DLN: 93493156012140 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable INTERMOUNTAIN TENNIS ASSOCIATION □ Address change 84-0726651 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 9145 KENYON AVENUE SUITE 201 ☐ Amended return ☐ Application pending (303) 695-4117 City or town, state or province, country, and ZIP or foreign postal code DENVER, CO $\,\,80237$ G Gross receipts \$ 3,111,666 Name and address of principal officer H(a) Is this a group return for ROB SCOTT ☐Yes **☑**No subordinates? 9145 KENYON AVENUE SUITE 201 H(b) Are all subordinates DENVER, CO 80237 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► USTA COM/INTERMOUNTAIN L Year of formation 1977 M State of legal domicile CO K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND DEVELOP AMATEUR TENNIS IN A 6 STATE AREA Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,883,315 2,978,825 Ravenua 73,777 9 Program service revenue (Part VIII, line 2g) . 84,882 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,256 10,092 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,870 37,867 2,989,218 3,111,666 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,534,780 1,564,202 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 681,796 724,229 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 787,777 817,138 3,004,353 3,105,569 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -15,135 6,097 Net Assets or Fund Balances Beginning of Current Year **End of Year** 614,292 630,167 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 45,348 55,126 22 Net assets or fund balances Subtract line 21 from line 20 . 568,944 575,041 Signature Block 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 2020-06-04 Signature of officer Sign Here ROB SCOTT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-06-04 P00757821 Paid self-employed Firm's name ► WIPFLI LLP Firm's EIN ► 39-0758449 Preparer Use Only Firm's address ► 7887 E BELLEVIEW AVE SUITE 700 Phone no (303) 759-0089 DENVER, CO 80111 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

| orm | 990 (2019) | | | | | Page 2 |
|-----|--|---|-------------------|--|--|---------------------------|
| Pa | t III Statement | of Program Servic | e Accomplis | hments | | |
| | Check If Sched | ule O contains a respo | nse or note to a | any line in this Part III . | | 🗹 |
| 1 | Briefly describe the or | | | | | |
| O P | ROMOTE AND DEVELOP | AMATEUR TENNIS IN | A 6 STATE ARE | A | | |
| | | | | | | |
| 2 | Did the organization u | ındertake any significa | nt program serv | vices during the year wh | Ich were not listed on | |
| | - | | | | | ☐ Yes 🗹 No |
| | | se new services on Sch | | | | |
| 3 | Did the organization o | ease conducting, or m | ake significant o | changes in how it conduc | cts, any program | |
| | services? | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe thes | | | | | |
| 4 | Section $501(c)(3)$ and | | ns are required | to report the amount of | argest program services, as meast grants and allocations to others, t | |
| 4a | (Code |) (Expenses \$ | 2,568,594 | including grants of \$ | 1,564,202) (Revenue \$ | 122,749) |
| | See Additional Data | , (=, + | _,, | | _,, ,, , (, | , , |
| | | | | | | |
| 4b | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
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| | (Code |) (Expenses \$ | ΜΔΙΝΤΔΙΝς ΟΙΙΙ Ε | Including grants of \$ |) (Revenue \$ |) D SKILLS ENHANCEMENT |
| | ITA PROMOTES AND DEV | ELOPS AMATEUR TENNIS, | | | AMATEUR LEAGUES, TOURNAMENTS AN |) D SKILLS ENHANCEMENT |
| | ITA PROMOTES AND DEV | ELOPS AMATEUR TENNIS, | | S OF PLAY AND CONDUCTS | AMATEUR LEAGUES, TOURNAMENTS AN |) D SKILLS ENHANCEMENT |
| 4d | ITA PROMOTES AND DEV CLINICS/CAMPS/PROGRA | ELOPS AMATEUR TENNIS, | OF THE UNITED ! | S OF PLAY AND CONDUCTS | AMATEUR LEAGUES, TOURNAMENTS AN ON |) D SKILLS ENHANCEMENT |
| 4d | ITA PROMOTES AND DEV CLINICS/CAMPS/PROGRA | ELOPS AMATEUR TENNIS, MS IN A 6-STATE REGION es (Describe in Schedu | OF THE UNITED ! | S OF PLAY AND CONDUCTS STATES TENNIS ASSOCIATIO | AMATEUR LEAGUES, TOURNAMENTS AN |) D SKILLS ENHANCEMENT) |

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 for public office? If "Yes," complete Schedule C, Part I 🕏 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 🛸 . . Yes 5 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

