

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Repeated Farmer and address of principal officer JOAN APPELBAUM Farmer and address of legal domicile GIPPart I Summary Farmer and address of legal domicile GIPPart I Summary Farmer and address of legal domicile GIPPart I Summary Farmer and address of legal domicile GIPPart I Summary Farmer and address of legal domicile GIPPart I Summary Farmer and address of the governing body (Part VI, line 1a) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the governing body (Part VI, line 1b) Sale Farmer and address of the govern	A For the 2010 calendar year, or tax year beginning and ending							
ATLANTA LAWN TERRITS ASSOCIATION, TRC. Septimal Designation Septimal Company Septi	B Check if applicable C Name of organization D Employer identification number							
Bear Dong Business As Section Dong Business As		Addres	ATLANTA LAWN TENNIS ASSOCIATION, INC.					
Second		Name			58-14	14572		
Service Serv		Initial		Room/suite				
City or town, state or country, and 2IP + 4 Q. Gross-recepts 1, 510, 934 PATEANTA (A. 30.328-57.23 Hoj is this a group return for affiliates? Ves No Financial Patents 91(5) Significant Signif		Termin-	· · · · · · · · · · · · · · · · · · ·		1	99-5788		
ATLANTA, GA 30.328-57.23 Ha) is this a group return for affiliates? Ves No NAME AS C ABOVE No NAME AS C ABOVE Ha) is this a group return for affiliates? Ves No NAME AS C ABOVE Ha) when and address of principal officer JOAN APPELBAUM 17 Are all affiliates included? Ves No No Name and address of principal officer JOAN APPELBAUM Ha) is this a group return for affiliates and affiliates included? Ves No No Name and address of principal officer Ves No No Name and address of principal officer Ves No No Name and address of principal officer Ves No No Name and address of principal officer Ves No Name and affiliates included? Ves No Name and address of principal officer Ves Name and address of principal officer Ves Name and address of Name and Addres		Amendo			1	1,510,934.		
Fivame and address of pinnopal officer JUAN APPELIBAUM For affiliates included? Yes No SAME AS C ABOVE 1 Tax-exempt status 501(s)(3) XI 501(s) 4 4 (insert a.b.) 4947(s)(1) or 527 He Are 4047(s)(1) or 527 He Are 527 He 5		_Ition	ATLANTA, GA 30326-3723		H(a) Is this a group reti			
Taxewempt status		pending	F Name and address of principal officer JOAN APPELBAUM		for affiliates?	Yes X No		
Website: WWW. ALTATENNIS.ORG HcjG Group exemption number Net form of organization: X Corporation Trust Association Other Lyser of formation: 1976 M State of legal domicle: G/Part I Summary			SAME AS C ABOVE		H(b) Are all affiliates inclu	ded? Yes No		
Part Summary				527	If "No," attach a lis	st (see instructions)		
Barelly Summary								
Briefly describe the organization's mission or most significant activities SEE SCHEDULE O				L Year	of formation: 1976 M	State of legal domicile: GA		
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 Number of independant voting members of the governing body (Part VI, line 1b) 5 Total number of voting members of the governing body (Part VI, line 1b) 6 Total number of voting members of the governing body (Part VI, line 1b) 7 Total number of voting members of the governing body (Part VI, line 1b) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 8 Total number of voting members of the governing body (Part VI, line 1a) 9 Program service revenue (Part VIII, line 1a) 10 Net unrelated business taxable income from Form 1993 1 1 4 4 5 2 1 1 4 4 5 2 1 1 4 4 5 2 1 1 1 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pa			aus n				
B Net unrelated business taxable income from Form 992 1 102 175 -80, 812	e S	1 E	Briefly describe the organization's mission or most significant activities SEE S	CHEDU	IPE O			
B Net unrelated business taxable income from Form 992 1 102 175 -80, 812	nan	, -	Shoot this have been first the assessment of the second state of t		then OFOV of the net see	-4-		
B Net unrelated business taxable income from Form 992 1 102 175 -80, 812	Ver)		ed of filore	i 1	9		
B Net unrelated business taxable income from Form 992 1 102 175 -80, 812	ဗိ	1				9		
B Net unrelated business taxable income from Form 992 1 10	•ŏ თ	l				6		
B Net unrelated business taxable income from Form 992 1 10	ij	ĺ						
B Net unrelated business taxable income from Form 992 1 102 175 -80, 812	Ę.		• • • • • • • • • • • • • • • • • • • •					
Prior Year Current Year 1,486,415. 1,479,625. 3,000. 5,470. 10 Investment income (Part VIII, line 29) 2,82011 00 11,047. 5,251. 10 10 Investment income (Part VIII, column (A), lines 5,4 and 7d) 10 Investment income (Part VIII, column (A), lines 5,4 and 7d) 11,047. 5,251. 10 11,047. 5,251. 10 11,047. 5,251. 10 11,047. 12,048. 11,047. 12,048. 11,047. 12,048. 13,049. 14,049. 1	Ă							
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1p) 10 Investment income (Part VIII, column (A), lines 37, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 5c, 10c, and 41e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eyeneses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 10 Total lassets (Part X, line 16) 11 Signature Block 12 Total liabilities (Part X, line 26) 13 A, 866113, 140. 15 Signature Block 15 Column (A), lines 11-21 (115-24) 16 Proparer's signature GARY J. SOLOMON 16 Preparer Firm's name MOORE STEPHENS TILLER LLC 16 Prim's address Polone and this proparer shown above? (see instructions) 16 Phone no. 404-256-1606 16 Prim's EIN Phone no. 404-256-1606 16 Phone no. 404-256-1606	_		RECEIVED					
9	4	8 (Contributions and grants (Part VIII, line 1h)		_			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16c, and 140. 1	Ž	i	100					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16c, and 140. 1	eve							
12 Total revenue - add lines 8 through 11 (must equal Part Vinit - 2) 1,535,993. 1,510,934 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 110,000. 50,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 285,530. 314,237. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,401,127. 1,624,074. 19 Revenue less expenses. Subtract line 18 from line 12 134,866. -113,140. 19 Revenue less expenses. Subtract line 18 from line 12 134,866. -113,140. 19 Total liabilities (Part X, line 16) 4,088,740. 4,028,074. 10 Total liabilities (Part X, line 26) 714,825. 767,299. 20 Total assets or fund balances Subtract line 21 from line 20 3,373,915. 3,260,775. Part II Signature Block	ď							
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of fund balances Subtract line 21 from line 20 23 Net assets 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. 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. Part II Signature Block Primitype preparer's name GARY J. SOLOMON Preparer GARY J. SOLOMON Primity name MOORE STEPHENS TILLER ILC Firm's name MOORE STEPHENS TILLER ILC Firm's sim Primone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)								
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 3 3 373 915. 3 260 775. 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 prepager (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name GARY J. SOLOMON Prigarer Use only Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 May the IRS discuss this return with the preparer shown above? (see instructions) 285,530. 314,237. 285,530. 314,237. 285,530. 314,237. 314,237. 314,237. 314,237. 314,005,597. 1,005,597. 1,259,837. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,259,837. 1,401,127. 1,624,074. 1,005,597. 1,401,127. 1,624,074. 1,005,597. 1,401,127. 1,624,074. 1,005,597. 1,401,127. 1,624,074. 1,005,597. 1,401,127. 1,624,074. 1,005,597. 1,401,127						50,000.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 .		14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.		
17 Other expenses (Part X, column (A), lines 113-116, 111-241) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23	ģ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		285,530.	314,237.		
17 Other expenses (Part X, column (A), lines 113-116, 111-241) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23	nse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
17 Other expenses (Part X, column (A), lines 113-116, 111-241) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23	ğ	b∃	Total fundraising expenses (Part IX, column (D), line 25)	0.				
19 Revenue less expenses. Subtract line 18 from line 12 134,866113,140. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1 Total liabilities (Part X, line 26) 21 Net assets or fund balances Subtract line 21 from line 20 22 Net assets or fund balances Subtract line 21 from line 20 3,373,915. 3,260,775. 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 prepager (other than officer) is based on all information of which preparer has any knowledge. Signature plofficer Type or print name and title Print/Type preparer's name GARY J. SOLOMON Preparer GARY J. SOLOMON Firm's name MOORE STEPHENS TILLER LLC Firm's name MOORE STEPHENS TILLER LLC Use Only Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)	ω	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,005,597.	1,259,837.		
Beginning of Current Year End of Year		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,401,127.	1,624,074.		
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 Print/Type preparer's name GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)			Revenue less expenses. Subtract line 18 from line 12		134,866.	-113,140.		
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 Print/Type preparer's name GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)	s or			Ве		End of Year		
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 Print/Type preparer's name GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)	sset	20 1	Total assets (Part X, line 16)	<u> </u>		4,028,074.		
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 Print/Type preparer's name GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions)	at As	21 1	, , ,	<u> </u>		<u>767,299.</u>		
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 Print/Type or print name and title Print/Type preparer's name Preparer's signature GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's EIN Use Only Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			, 		3,373,915.	<u>3,260,775.</u>		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer Firm's name Preparer Firm's name Preparer Use Only ATLANTA, GA 30342 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			<u> </u>					
Sign Here Signature of officer Date						knowledge and belief, it is		
Here Syntam CAHC TRE4SARCR Type or print name and title	true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.	0 . (
Here SORAN & CRACTITION TREASURER	O:	_	Signature of officer		Date Date	9//		
Type or print name and title Print/Type preparer's name Paid Preparer GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer Preparer's signature C-14-11 Self-employed Firm's EIN Phone no. 404-256-1606		1		2 /	Duit			
Print/Type preparer's name Preparer Preparer's signature Preparer's signature Preparer's signature Preparer Pre	. Her	e						
Paid GARY J. SOLOMON Preparer Firm's name MOORE STEPHENS TILLER LLC Firm's EIN	5—	Print/Type preparer's name Preparer's signature Date Check PTIN						
Preparer Use Only And the IRS discuss this return with the preparer shown above? (see instructions) Firm's name MOORE STEPHENS TILLER LLC Firm's EIN Phone no. 404-256-1606 X Yes No	, Dair	- 1			r	1		
Firm's address 780 JOHNSON FERRY RD., STE. 325 ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	IJ.	- F						
ATLANTA, GA 30342 Phone no. 404-256-1606 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	, .	- H		·	7			
May the IRS discuss this return with the preparer shown above? (see instructions)								
	Ma	the IR						
6032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010	,			ns.	_	Form 990 (2010)		

