, 11100 20 and 101 arriving	<b>-</b>		
Dart V	Line 2			
Part A	Line 2			
Footna	ote: Income Tax Status: The Internal Revenue Service has rules the USTA-MW	gualifies under Section 501	(c)(4) of the Internal R	evenue
COUL	Re. Income Tax Status. The Internal Revenue Service has fales the Soft-May	quanito and continuo	7971.7	
Code a	and is, therefore, not subject to income taxation under present income tax laws	s. USTA-MW is subject to ta	x on the sale of merch	andise
2000	mid 13, therefore, not subject to meeting taxation bridge process.	1		
مام نمان،	is considered unrealted to its tax exempt purpose.			
wnich				
wnich.				
wnich				
wnien				
wnien				
wnien				

Schedule D (Foi	rm 990) 2019	Page 3
Part XIII	Supplemental Information (continued)	
•		
	1	
		<b>\</b>
<b></b>		
·		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. 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?

General Information on Grants and Assistance

**USTA/Midwest Section Inc** 

Parti

OMB No 1545-0047

2019 Open to Publ Inspection

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

Employer identification number

23-7417933

**%** □

□ Yes

Describe in Part IV the organization is procedures for monitoring the use of grant funds in the United States	ization's procedur	es for monitoring	rie use or grant ru	nds in the United	States	STOCK CONTRACTOR OUT	100 "Voc" or Lorm 000
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do ly recipient that	received more th	an \$5,000. Part I	l can be duplica	ents. Complete in	trie organization answe pace is needed.	Organizations and Domestic Governments, complete it the organization answered they out rolling and more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(a)	(c) IRC sectron (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			2,034,340				To fund mission
(2)							
(6)							
(4)							
(5)							
(9)							
(i)							
(8)	:						
(6)							
(10)		<u></u>					
(11)							
(12)	:						
<ul><li>Enter total number of section 501(c)(3) and governmen</li><li>Enter total number of other organizations listed in the l</li></ul>	1 501(c)(3) and goverganizations listed	vernment organizat d in the line 1 table	it organizations listed in the line 1 table ine 1 table	ine 1 table			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructior	ıs for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2019

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

Part III Grants an

(f) Description of noncash assistance	0							ional information.	il grants and programs not part of the				
(e) Method of valuation (book, FMV, appraisal, other)	00							(b); and any other addit	ne organization. For individua				
(d) Amount of noncash assistance	0							e 2; Part III, columi	ials, and minutes of the		4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		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	52,803							equired in Part I, lin	heir 990, audited financ s the funding was mea				
(b) Number of recipients	36							the information r	s submit a copy of t pts for the expense			) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(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.	Jwe Jwe				

Schedule I (Form 990) (2019)

ł

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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.

OMB No 1545-0047

2019

nation.

Open to Public Inspection

Employer identification number

**USTA/Midwest Section Inc** 23-7417933 **Questions Regarding Compensation** Part I Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 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 ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract ✓ Compensation committee ☐ Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: 5b **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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: 6a 6b **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 

Page 2

Schedule J (Form 990) 2019

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

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.

Note: The sum of columns (b)(I)—(III) for each listed individual must equal the total amount of rorm 990, Fart VII, Section A, line 1a, applicable column (b) and (c) amounts for that individual.	or each	n listed individual mu	st equal the total am	ount of Form 990, Fa	In VII, Section A, line	a, applicable colum	n (D) and (E) amount	s for trial individual.
		(b) Breakdown o	W-2 and/or 1099-MIS	oc compensation	(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	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	8	233.331	0	0	0	0	0	0
wark saungers - Executive 1 Director	€							
Dorian Dyson - Chief Financial	ε	157,364	0	0	О	0	0	0
2 Officer	(ii)							
	8							
ო	€							:
	€							
4	€							:
	3							
cs.	Ξ							
	(3)							
ဖ	€	, p p p p p p p p p p p p p p p p p p p						
	ε							
7	€							
	(1)							
8	<b>E</b>							
	8						0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
o	(ii)							
	3							
10	<b>(ii)</b>							
	()						10 10 10 10 10 10 10 10 10 10 10 10 10 1	11 11 11 11 11 11 11 11 11 11 11 11 11
11	(ii)							
	(I)					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 1
12	Ξ							
	(I)							
13	<u>(ii)</u>							
	(2)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
14	€							
	(1)							
15	(ii)							
	=				8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16	Ξ							
							Sch	Schedule J (Form 990) 2019

Page 3 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. Supplemental Information Schedule J (Form 990) 2019
Part III Supplem

٦

Schedule J (Form 990) 2019

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

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2019

Open to Public Inspection

Employer identification number

**USTA/Midwest Section Inc** 23-7417933 Part VI Section A Governing Body & Management 6 - The USTA is a membership organization where its members select representatives to the Board of Directors. 7a - See #6 above. 7b - Changes to the bylaws, standing orders, budget, and the election of officers to the Board of Directors. Part VI Section B Policies 11b - The 990 is reviews by the Board of Directors. It is then made available to the governing body. 15a - The Human Resource Committee reviews all salary with the Executive Director and makes adjustements accordingly. 15b - See #15a above. Part VI Section C Disclosure 19 - Documents are available on the online shared drive for our membership and volunteer base. The documents are available to the public upon their request. Part XI Reconciliation of Net Assets 9 - There is an internal data error in the accounting software causing a \$39 difference in the net assets. We are unable to correct the data error in the system so we will be rebuilding our software to correct the issue.