No Nο

9 10

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

No 11b No 11c Nο 11d 11e Yes

Yes

Yes

Nο

No

Nο

No

No

Nο

No

Nο

Nο

No

11f

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12b

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20a

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Yes

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|------|--|-----|-----|---------------|
| Par | 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 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule L</i> ,Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | Section 501(c)(3) organizations. 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pai | | | | |

Check if Schedule O contains a response or note to any line in this Part V

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

Yes

9

0

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1a

1b

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|------|---|-----|-----|---------------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | 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 | 4a | | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 5a | | No No |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | NI - |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | , | _ | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | _ | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | No |
| | | | | |

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|--|---|-------------------------------|-------------------------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | • | onse to | lines |
| Se | ction A. Governing Body and Management | | | |
| | | \Box | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 11 | | | |
| | 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 in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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 | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | , |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | ∍.) | |
| | | \longrightarrow | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10ь | | |
| | | - | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | | 11a | Yes | |
| b 12a | form? | 11a 12a | Yes Yes | |
| b 12a b | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | |
| b 12a b | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12a | Yes | |
| b 12a b | form? | 12a 12b | Yes Yes | |
| b 12a b c | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12a 12b 12c | Yes Yes | |
| b 12a b c 13 | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c 13 14 | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c 13 14 15 | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization | 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 | 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization | 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b | form? | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b | form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b 16a b | poscribe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b 16a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b 16a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. | 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | |

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

Check if Schedule O contains a response or note to any line in this Part VII . 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
- 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, or 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

Part VII

| organization, more than \$10,000 of reportable co See instructions for the order in which to list the | | om the o | organ | ıızat | ion a | and an | ıy re | eiated organizations | i | | | | |
|---|---|-----------------------------------|-----------------------|--------------------------------------|-----------------------------|------------------------------|------------|---|--|---|--|--|--|
| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | | | | |
| (A) Name and title | (B) Average hours per week (list any hours | Position than o | n (do | (C o no ox, u n of tor/t |) t ch unle: ficer | eck moss persection and a | ore son | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | | | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations | | | |
| (1) MARCE MILES PRESIDENT | 5 00 | Х | | × | | | | 0 | 0 | 0 | | | |
| (2) TARYN ARCHER VICE PRESIDENT | 5 00 | Х | | х | | | | 0 | 0 | 0 | | | |
| (3) BETH BRENNAN TREASURER, MT REP | 5 00 | × | | х | | | | 0 | 0 | 0 | | | |
| (4) BRETT HABERSTICK DELEGATE & FORMER PRESIDENT | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (5) CAROL MILLS SECRETARY, ID REP | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (6) ANGELA FINAN DIRECTOR | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (7) HASSAN HUMAYAN NEVADA REP | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (8) TRENT ALENIK DIRECTOR | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (9) BRAD FERRERA UTAH REP | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (10) JULIE FRANCIS WYOMING REP | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (11) RON STEEGE COLORADO REP | 5 00 | Х | | | | | | 0 | 0 | 0 | | | |
| (12) ROB SCOTT EXECUTIVE DIRECTOR | 50 00 | | | х | | | | 134,832 | 0 | 0 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2019) | | | |

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) Name and title Average Position (do not check more Reportable Reportable Estimated

| hours per week (list any hours | | oth a direct | n of tor/t | ficer rust | and a | | compensation from the organization | compensation from related organizations | amount of other compensation from the |
|---|-----------------------------------|-----------------------|---------------|---------------|------------------------------|--------|--|---|--|
| for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | · | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 1b Sub-Total | | | | > | | |
|--------------------------------------|-----------------|---|--|-------------|--|--|
| C INTO TROM CONTINUATION Chapte to U | OIT VII WACTION | ^ | | - | | |

| 1b Sub-Total | | | | > | | | |
|--|------------------|---|--|-------------|---------|---|--|
| c Total from continuation sheets to Pa | art VII, Section | Α | | ▶ | | | |
| d Total (add lines 1b and 1c) | | | | ▶ | 134,832 | 0 | |

| 1b Sub-Total | | | | > | | | |
|--|------------------|---|--|-------------|---------|---|---|
| c Total from continuation sheets to Pa | art VII, Section | Α | | ▶ [| | | |
| d Total (add lines 1b and 1c) | | | | ▶ | 134,832 | 0 | 0 |

| 1b Sub-Total | | | • | > | | | |
|--|------------------|---|-------|-----------------|---------|---|---|
| c Total from continuation sheets to Pa | art VII, Section | Α | | ▶ | | | |
| d Total (add lines 1b and 1c) | | | | • | 134,832 | 0 | 0 |
| | | | | | | | |

| | | | | | | | | _ |
|--|-----------------------------|-----------|-----|--|-------------|---------|----------|---|
| | | | | | | | | |
| 1b Sub-Total | | | | | > | | | _ |
| c Total from continuation sheets to Pa | art VII, Section | ▶ [| | | _ | | | |
| d Total (add lines 1b and 1c) | | | | | • | 134,832 | 0 | 0 |
| 3 T-t-1 | la cata de la casa de la de | to the co | . 1 | | · · | | +100 000 | _ |