	rt III Statement of	Program Service Accomp		1, 1NC. 30-14	145/2 Page Z
	 ,	O contains a response to any que			$\overline{\mathbf{x}}$
1	Briefly describe the orga		odor in ano r are in		<u></u>
•	SEE SCHEDULE				
2	Did the organization und	lertake any significant program ser	vices during the year which w	ere not listed on	
	the prior Form 990 or 99				Yes X No
		new services on Schedule O			
3		se conducting, or make significant	changes in how it conducts,	any program services?	Yes X No
_		changes on Schedule O			
4		rpose achievements for each of the			
		01(c)(4) organizations and section 4			
		total expenses, and revenue, if ar			17 615 \
4 a	(Code	(Expenses \$ 1,400,63		G COMPETITIVE EVE	17,615.)
	·	,000 PARTICIPANTS		G COMPETITIVE EVE	NIS FOR
	MORE THAN OU	,000 PARTICIPANTS	•		
					
					
		· · · · · · · · · · · · · · · · · · ·			
					
					
			,		
					· · · · · · · · · · · · · · · · · · ·
			·		
4h	(Codo) (Expenses \$	including grapts of \$) /Payanua ¢	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					-
					
					
					
		· · · · · · · · · · · · · · · · · · ·			
	-				
		-			<u></u>
			· · ·		
4-	/Codo	\ /Evpapage \$	unal uduna aranta of C) (Revenue \$	
4c	(Code) (Exbelises &	including grants of \$) (Revenue \$)
			<u></u>		
			·		
					
			 		
			· · · · · · · · · · · · · · · · · · ·		
			 		
				<u>-</u>	
4 - 4	Other present	(Describe in Sahadula C.)			
4d	• =	(Describe in Schedule O)	\ ID	¢	
	(Expenses \$	including grants of \$) (Reve	nue \$	
<u>4e</u>	Total program service	expenses ► 1,400	,039.		- 000
03200 12-21					Form 990 (2010)

Part IV Checklist of Required Schedules

			1 es	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	X
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i	•	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<u>.</u> ۔ ,	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
^	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			7.7
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	8		X
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		A
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	···		1
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a	х	1
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Ì
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
15	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4.5		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		_^_
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-,0		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u> -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 (2010)

032003 12-21-10 Part IV Checklist of Required Schedules (continued)

		'	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 25	24a		<u> X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	OFh		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		-21
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		<u>,</u>	
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	37
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	26	N/	Δ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	TA \	
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form		2010)
			- (**	,

