

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning January 1, 2001, and ending December 31, 2001

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization 2004 ITF World Championships Organizing Committee, Inc		D Employer identification number 23 3061780
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1201 Bethlehem Pike	E Telephone number (215) 836-9115	
		City or town state or country and ZIP + 4 Flourtown, PA 19031-1902		F Enter 4-digit (GEN) ▶ N/A

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method Cash Accrual
Other (specify) ▶

I Web site ▶
J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

K Check ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ 5

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)

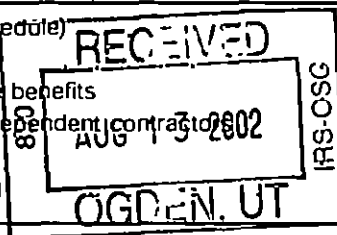
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4
5a	Gross amount from sale of assets other than inventory	5a
5b	Less cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
6	Special events and activities (attach schedule)	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
6b	Less direct expenses other than fundraising expenses	6b
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
8	Other revenue (describe ▶ _____)	8
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ▶ _____)	16
17	Total expenses (add lines 10 through 16) ▶	17
18	Excess or (deficit) for the year (line 9 less line 17)	18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 39.)

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

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

What is the organization's primary exempt purpose? <u>World Senior Tennis Championship</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>Making contact with hundreds of players who are planning to enter in the event</u> (Grants \$ _____)	28a
29	<u>Creating committees as well as recruiting people who will involve themselves in various responsibilities with regard to the tournament, from housing to facilities to media and sponsorship</u> (Grants \$ _____)	29a
30	<u>Raising interest in the tournament, receiving some contributions, and preparing sponsorship materials</u> (Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	Total program service expenses (add lines 28a through 31a) ▶	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Michael J. Beautyman, Chairman</u> 1201 Bethlehem Pike, Flourtown, PA 19031	20	0	0	0
<u>Linda Sheppard, Vice Chairman</u> 1201 Bethlehem Pike, Flourtown, PA 19031	20	0	0	0
.....				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		x
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		x
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		x
b If "Yes," has it filed a tax return on Form 990-T for this year?		x
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		x
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		x
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		x
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		
d Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ _____		
41 List the states with which a copy of this return is filed ▶ 0		
42 The books are in care of ▶ 0 Telephone no ▶ () Located at ▶ 0 ZIP + 4 ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		

including accompanying schedules and statements and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

1 8/5/02