Yes

3

4

5

(B)

Description of services

No

No

No

Nο

(C)

Compensation

Form 990 (2019)

| d 7 | Total (add lines 1b and 1c) . | | | | | | | | ▶ | 134,832 | 0 | |
|-----|---|--|--|--|-----|--------|------|-------|----|----------------------------|-------|--|
| 2 | Total number of individuals (incompensation fro | | | | ose | listed | d ab | oove) | wh | o received more than \$100 | 0,000 | |
| | | | | | | | | | | | | |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

| orm 9 Part | • | (2019) Statement | of Revenue | | | | | | Page 9 |
|--|-----|--|-------------------------|------------|--------------------------|-------------------|--------------------------------|--------------------------------|---|
| | | Check if Scheo | dule O contains i | a respo | onse or note to any | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a | Federated campa | nigns | 1a | | | revenue | | 512 - 514 |
| nts ints | | • Membership dues | _ | 1 b | 543,338 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | : Fundraising even | | 1c | <u>'</u> | | | | |
| | | Related organiza | | 1d | | | | | |
| Gift | | Government grants | | 1e | <u> </u> | | | | |
| ii. | | All other contributio | | 16 | <u> </u> | | | | |
| ior r S | ļ ' | and similar amounts | | 1f | 2,435,487 | | | | |
| ibu the | g | Noncash contributio | ns included in | | | | | | |
| a de de | | lines 1a - 1f \$ | | 1g | | | | | |
| ರ ಕ | h | Total. Add lines | 1a-1f | | • | 2,978,825 | | | |
| | | | | | Business Code | | | | |
| | 2a | PROGRAM USER FEES | 5 | | 900099 | 84,882 | 84,882 | | |
| <u>ج</u> ا | | | | | | | | | |
| Program Service Revenue | b | | | | | | | | |
| υ OŽ | _ | | | | | | | | |
| Z C | С | | | | | | | | |
| ુર જે | d | | | | | | | | |
| Jran | | | | | | | | | |
| ွို့ န | е | | | | | | | | |
| _ | f | All other program | service revenue | | | | | | |
| | g | Total. Add lines 2 | 2a-2f | . • | 84,882 | I | | | |
| | | | | | interest, and other | 10,092 | | | 10,092 |
| | | imilar amounts). ncome from invest | mont of tay ava | | and proceeds | | | | 10,092 |
| | | | | | ond proceeds > | - | | | |
| | | , | (ı) Re | | (II) Personal | | | | |
| | | Constants | | | 1 | 1 | | | |
| | | Gross rents | 6a | | | - | | | |
| | _ | Less rental expenses | 6b | | | | | | |
| | | Rental income | 6c | | |] | | | |
| | | or (loss) Net rental income | | | <u> </u> | 4 | | | |
| | | | (ı) Secur | | (II) Other | | | | |
| | 7a | Gross amount | | | | 1 | | | |
| | | from sales of assets other | 7a | | | | | | |
| | | than inventory | | | | - | | | |
| | _ | Less cost or other basis and | 7b | | | | | | |
| | | sales expenses | | | | - | | | |
| | | Gain or (loss) | 7c | | | | | | |
| | | Net gain or (loss) | | | · · · • | | | | |
| e l | | Gross income from fu (not including \$ | indraising events of | | | | | | |
| <u>.</u> | | contributions reported See Part IV, line 18 | | | | | | | |
| Rev | | | | 8a 8b | | - | | | |
| er | | Less direct expen Net income or (los | | | ents | J | | | |
| Other Revenue | | • | , | | <u> </u> | | | | |
| | | Gross income from See Part IV, line 19 | | | | | | | |
| | | Less direct expen | | 9a 9b | | - | | | |
| | | Net income or (los | | | 1 | J | | | |
| | _ | (··· | -, | | | 1 | | | |
| | | Gross sales of inve returns and allowa | | | | | | | |
| | | | | 10a 10b | - | - | | | |
| | | Less cost of good | | | | _ | | | |
| ŀ | | Net income or (los Miscellaneo | | invent | tory ► Business Code | | | | |
| } | 11a | DIST SHARED SE | | | 900099 | 19,726 | 19,726 | | |
| | | | | | | | | | |
| | b | SPONSORSHIPS | | | 900099 | 9 18,141 | 18,141 | | |
| | | | | | | | | | |
| | c | | | | | | | | |
| | | | | | | | | | |
| | ď | All other revenue | | | | | | | |
| | e | Total. Add lines 1 | 1a-11d | | • | 37,867 | | | |
| | 12 | Total revenue. S | ee instructions | | | | | | 0 |
| | | | | | <u> </u> | 3,111,666 | 122,749 | <u> </u> | 0 10,092 Form 990 (2019) |