Form 990 (2010) • ATLANTA LAWN TENNIS ASSOCIATION,
Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1995 Enter- 0 if not applicable 1a		Check if Schedule O contains a response to any question in this Part V			
1s Enter the number of Forms W20 Concluded in line 1s. Enter 0-f in cappicable Defer the number of Forms W20 Concluded in line 1s. Enter 0-f in cappicable Defer the number of Forms W20 Concluded in line 1s. Enter 0-f in cappicable Defer the number of Forms W20 Concluded in line 1s. Enter 0-f in cappicable Defer the number of the programment of the cappicable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2s. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Solon the organization have unleaded business gross sonemo of \$1.000 or more dump the year? Solon Unit organization have unleaded business gross sonemo of \$1.000 or more dump the year? 3a X X If Yes, has it field a Form 990 F for this year? If Yo, *prowde an explanation in Schedule O A tary time dump the calendary ear, did the organization have an enterest in, or a signature or other authority over, a financial account in a foreign country year. At the series in a cappination of the series of the seri				Yes	No
Columnia of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining digambling withings to prize with a withing the property of the organization rate and ground property of the organization and party of the property of the organization and party of the property of the organization and party of the organization and party of the property of the organization and party of the property of the organization and party of the organization and party of the property of the organization and party of the organization and party of the payment of the organization and payment organization due to the form 8889 and payment organization due to the form 8889 and payment organization and payment organ	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 42			
gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this roturn 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 2 is greater than 250, you may be required to e-five, (see instructions) 3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 4 A any time during the calendar year, did the organization have an enterest 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 accounts? 5 Was the organization apply to a prohibited tax shelter transaction at any time during the calendar year, and the organization that it was or is a party to a prohibited tax shelter transaction? 5 Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization tool it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If Yes," and the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 10 If the organization state may receive deductible contributions under section 170(c). 11 If Yes, and the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Med for the calendar year ending with or within the year covered by this return Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-life, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more dumpt hey year? 3 A If Yes, "has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 B H "Yes," has it field a Form 990-T for the year? If "No," provide an explanation in Schedule O 4 A lary time during the calendar year, did the organization have an interest in, or a spirature or other authority over, a financial account in a foreign country No.	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field control or supported on time 2, and the organization field literate employment tax returns? 2b X		(gambling) winnings to prize winners?	1c		
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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990. The this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990. The this year? If "No," provide an explanation in Schedule O 3b If "Yes," the firend the name of the foreign country. If "No," provide an explanation in Schedule O 3c If "Yes," to line 3a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization that If was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization induction and party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, dot the organization induction and party long on the subject of the subject of the value of the goods or services provided? 5c If "Yes," did the organization necesses of 957 made party as a contribution of uparty for which it was required to the Form 8282? If the organization necesses and party to good and services provided to the party of the organization received a contribution of the value of the goods or services provided? 5c I	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly as of the companion of the provided and interest in the provided and interest interest in the provided and interest in the provided and interest interes		filed for the calendar year ending with or within the year covered by this return		.	
38 but the organization have unrelated business gross income of \$1,000 or more during the year? 49 if Yes,* has it filed a Form 990.07 for this year? if *No.* provide an explanation in Schedule O 40 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 accounts? 50 but if Yes,* either the name of the foreign country ▶ 51 See instructions for fifting requirements for Form TD F 900.22 1, Report of Foreign Bank and Financial Accounts 52 Was the organization of the foreign country (such as a bank account, and any time during the tax year? 53 but did not year and the organization file form 8886.17 54 but any taxable party norify the organization that if was or is a party to a prohibited tax shelter transaction? 55 but 16 Yes,* to line 5 or 55b, did the organization that if was or is a party to a prohibited tax shelter transaction? 54 but 16 Yes,* to line 5 or 55b, did the organization that if was or is a party to a prohibited tax shelter transaction? 56 but 16 Yes,* to line 5 or 55b, did the organization file Form 8886.17 57 but 16 Yes,* to line 5 or 55b, did the organization file form 8880 as required to the organization shell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 88202? 58 but 16 Yes,* find the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 59 but the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 88202 as a filed during the year 59 but the organization file property of the organization file Form 8890 as required? 50 but the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.7 and year in the organization file form 8890 as required? 50 but the organization make any taxable distribut	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X	
b if "Yes," has it flied a Form 990-T for this year? If "Mo.", provide an explanation in Schedule O 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, securines account, or other financial account)? **Nest in the manner of the foreign country [such as a bank account, securines account, or other financial accounts See instructions for filling requirements for form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See a statutions for filling requirements for form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See a statution of the property of the organization aparty to a prohibited tax shelter transaction at a state of the policy of the policy of the policy of the programation and that it was or is a party to a prohibited tax shelter transaction? **See In "Yes," to line 5 a or 5b, did the organization file Form 8886-T? **Organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? **Organizations that may receive deductible contributions under section 170(c). **Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? **Organizations that may receive deductible contributions under section 170(c). **Did the organization receive a payment in excess of \$75 made party as a contribution of any organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Tod **In "Yes," indicate the number of Forms 88282 filed during the year **Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Tod **In the organization merceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Tod		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
4a At any time during the calendary 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? b If "Yes," enter the name of the foreign country ≥ See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 8 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes," to the 5a or 5b, did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? Organizations that were not tax deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Organization receive a payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of party as a contribution of payment in ex	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
