

Form 990

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NEW MEXICO YOUTH TENNIS FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO BOX 93605

City or town, state or province, country, and ZIP or foreign postal code

ALBUQUERQUE, NM 871993605

D Employer identification number

01-0883506

E Telephone number

G Gross receipts \$ 162,490

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

2007

M State of legal domicile

NM

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

TO PROMOTE YOUTH TENNIS IN NEW MEXICO AND TO EXPOSE NM YOUTH TO PROFESSIONAL TENNIS WE SUPPORT TENNIS PROGRAMS FOR MIDSCHOOL & HIGH SCHOOL TENNIS WE ARE TOTALLY INCLUSIVE OF ALL SOCIO-ECONOMIC LEVELS AND PROVIDE GRANTS AND FUNDRAISING OPPORTUNITIES FOR DESERVING JUNIORS

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)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	134,830149,069
9	Program service revenue (Part VIII, line 2g)	17,91113,321
10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	122100
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,863162,490

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,47911,966
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,84012,863
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	120,971120,116
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	149,290144,945
19	Revenue less expenses Subtract line 18 from line 12	3,57317,545

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	104,489122,034
21	Total liabilities (Part X, line 26)	0
22	Net assets or fund balances Subtract line 21 from line 20	104,489122,034

Part II

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

Sign Here

Signature of officer

2016-08-14

Date

SUZANNE JOLLENSTEN DIRECTOR

Type or print name and title

Print/Type preparer's name

Shelley Barker

Preparer's signature

Shelley Barker

Date

2016-08-15

Check ☒ if self-employed

PTIN P00204217

Firm's name

Barker and Associates

Firm's EIN

20-2086772

Firm's address

800 Lamp Post Cir SE

Albuquerque, NM 87123

Phone no

(505) 298-1744

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)