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c | omplete all columns | All other organizatio | ns must complete colu | ımn (A) |
|--|------------------------|------------------------------------|---|--|
| Check if Schedule O contains a response or note to an | y line in this Part IX | | | \square |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,564,202 | 1,564,202 | | |
| 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 | 134,832 | 33,708 | 101,124 | |
| 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 | 411,987 | 239,702 | 172,285 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 15,954 | 7,977 | 7,977 | |
| 9 Other employee benefits | 106,318 | 53,159 | 53,159 | |
| 10 Payroll taxes | 55,138 | 27,569 | 27,569 | |
| 11 Fees for services (non-employees) | | , | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,500 | | 9,500 | |
| - | 3,300 | | 3,300 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | _ | |
| 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 | 12,980 | 6,490 | 6,490 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 33,352 | 16,676 | 16,676 | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | 188,744 | 94,372 | 94,372 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,074 | | 4,074 | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a TSR SUPPORT | 308,381 | 308,381 | | |
| b ADULT LEAGUES | 105,611 | 105,611 | | |
| c PLAYER DEVELOPMENT | 66,998 | 66,998 | | |
| d TRAINING AND EDUCATION | 46,424 | 23,212 | 23,212 | |
| e All other expenses | 41,074 | 20,537 | 20,537 | |
| 25 Total functional expenses. Add lines 1 through 24e | 3,105,569 | 2,568,594 | 536,975 | 0 |
| 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 Juf following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2019)

1

2

3

Assets

27

28

31

32

33

ō 29

Assets 30 End of year

Beginning of year

82,625

71,399

16,126

6.859

2,500

10,634

614,292

1,703

43.645

45.348

568,944

568,944

614,292

578,173

1

2

3

4

5

6

7

8

9

10c

11

12 13

14

15

16

17 18

19

20 21

22 23

24

25

26

29

30

31

32

33

Page **11**

7,089

8.376

2,500

11,226

630,167

55.126

55.126

575,041

575,041

630,167

Form 990 (2019)

600,976

| Cash-non-interes | 5 |
|------------------|---|

t-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net

Check if Schedule O contains a response or note to any line in this Part IX

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . Prepaid expenses and deferred charges .

basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other b Less accumulated depreciation 11 Investments—publicly traded securities .

12

10a 10b Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

13 14 Intangible assets .

Other assets See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses .

15 16 17 18 Grants payable . 19 Deferred revenue . .

20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Liabilities 23 24 25 and other liabilities not included on lines 17 - 24)

Other liabilities (including federal income tax, payables to related third parties, Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

26 Fund Balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

27 28

Audit Act and OMB Circular A-133? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2019)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

INTERMOUNTAIN TENNIS ASSOCIATION PROMOTES AND DEVELOPS AMATEUR TENNIS. MAINTAINS RULES OF PLAY AND CONDUCTS AMATEUR LEAGUES. TOURNAMENTS

Software Version:

EIN: 84-0726651

Name: INTERMOUNTAIN TENNIS ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

AND SKILLS ENHANCEMENT CLINICS/CAMPS/PROGRAMS IN A 6-STATE REGION OF THE UNITED STATES TENNIS ASSOCIATION

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493156012140

Open to Public

Internal Revenue Service

"political campaign activities")

Political campaign activity expenditures (see instructions)

Volunteer hours for political campaign activities (see instructions)

Complete if the organization is exempt under section 501(c)(3).