francial account in a foreign country (such as a bank account, securities account, or other financial account?) b if "Yes," enter the name of the foreign country besen entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a Was 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? 6a 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization start may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year as py remums, directly or ondirectly, to pay premiums on a personal benefit contract? 7 If I obdite organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining denor advised fluids and section 599(3) supporting organizations. Bit the supporting IV/A organizations in the supporting IV/A organization in the propertion in the properties of the properties of the properties of th	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes," time 5a or 5b, did the organization file Form 88861? 5b 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? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If the organization secrete a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive and contribution of qualified intellectual property, did the organization file or forms 8282? 6 If Yes, "Indicate the number of Forms 8282 filed during the year 6 Did the organization cereved a contribution of qualified intellectual property, did the organization file or Forms 8299 as required? 7 In the organization received a contribution of qualified intellectual property, did the organization file or Forms 8299 as required? 7 In the organization received a contribution of qualified intellectual property, did the organization file or Form 1098-C? 7 In Jesus organization services of contributions of described forms 900 and property for midrectity or property for midrectity organizations. Did the support organizations in Ribination glorial described forms 900 and property for the form 1094 cryption organization file organizations. Fin	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filling requirements for Form TD F90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bit and the organization that it was or a party to a prohibited tax shelter transaction? 5b X 5b X 5c If "Yes," to line 5a or 5b, did the organization that it was or as party to a prohibited tax shelter transaction? 5c Lobes the organization are consisted and a party of the organization solicit any contributions that were not tax deductible? 5c Lobes the organization include with every solicitation an express statement that such contributions or girts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). bit the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7c If If "Yes," indicate the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 8 Lobe the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsering organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C7 8 Sponsering organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C7 8 Sponsering organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C7 8 Lobe the organization make any taxable distributions under section 4966? 9 Lobe the organization make any taxable distributions under section 4966? 10 Lobe the organization make any taxable distributions under section 4966? 11 Section 501(c)(12) organizations. Enter 12 In I		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C 5d 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? 6a 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(b). 8 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? 7b If Yes,* did the organization notify the donor of the value of the goods or services provided? 7c If 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? 7c If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? N/A 9 Did the organization make a distribution to a donor, donor advisor, or related person? N/A 10a Did the organization make a distribution to a donor, donor advisor, or related person? N/A 10b Did the organization	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 16 "Yes," to line 5a or 5b, did the organization file Form 88861.7 5c 6 6 6 6 6 6 6 6 6					
the fif "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 1 Did the organization notify the donor of the value of the goods or services provided? 2 Did the organization est, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 3 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 4 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations Did the supporting N/A organization neake and capital contributions under section 4966? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A Did be organization make any taxable distributions under section 4966? N/A Did be organization make any taxable distributions under section 4966? N/A Did be organization formation funds and section 509(a)(a) supporting organization funds and section 501(a)(a) organization section formation funds for	5a		5a		
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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Build the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year Doe the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization in Form 1098-C? Spossoring organization similatining donor advised funds and section 509(3)(3) supporting organizations but the supporting N/A organization, or a donor advised funds and section 509(3)(3) supporting organizations in the supporting N/A and property organization make any taxable distributions under section 4966? Spossoring organization make any taxable distributions under section 4966? N/A Description organization make any taxable distributions under section 4966? N/A Description organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter. Tools included on Form 990, Part VIII, line 12, for public use of club facilities Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? The section 501(c)(12) organizations. Enter Section 501(c)(12) organizations interest received or accrued during the year Section 501(c)(12) organizations interest received or accr	b				<u> X</u>
any contributions that were not tax deductible? If Yes, " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If If Yes, " did the organization notify the donor of the value of the goods or services provided? Organizations ethat may receive deductible contributions under section 170(c). If Yes, " did the organization notify the donor of the value of the goods or services provided? Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Organization sell, exchange, or otherwise dispose of tangible personal benefit contract? Organization sell, exchange, or otherwise dispose of tangible personal benefit contract? Organization sell, exchange, or otherwise dispose or individual to the organization file a Form 1985. Organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Organization sell, exchange, or other vehicles, did the organizations benefit contract? Organization sell, exchange, or other vehicles, did the organizations benefit contract? Organization organizations maintaining donor advised funds and section 509(a)(3) supporting organizations by the section 509	С		5c		
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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	6a				37
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 Ta			6a		
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 To b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization freceived a contribution of qualified intellectual property, did the organization freceived a contribution of cars, boats, airplaines, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting N/A organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make a distribution to a donor, donor advisor, or related person? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization make any taxable distributions under section 4966? N/A ga Did the organization from them sources (Do not net amounts due or paid to other source	D				
a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization ecceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds. Did the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution to a donor, donor advised person? N/A Did the organization make a distribution to a donor, donor advised person? N/A Section 501(c)(X12) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders B office in the file of the organization in the supporting the year 12a Section 501(c)(X2) qualified nonprofit health insurance issuers. a Is the organization licensed to iss	7		ao		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organization members or shareholders initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tib Did			72		Y
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7c	_				
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f I bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A 9b Did the organization make any taxable distributions or advised, or related person? N/A 9b Did the organization make any taxable distributions or advisor, or related person? N/A 10a 9a 9b Did the organization make any taxable distributions or advisor, or related person? N/A 10a 10b Did 11b Did 1					
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	d	If "Yes," indicate the number of Forms 8282 filed during the year			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A b Did the organization make a distribution sincluded on Part VIII, line 12 N/A 10a	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A 5 Did the organization make any taxable distributions under section 4966? N/A 6 Did the organization make any taxable distributions under section 4966? N/A 6 Did the organization make any taxable distributions under section 4966? N/A 6 Did the organization make any taxable distributions under section 4966? N/A 7 Did 7	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	8				
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c Lib if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	•			
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	a				
a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X 14a X 14b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					<u> </u>
	b	if "Yes," rias it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990 (2010