(Form 990 or 990-

EZ)

2 3

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization INTERMOUNTAIN TENNIS ASSOCIATION 84-0726651 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | | | | | | | | |
|-------|---|--|------------------|---|---|---------------|-----------|--|--|
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | | | | | | | | |
| 3 | If the organization incurred a sect | tion 4955 tax, did it file Form 4720 for th | nis year? | | | ☐ Yes | □ No | | |
| 4a | Was a correction made? | | | | | ☐ Yes | □ No | | |
| ь | If "Yes," describe in Part IV | | | | | | | | |
| Par | t I-C Complete if the orga | nization is exempt under section | n 501(c), exce | pt section 501(c)(3 |). | | | | |
| 1 | Enter the amount directly expend | ed by the filing organization for section | 527 exempt funct | on activities | \$_ | | | | |
| 2 | Enter the amount of the filing org function activities | \$_ | | | | | | | |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and on | Form 1120-POL, | line 17b ► | \$_ | | | | |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | | ☐ Yes | □ No | | |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | | | |
| | (a) Name | (d) Amount paid from filing organization's funds If none, enter -0- | | (e) Amount of contributions and promp directly delived separate proganization enter - | received tly and ered to a political If none, | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| For P | aperwork Reduction Act Notice, see t | the instructions for Form 990 or 990-EZ. | Cat | No 50084S Schedule C | (Fo | rm 990 or 990 | -EZ) 2019 | | |

Return Reference

PART I-A, LINE 1

| | Form 5768 (election under section 501(h)). | (; | 3) | | (b) | |
|--------------|--|----------|-------------|--------|---------|------|
| or e ctiv | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty | Yes | No | A | moun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 1 | | |
| c | Media advertisements? | | | 1 | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| e | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | 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 | | | 1 | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | (5), o | r secti | on | | |
| | 501(c)(6). | | | 1 | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | Г | 1 | Yes | 110 |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | - | 2 | 103 | No |
| 3 | Did the organization make only in-mode lobbying experialities of \$2,000 or less. Did the organization agree to carry over lobbying and political expenditures from the prior year? | | - | 3 | | No |
| _ | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | /E\ 0 | r cocti | _ | 01/6 | |
| 201 | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part | | | | טונכ |)(0) |
| | answered "Yes." | 1 . | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a | Current year | 2a 2b | | | | |
| b | Carryover from last year Total | 2c | | | | |
| с 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 3 4 | | - | | | | |
| 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 | | | | |
| P | Irt IV Supplemental Information | 1 | | | | |
| Pro | vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), | Part II- | A lines | 1 and | 12 (50 | |
| | ructions), and Part II-B, line 1 Also, complete this part for any additional information | . 416 11 | , ,, iiiies | _ 4110 | . 2 (36 | _ |

Explanation

ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493156012140

OMB No 1545-0047

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.

Cat No 52283D Schedule D (Form 990) 2019

(Form 990)

| terna | il Revenue Service | ► Go to <u>www.irs.gov/Form</u> | 990 for instructions an | d the latest infor | mation. | Ins | spection | | |
|----------|--|--|--|--|--------------------------------|-------------------------------------|-----------------------|--|--|
| | ne of the organ | | | | Employer | identification | number | | |
| INI | ERMOUNTAIN TĒNNI | S ASSOCIATION | | | 84-072665 | 1 | | | |
| Pa | | zations Maintaining Donor Advis | | | r Accounts | 5. | | | |
| | Comple | te if the organization answered "Ye | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Takal mumbay ak | and of year | (a) Donor advise | ed funds | (b) Fu | nds and other | accounts | | |
| | Total number at | · | | | | | | | |
| | | of contributions to (during year) of grants from (during year) | | | | | | | |
| , L | | | | | | | | | |
| | Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the | | | | | | | | |
| • | | roperty, subject to the organization's ex | | is neid in donor ad | vised runds a | _ | Yes 🗌 No | | |
| 5 | | ation inform all grantees, donors, and do ises and not for the benefit of the donor | | | | for | Yes 🗆 No | | |
| Pai | | vation Easements. | " | | | | | | |
| | • | te if the organization answered "Ye | | | | | | | |
| • | | inservation easements held by the organ | | • • | | | | | |
| | | on of land for public use (e g , recreation | · – | Preservation of an | • | | irea | | |
| | ☐ Protection | of natural habitat | Ц | Preservation of a c | ertified histor | rıc structure | | | |
| | ☐ Preservation | on of open space | | | | | | | |
| 2 | | 2a through 2d if the organization held a e last day of the tax year | qualified conservation con | tribution in the for | | rvation d at the End o | f the Year | | |
| а | Total number of | conservation easements | | | 2a | | | | |
| b | Total acreage re | stricted by conservation easements | | | 2b | | | | |
| С | | ervation easements on a certified histori | | - | 2c | | | | |
| d | | ervation easements included in (c) acqui n the National Register | red after 7/25/06, and not | t on a historic | 2d | | | | |
| B | Number of constax year ► | ervation easements modified, transferre | d, released, extinguished, | or terminated by | the organızat | ion during the | | | |
| ļ | Number of state | s where property subject to conservatio | n easement is located 🕨 | | | | | | |
| i | | zation have a written policy regarding th t of the conservation easements it holds | | pection, handling o | of violations, | ☐ Yes | □ No | | |
| , | Staff and volunt | eer hours devoted to monitoring, inspec | ting, handling of violations | s, and enforcing co | nservation ea | asements durin | g the year | | |
| , | Amount of expe | nses incurred in monitoring, inspecting, | handling of violations, and | d enforcing conserv | vation easem | ents during the | year | | |
| 3 | Does each conse | ervation easement reported on line 2(d) (h)(4)(B)(ii)? | above satisfy the requirer | ments of section 17 | 70(h)(4)(B)(i |) □ Yes | □ No | | |
|) | In Part XIII, des | scribe how the organization reports cons and include, if applicable, the text of the | ervation easements in its i | revenue and exper on's financial state | nse statement | t, and | □ 140 | | |
| | the organization | 's accounting for conservation easemen | ts | | | | | | |
| (all | Comple | zations Maintaining Collections te if the organization answered "Ye | s" on Form 990, Part I | V, line 8. | | | | | |
| .a | art, historical tre | on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan | public exhibition, educatio | n, or research in f | | | | | |
| b | historical treasu | on elected, as permitted under SFAS 11 res, or other similar assets held for publ its relating to these items | 6 (ASC 958), to report in incention, o | its revenue statem r research in furtho | ent and balar erance of pub | nce sheet work blic service, pro | s of art, vide the | | |
| (| - | ed on Form 990, Part VIII, line 1 | | | > \$ | | | | |
| • | | in Form 990, Part X | | | · . ▶ ¢ | | | | |
| 2 | If the organizati | on received or held works of art, historic its required to be reported under SFAS : | | | r ع ncıal gaın, pro | | | | |
| а | _ | ed on Form 990, Part VIII, line 1 | (7.50 550) Telating to | | ▶ \$ | | | | |
| b | | ın Form 990, Part X | | | . ↓ ▶ \$ | | | | |

| Par | 1111 | Organizations Maintaining Col | lections of | Art, Histor | ical T | reasu | ires, o | r Other | Similar As | sets (cont | inued) | |
|-----|-------|--|-----------------|------------------------|------------|-------------|------------------|-------------|---------------|----------------|-----------|---------|
| 3 | | ng the organization's acquisition, accessions (check all that apply) | n, and other re | ecords, check | any of | the fo | llowing t | that are a | significant u | ise of its col | lection | |
| а | | Public exhibition | | d | | Loan | or exch | ange prog | ırams | | | |
| Ь | | Scholarly research | | е | | Other | r | | | | | |
| С | | Preservation for future generations | | | | | | | | | | |
| 4 | | vide a description of the organization's col : XIII | llections and e | xplain how th | ney furt | her the | organiz | zation's ex | kempt purpo | se in | | |
| 5 | | ing the year, did the organization solicit o ets to be sold to raise funds rather than to | | | | | | | ular | ☐ Yes | □ N- | 0 |
| Pai | rt IV | Escrow and Custodial Arrange Complete if the organization answ | | on Form OO | O Dow | - T\ / lu | 20.0 | r roporto | nd an amou | int on Forn | 2 000 | Dart |
| | | X, line 21. | vereu res | UII FUIIII 99 | U, Pari | . IV, III | ne 9, 0 | reporte | d all alliou | iiit oii Foiii | 1 990, | |
| 1a | | ne organization an agent, trustee, custodi | an or other in | termediary fo | r contr | ibution: | s or othe | er assets | not | _ | _ | |
| | inci | uded on Form 990, Part X? | | | | | | | | ∐ Yes | ∐ N | 0 |
| Ь | If " | Yes," explain the arrangement in Part XIII | and complete | the following | g table | | | | Α | mount | | _ |
| c | | inning balance | · | | - | | | 1c | | | | _ |
| d | Add | itions during the year | | | | | | 1d | | | | _ |
| e | Dıst | ributions during the year | | | | | | 1e | | | | _ |
| f | End | ıng balance | | | | | | 1f | | | | _ |
| 2a | Dıd | the organization include an amount on Fo | orm 990, Part | X, line 21, foi | r escro | w or cu | stodial a | account lia | ability? | ☐ Yes | □ N- | _ o |
| b | If " | es," explain the arrangement in Part XIII | Check here i | f the explana | tion ha | s been | provide | d in Part) | XIII | | | |
| | rt V | Endowment Funds. | | | | | | | | | | |
| | | Complete if the organization answ | | | | | | | I | | _ | |
| 1- | Roger | nning of year balance | (a) Current | year (b) | Prior ye | ar (| (c) Two y | ears back | (d) Three yea | ars back (e) | Four year | rs back |
| | - | ributions | | | | | | | | | | |
| | | nvestment earnings, gains, and losses | | | | | | | | | | |
| | | s or scholarships | | | | | | | | | | |
| | | expenditures for facilities | | | | | | | | | | |
| | | programs | | | | | | | | | | |
| f | Admı | nistrative expenses | | | | | | | | | | |
| g | End o | of year balance | | | | | | | | | | |
| 2 | Pro | ride the estimated percentage of the curre | ent year end b | alance (line : | 1g, colu | ımn (a) |)) held a | ıs | | | | |
| а | Boa | rd designated or quasi-endowment 🕨 | | | | | | | | | | |
| b | Peri | manent endowment 🟲 | | | | | | | | | | |
| С | Ten | porarily restricted endowment > | | | | | | | | | | |
| | The | percentages on lines 2a, 2b, and 2c should | ıld equal 100% | , O | | | | | | | | |
| 3а | | there endowment funds not in the posses anization by | ssion of the or | ganization th | at are h | neld and | d admın | istered fo | r the | | Yes | No |
| | - | unrelated organizations | | | | | | | | 3a(i) | res | NO |
| | | related organizations | | | ٠ | ٠ | | | | 3a(ii) | | |
| Ь | | related organizations | | uired on Sch | edule F | ۲۶. | • • | | | 3b | | |
| 4 | | cribe in Part XIII the intended uses of the | | • | | | | | | | | |
| Pai | rt VI | Land, Buildings, and Equipme | nt. | | | | | | | | | |
| | | Complete if the organization answ | | | | | | | | | | |
| _ | Desc | ription of property (a) Cost or oth (investme | | b) Cost or othe | er basis i | other) | (c) Acc | cumulated c | lepreciation | (d) B | ook value | e |
| 1a | Land | | | | | | | | | | | |
| b | Build | ings | | | | | | | | | | |
| С | Lease | ehold improvements | | | | | | | | | | |
| d | Equip | oment | | | | 82,625 | | | 71,399 | | | 11,226 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