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI				<u>LX</u>
<u>Sec</u>	tion A. Governing Body and Management				
		-1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
b	Enter the number of voting members included in line 1a, above, who are independent	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any c	ther			
	officer, director, trustee, or key employee?		_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	ervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d?	_4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<u>X</u>
6	Does the organization have members or stockholders?		6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	e	i		
	governing body?		7a		_ <u>X</u> _
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear			
	by the following				
а	The governing body?		8a_	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		_		37
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9_		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo	e)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
40	December overstand have least shorters branches or offlicted?	1	40.	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	ffiliatas	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, a	ilmates,	404		
44-	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	~?	10b		<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		11a		
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	į	100	х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	\	12a	^	
D	to conflicts?		12b		х
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descriptions of the policy?	7he	121)		
C	in Schedule O how this is done	ibe	12c	х	
13	Does the organization have a written whistleblower policy?		13		<u>x</u>
14	Does the organization have a written document retention and destruction policy?		14		$\frac{x}{x}$
15	Did the process for determining compensation of the following persons include a review and approval by indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		<u>x</u>
b	Other officers or key employees of the organization	.	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l		
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its par	ticipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►GA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest policy, an	d fına	ncıal	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of	of the organizat	on. 🕨	·	
	SHARON CRAIG, TREASURER - 770-399-5788				
	6849 PEACHTREE DUNWOODY ROAD, ATLANTA, GA 30328-5723				
			F	aan /	00401

032006 12-21-10 Form **990** (2010)

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

Check if Schedule O contains a response to any question 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 year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(6)	heck		ition		ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOAN APPELBAUM										
PRESIDENT	1.00	X		X	<u> </u>	ļ	ļ	1,950.	0.	0.
SHARON CRAIG										
TREASURER	1.00	X	_	X		ļ	<u> </u>	900.	0.	0.
JO DENORMANDIE		İ								
ALTA FOUNDATION PRESIDENT	1.00	X	<u> </u>	ļ				525.	0.	0.
JERRY NIEMEYER										
FIRST VICE PRESIDENT	1.00	X		Х				900.	0.	0.
GAYLE WEINBERG				ŀ						
DIRECTOR	1.00	X	_					600.	0.	0.
LISA WHIGHAM										
DIRECTOR	1.00	X	_					675.	0.	0.
HOLLIS WILLIAMS										
CHAIRMAN	1.00	X		X				750.	0.	0.
KEITH WOOD					ŀ					
DIRECTOR, PAST PRESIDENT	1.00	X						750.	0.	0.
MIKE WRIGHT										
DIRECTOR, PAST PRESIDENT	1.00	X				<u> </u>		750.	0.	0.
GINGER AMONI										
VP JUNIORS		X		X				0.	0.	0.
DIANE BARKER										
VP THURSDAY WOMEN		X		X				0.	0.	0.
CAROLYN HARRISON										
SECRETARY		X	_	X	L			0.	0.	0.
DORIAN JEFFERSON							ĺ			
VP MEN		X		X	<u> </u>			0.	0.	0.
RUSTY JONES					ĺ					
VP TOURNAMENTS		X		X	<u> </u>			0.	0.	0.
LYNN LEE										
VP_SENIORS	 	X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
LOU LEWIS										
VP SUNDAY WOMEN	ļ	X	igsqcup	Х		<u> </u>		0.	0.	0.
LIZ MCMASTER										
VP MIXED DOUBLES	<u>L</u>	X		X	L	<u> </u>		0.	0.	0.

032007 12-21-10

Form **990** (2010)

(A)	(B)	(C)
Name and business address	Description of services	Compensation
		
		
Total number of independent contractors (including but not limited to tho	se listed above) who received more than	

Form **990** (2010)