11,226

| Part VII | Investments—Other Securities. | Dowt IV. | .n. 11h | . Coo Form 000 F |) V | lina 10 |
|--------------------------|---|----------------|---------|------------------------------|-----------|--|
| | Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security) | (b) Book value | ne III | (c) Metho Cost or end-of- | d of va | aluation |
| | l derivatives | | | | | |
| (2) Closely- (3)Other | held equity interests | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 12) | • | | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, | Part IV/ I | ne 11c | See Form 990 | Part \ | / line 13 |
| | (a) Description of investment | raiciv, ii | iie iic | (b) Book value | (c) | Method of valuation |
| | | | | | Cost | or end-of-year market value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | • | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, F | Part IV, lıı | ne 11d | See Form 990, Par | t X, lır | ne 15 |
| (1) | (a) Description | | | | | (b) Book value |
| | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Colu Part X | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. | | | | • | |
| | Complete if the organization answered 'Yes' on Form 990, F | Part IV, lıı | ne 11e | or 11f.See Form | 990, I | Part X, line 25. (b) Book value |
| 1. (1) Federal | income taxes | | | | | (b) book value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) | | | • | | 55,126 |
| • | or uncertain tax positions. In Part XIII, provide the text of the footno | | _ | | | _ |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Supplemental Information

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Page 4

3,111,666

3.105.569

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

1

b

5

Part XIII

3 3 3,111,666 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII) 4b b

Add lines **4a** and **4b** 4c c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,111,666 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 3,105,569

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b

2c c Other (Describe in Part XIII) 2d d

Add lines 2a through 2d 2e

3 3,105,569 Amounts included on Form 990, Part IX, line 25, but not on line 1:

4b

4c

5

3 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

| Page 5 | | chedule D (Form 990) 2019 | |
|---------------|----------------------|-----------------------------|-----------|
| | ormation (continued) | Part XIII Supplemental Info | Part XIII |
| | Explanation | Return Reference | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 84-0726651

Name: INTERMOUNTAIN TENNIS ASSOCIATION

Supplemental Information

Return Reference

| Explanation |
|-------------|
| |

SITIONS THAT REQUIRE THE RECORDING OF A LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSURE

PART X, LINE 2

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ENTITY TO DISCLOSE ANY MATERIAL UNCERT
AIN TAX POSITIONS THAT MANAGEMENT BELIEVES DOES NOT MEET A "MORE-LIKELY-THAN-NOT" STANDARD
OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT AND TO RECORD A LIABILITY FOR ANY SUCH TAXES
INCLUDING PENALTY AND INTEREST MANAGEMENT OF ITA HAS NOT IDENTIFIED ANY UNCERTAIN TAX PO