0

\$100,000 in compensation from the organization

Fa	rt VII	Statement of Rever	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b	1389625.				
ts, g	С	Fundraising events	1c			i		
agin l	d	Related organizations	1d					
'n,	е	Government grants (contribut	· -					
er si	f	All other contributions, gifts, gran				İ		
를 됨		similar amounts not included abo	ve 1f	90,000.				
200	_	Noncash contributions included in lines	3 1a-1f \$		1.450.605			
0 6	<u>h</u>	Total. Add lines 1a 1f		P	1479625.			
	_	MOTIONAMENT PERC	•	Business Code	E 470	E 470		•
Program Service Revenue	2 a			900099	5,470.	5,470.		-
Se le	b							
ž ž	c d							
Per	e							
۲	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f		•	5,470.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	5,251.			5,251.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨	-			
	5	Royalties		>	8,443.			8,443.
			(ı) Real	(II) Personal		-		
	6 a	Gross Rents						
	b	•						
	С	` '						
}	d	, ,		>				
	7 a		(i) Securities	(II) Other		Į.		
		assets other than inventory		ļ		•		
	b	Less, cost or other basis						
	_	and sales expenses						
ŀ		Gain or (loss) Net gain or (loss)		•				
		Gross income from fundraisin	na events (not					
nue	0 0	including \$	of					
eve		contributions reported on line						
بق		Part IV, line 18	a					l .
Other Revenue	b	Less direct expenses	b					
٦		Net income or (loss) from fund	-	•			·	
	9 a	Gross income from gaming ad	ctivities See					
ļ		Part IV, line 19	а			1		
	_	Less direct expenses	b		İ			
i		Net income or (loss) from gan	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
		Less cost of goods sold	b					
ł	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ł	11 -	OTHER REVENUE	ne	900099	12,145.	12,145.		
	וו a b			700033	14,140.	14,143.		
	C							
	d	• • • • • • • • • • • • • • • • • • • •			-			
		Total. Add lines 11a-11d		•	12,145.			
	12	Total revenue. See instructions.			1510934.	17,615.	0.	13,694.
03200	9 -10	<u> </u>				<u> </u>		Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	7 000		7 000	
	trustees, and key employees	7,800.		7,800.	.
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	237,839.	84,701.	153,138.	·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	7,308.	2,603.	4,705.	
9	Other employee benefits	42,769.	15,231.	27,538.	
10	Payroll taxes	18,521.	6,596.	11,925.	
11	Fees for services (non-employees)	ļ			
а	Management				
b	Legal	8,660.	8,660.	10 202	
	Accounting	18,329.		18,329.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,407.	11,407.		
g	Other	11,40/	11,40/		·
12	Advertising and promotion	77,272.	77,272.		
13	Office expenses Information technology	134,191.	134,191.		
14 15	Royalties	134,1310	134,131.		
16	Occupancy	69,588.	69,588.		
17	Travel	- 05/000	3373331		_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	64,606.	64,606.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	259,832.	259,832.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	LEAGUE PLAY	525,688.	525,688.		
b	PRINTING AND PUBLICATIO	80,812.	80,812.		
С	TOURNAMENTS	9,452.	9,452.		
d					
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	1,624,074.	1,400,639.	223,435.	0.
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Form 990 (2010)

Pai	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	614,168.	1	493,368.
	2	Savings and temporary cash investments	1,629,982.	2	1,645,120.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,129.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	- "		
ĺ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,568.	9	41,325.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 3,221,118.			
	ь	Less accumulated depreciation 10b 1,374,986.	1,814,022.	10c	1,846,132.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	<u> </u>
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	4,088,740.	16	4,028,074.
	17	Accounts payable and accrued expenses	39,275.	17	34,844.
	18	Grants payable		18	
	19	Deferred revenue	625,550.	19	<u>682,455.</u>
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		İ	
ia de		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	F0 000	24	F0 000
	25	Other liabilities Complete Part X of Schedule D	50,000.	25	50,000.
	26	Total liabilities. Add lines 17 through 25	714,825.	26	767,299.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	2 272 015		2 250 075
<u>a</u>	27	Unrestricted net assets	3,373,915.	27	3,250,875.
Ва	28	Temporarily restricted net assets		28	9,900.
멑	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here and			
ဝ	20	complete lines 30 through 34.		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31 32	
Š	32	Total net assets or fund balances	3,373,915.	33	3,260,775.
	33	Total liabilities and net assets/fund balances	4,088,740.	34	4,028,074.
	_34	Total liabilities and tiet assets/fully balances	4,000,740.	.54	4,040,074.

4,028,074. Form **990** (2010)

Form	990 (2010) ATLANTA LAWN TENNIS ASSOCIATION, INC.	58-141	L 4 572	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,510),9	34.
2	Total expenses (must equal Part IX, column (A), line 25)	_2	1,624	1,0	74.
3	Revenue less expenses Subtract line 2 from line 1	3	-11:	3,1	<u>40.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,37:	3,9	<u> 15.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,260),7	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Chher				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			i	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form \$	9 90 (2010)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ATTANTA LAWN TENNIS ASSOCIATION TNO Employer identification number

	ATLANTA LAWN TENNI				58-1414572
Par	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Sim	ilar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Do	nor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			·	
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in	n donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive lega	al control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			unds can be used	l only
	for charitable purposes and not for the benefit of the donor of	or donor advis	or, or for any ot	her purpose conf	erring
	impermissible private benefit?	,			Yes No
Par	t II Conservation Easements. Complete if the or	ganization ans	wered "Yes" to	Form 990, Part I	V, line 7
1	Purpose(s) of conservation easements held by the organizat	tion (check all	that apply)		
	Preservation of land for public use (e.g., recreation or e	education)	Preserva	tion of an historic	ally important land area
	Protection of natural habitat		Preserva	tion of a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservat	tion contribution	n in the form of a	conservation easement on the last
	day of the tax year				
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic str	ructure include	ed ın (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a h	istoric structure	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, exting	juished, or term	inated by the org	anization during the tax
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe		ing, inspection,	handling of	
	violations, and enforcement of the conservation easements				└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		=	_	
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above	ve satisty the	requirements of	r section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?			and avacage stat	Yes No
9	In Part XIV, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	tion's inalicia	i statements th	at describes the t	organization's accounting for
Pai	t III Organizations Maintaining Collections o	of Art. Histo	orical Treas	ures. or Othe	Similar Assets.
	Complete if the organization answered "Yes" to Form			,	
12	If the organization elected, as permitted under SFAS 116 (AS			venue statement	and balance sheet works of art
14	historical treasures, or other similar assets held for public ex	••	•		•
	the text of the footnote to its financial statements that descr				s. papilo colvido, provido, irri arexity,
b	If the organization elected, as permitted under SFAS 116 (AS			ue statement and	balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	-			
	relating to these items				, p
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part X				► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or oth	er sımılar asset	s for financial gair	
_	the following amounts required to be reported under SFAS 1			-	•
а	Revenues included in Form 990, Part VIII, line 1	,	<u> </u>		▶ \$
	Assets included in Form 990, Part X				► \$ ► \$
-	·				