DLN: 93493156012140 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INTERMOUNTAIN TENNIS ASSOCIATION 84-0726651 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(5)

- (6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Explanation Return Reference

INTERMOUNTAIN MONITORS THE GRANTS RECEIVED BY THE SIX DISTRICTS THROUGH ANNUAL EVALUATIONS BASED ON THE MANNER, EXTENT, EFFECTIVENESS

PART I, LINE 2 WITH WHICH IT FURTHERS THE MISSION OF THE ITA. AND THE ITA APPLIES 9 PERFORMANCE/COMPLIANCE CRITERIA WHICH ARE LISTED IN THE GOVERNING

DOCUMENTS

Schedule I (Form 990) 2019

Additional Data

3300 E BAYAUD AVE 201 DENVER, CO 80209

1076 NORTH COLE RD

BOISE, ID 83704

IDAHO TENNIS ASSOCIATION

Software ID: Software Version: EIN:

82-0410266

EIN: 84-0726651

Name: INTERMOUNTAIN TENNIS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--|---|---|---------------------------------------|
| COLORADO TENNIS ASSOCIATION | 84-0711001 | | 770,610 | | | | OPERATIONAL PURPORSES |

219,968

OPERATIONAL

PURPORSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 81-0392068 93.487 OPERATIONAL MONTANA TENNIS ASSOCIATION PURPORSES 415 N HIGGINS AVE 4 MISSOULA, MT 59802 23-7027028 190.464 OPERATIONAL NEVADA TENNIS ASSOCIATION PURPORSES 8550 W DESSERT INN RD SUITE 102-174 102-174

LAS VEGAS, NV 89117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 87-0335459 220.453 UTAH TENNIS ASSOCIATIOPN IOPERATIONAL 2469 E FORT UNION BLVD 104 PURPORSES SALT LAKE CITY, UT 84121 83-0255426 64.220 OPERATIONAL

PURPORSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WYOMING TENNIS ASSOCIATION 1417 E CUSTER ST

LARAMIE, WY 82070

| efile GRAPH | IC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93493156012140 |
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| SCHEDUL (Form 990 or EZ) | 990- Complete to pro | ovide information fo or 990-EZ or to prov Attach to Forr | on to Form 990 or 9 responses to specific questi ide any additional information 990 or 990-EZ. | ons on n. | OMB No 1545-0047 2019 Open to Public |
| Department of the T Name! Setherorg INTERMOUNTAIN T 990 Schedule | Employer identi 84-0726651 | Inspection fication number | | | |
| Return Reference | | | Explanation | | |
| FORM 990, PART VI, SECTION B, LINE 11B | AFTER THE CPA FIRM PREPARE XECUTIVE COMMITTEE EXECUT ION AND COMMENTS THE CPA | ES THE FORM AND I | PRESENTS IT TO THE FULL BO | | |

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 12C

Return Explanation

990 Schedule O, Supplemental Information

| FORM 990, | THE EXECUTIVE COMMITTEE (BOARD OFFICERS) ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR'S PERFORM |
|------------|--|
| PART VI, | ANCE THEY REVIEW OTHER LIKE ORGANIZATIONS' SALARY STRUCTURES USING PROFESSIONALLY OBTAINE |
| SECTION B, | D SURVEYS THEY ALSO REVIEW THE US GOVERNMENT COLA FIGURES THEN THE EXECUTIVE DIRECTOR'S |
| LINE 15A | SALARY IS AD HISTED |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | INTERMOUNTAIN ANNUALLY SENDS ITS COMPLETE AUDITED FINANCIAL STATEMENTS AND GOVERNING DOCUM ENTS TO THE ENTIRE BOARD OF DIRECTORS OUR BYLAWS REQUIRE THAT A REPRESENTATIVE FROM EACH DISTRICT SIT ON OUR BOARD OF DIRECTORS AS A VOTING MEMBER THOSE BOARD MEMBERS REPRESENT E ACH DISTRICT OFFICE AND ARE CHARGED WITH COMMUNICATING ALL POLICIES AND GOVERNING DOCUMENT S TO THEIR RESPECTIVE DISTRICTS COPIES OF THE AUDITED FINANCIAL STATEMENTS AND ALL GOVERN ING DOCUMENTS ARE AVAILABLE TO ANY INTERMOUNTAIN OR DISTRICT REPRESENTATIVE THAT REQUESTS A COPY |