		LAWN TENN							14572	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at are a sig	nificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how ti	hev further t	he organizat	ion's exem	nat nura	ose in Par	t XIV	
5	During the year, did the organization solicit o			-	=			300 mm (Q.	.,.,	
Ū	to be sold to raise funds rather than to be ma					ior ominiai	455015		Yes	□ No
Par	t IV Escrow and Custodial Arran					"Ves" to F	Orm 990	Dart IV		
<u> </u>	reported an amount on Form 990, Pa		oto ii tiit	o organizatio	ii aliswelea	163 (01	01111 330	, raitiv,	iii 6 3, 0i	
			diani far	oontribution	n or other o					
Ia	Is the organization an agent, trustee, custod	ian or other intermet	nary ioi	Contribution	is or other a:	sseis not i	nciuoea	Γ_	٦,,	\Box .
	on Form 990, Part X?			4-61-				L	_ Yes	∟ No
D	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing	table			Γ			
								-	Amount	
	Beginning balance						1c	·		
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L_	Yes	∟ No
-	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10)	· · · ·		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	·								
е	Other expenditures for facilities	·								
	and programs					İ				
f	Administrative expenses	· · ·								
g g	End of year balance									
2	Provide the estimated percentage of the year	r and halance held a			J				1	
a	Board designated or quasi-endowment	r one balance noig c	%							
a 5	Permanent endowment	%	_′°							
	· · · · · · · · · · · · · · · · · · ·	^ %								
٥.		· -								
3a	Are there endowment funds not in the posse	ssion of the organization	ation the	at are neid a	na aaministe	erea tor th	e organiz	ation	[
	by.									es No
	(i) unrelated organizations								3a(i)	
	(II) related organizations								3a(ii)	
þ	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ient. See Form 990), Part X	I, line 10						
	Description of investment	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	nent)		(other)	depi	reciation			
1a	Land				0,000.				150	,000.
b	Buildings			83	0,490.	3	51,9	96.		,494.
С	Leasehold improvements							Ţ		
d	Equipment			25	3,417.	2	41,6	48.	11	,769.
е	Other				7,211.		81,3	$\overline{}$	1,205	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur						1,846	

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 ATLANTA LAWN TENNIS ASSOCIA		INC.		<u>1414572</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,510	<u>,934.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,624	,074.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-113	<u>,140.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9		440	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	D = A+		,140.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with	Revenue per i	1 1		024
1	Total revenue, gains, and other support per audited financial statements			1 1	1,510	,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1				
a	Net unrealized gains on investments	2a		-		
b	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)	2d		ا ہے ا		0
e	Add lines 2a through 2d			2e	1,510	024
3	Subtract line 2e from line 1			3	1,510	, 934.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4-1				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a 4b		1 [
D	Add lines 4a and 4b	40 1		4c		Λ
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,510	934.
	rt XIII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per			13346
1	Total expenses and losses per audited financial statements			1	1,624	.074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					<u>,</u>
- а	Donated services and use of facilities	2a		1 1		
b	Prior year adjustments	2b		7		
c	Other losses	2c		7 [
đ	Other (Describe in Part XIV.)	2d		7		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,624	,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		╛		
b	Other (Describe in Part XIV)	4b	 	_		
c	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,624	<u>,074.</u>
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II					4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	_				
PA	RT X, LINE 2: FIN 48 (ASC 740) FOOTNOTE FRO	OM AUD	IT: "ALTA	ADO	PTED	
	T PROVITATIONAL OF TRACE ACCOMMENSAL CONTRACTOR	CODITI	CAMION CO	2m T ()	7.40	
TH.	E PROVISIONS OF FASB ACCOUNTING STANDARDS (CODIFI	CATION SEC	JITO	N /4U	
<u>(F</u>	DRMERLY FASB INTERPRETATION NO. 48), 'ACCOU	UNTING	FOR UNCE	RTAII	NTY IN	
IN	COME TAXES' ON JANUARY 1, 2010 THE ADOL	PTION	OF THIS ST	<u>rand</u>	ARD DID	NOT
HA	VE AN IMPACT ON THE FINANCIAL STATEMENTS."					
		···			-	
						

% X Schedule I (Form 990) (2010) **Employer identification number** 58-1414572 Open to Public OMB No 1545-0047 2010 Inspection FOSTER AMATEUR SPORTS COMPETITION IN TENNIS (h) Purpose of grant or assistance ____ ≺es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (d) Amount of respective (e) Amount of respective (f) Method of valuation (book, respective (as a sistance recipient received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of responsibilities (e) Amount of valuation (book, recash assistance respectively). 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 50,000 INC. ATLANTA LAWN TENNIS ASSOCIATION, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 58-1630835 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 6849 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328-5723 ALTA FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part II

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2010) ATLANTA LAWN TENNIS ASSOCIATION, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) (2010)

24

032102 01-13-11

Page 2

58-1414572

Schedule I (Form 990) (2010)

Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 1/1/572

ATLANTA LAWN TENNIS ASSOCIATION, INC. 58-14145/2
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE HEALTH, CHARACTER, SPORTSMANSHIP, AND RESPONSIBLE
CITIZENSHIP THROUGH THE GAME OF TENNIS. ADDITIONALLY TO SUPPORT
AMATEUR ATHLETES, PROVIDE PROGRAMS FOR THE DISADVANTAGED AND THE
PHYSICALLY AND MENTALLY CHALLENGED, AND TO PROVIDE INNER-CITY YOUTH NEW
OPPORTUNITIES FOR THE FUTURE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE HEALTH, CHARACTER, SPORTSMANSHIP, AND RESPONSIBLE
CITIZENSHIP THROUGH THE GAME OF TENNIS. ADDITIONALLY TO SUPPORT
AMATEUR ATHLETES, PROVIDE PROGRAMS FOR THE DISADVANTAGED AND THE
PHYSICALLY AND MENTALLY CHALLENGED, AND TO PROVIDE INNER-CITY YOUTH NEW
OPPORTUNITIES FOR THE FUTURE.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
TREASURER AND THE ORGANIZATION'S OFFICER MANAGER, AS PERSONS FAMILIAR WITH
THE FINANCIALS AND THE FORM 990 REQUIREMENTS, PER THE REQUEST OF THE BOARD
OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES ARE
BOUND BY A WRITTEN "CODE OF CONDUCT" THAT THEY MUST SIGN WHEN THEY ARE
HIRED OR JOIN THE BOARD. UPON SUSPICION OF THE POLICY'S VIOLATION, THE
CHAIRMAN OF THE BOARD IS NOTIFIED AND INVESTIGATES.

BOARD OF DIRECTORS AND OFFICERS ARE

NOT COMPENSATED ON A SALARIED BASIS, SO NO METHOD OF DETERMINING THEIR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Related Organizations and Unrelated Partnerships INC. ATLANTA LAWN TENNIS ASSOCIATION, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Open to Public Inspection 2010

OMB No 1545-0047

Employer identification number 58-1414572

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part I

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets **e** Total income **©** Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity PartII

ž × entity? Yes entity status (if section LINE 11A, I 501(c)(3)) section 501(C)(3) SECTION foreign country) GEORGIA COMPENTITION IN TENNIS FOSTER AMATEUR SPORTS ALTA FOUNDATION, INC. - 58-1630835 of related organization 6849 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328-5723

(g) Section 512(b)(13)

controlled

Direct controlling

Public charity

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

58-1414572 Page 2

Schedule R (Form 990) 2010 ATLANTA LAWN TENNIS ASSOCIATION, INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Percentage ownership General or Percentage managing ownership partner? Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 乏 Code V-UBI General or Prangung c managing c 20 of Schedule R-1 (Form 1065) Yes No Share of end-of-year assets <u>(g</u> Share of total income ate allocations? Disproportion-Yes No ε Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** 9 Direct controlling entity Share of total income € $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ <u>e</u> Primary activity (d)
| Direct controlling entity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-E		×
b Gift, grant, or capital contribution to other organization(s)				4	×	
c Gift, grant, or capital contribution from other organization(s)				5	×	
d Loans or loan guarantees to or for other organization(s)				10		×
e Loans or loan guarantees by other organization(s)				1e		×
						:
f Sale of assets to other organization(s)				=		×
g Purchase of assets from other organization(s)				19		×
h Exchange of assets				ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)				7		×
j Lease of facilities, equipment, or other assets from other organization(s)				÷		×
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				타		×
n Sharing of paid employees				두		×
 Reimbursement paid to other organization for expenses 				10		×
p Reimbursement paid by other organization for expenses				1 p		×
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is line, including covered r	elationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) ALTA FOUNDATION, INC.	Д	50,000.				
(2) ALTA FOUNDATION, INC.	D	.000,06				
(3)						
(4)						
(5)						
(9)						
032163 12-21-10	29		Schedule R (Form 990) 2010	R (Form	000	چ

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b)	(q)	(3)	(0)	(e)	9	(0)	3
NII bue southe emen	Primary activity	elioimob lebe I	Are all partners	Share of end.of.	Dispropor-		
of entity	ליייים איניים אי	(state or foreign	section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	managing* partner?
		country)	Yes		Yes No	(Form 1065)	
							•
			-				
The state of the s							
			-				
					_		
			- -				
							•
					_		
						Schedule R (Form 990) 2010	1 990) 2010

Schedule R	R (Form 990) 2010	ATLANTA	LAWN	TENNIS	ASSOCIATION,	_INC.	<u> 58-1414572</u>	Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation						
,	Complete this part to pro	vide additional in	formation	for responses	to questions on Schedule	R (see instru	ctions)	
	Complete this part to pre	Vide additional in	ioimation	101 100ponoco	to questions on concuair	11 Jaco matro	30013/	
					·•			
		· · · · · · · · · · · · · · · · · · ·					·_ - -	
								
				 -				
								
	•					· · · · · · · · · · · · · · · · · · ·		
								
	.							
								
					 			
_								

Form **8868**

(Rev.: January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X				
If you ar	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)						
Do not co	mplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously f	iled Fo	m 8868.					
Electronic	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time	to file (6 months for a corpo	ration				
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file i	Form 8	868 to request an ex	tension				
of time to f	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Train	nsfers .	Associated With Cer	tain				
Personal E	Benefit Contracts, which must be sent to the IRS in par	er format	(see instructions). For more details on t	he ele	ctronic filing of this fo	orm,				
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits	i								
Part III	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).							
A corporat	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and cor	nplete		_				
Part I only					▶					
	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request a	n exter	ision of time					
to file inco	me tax returns.									
Type or	Name of exempt organization			Emp	loyer identification	number				
print				1						
Eila by tha	ATLANTA LAWN TENNIS ASSOCIATION, INC. 58-1414572									
due date for	_{te for} Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your return See	See 0045 PEACHIKEE DONNOODI KOAD									
nstructions										
1	ATHANIA, GA 30326-3723				<u> </u>					
Entar tha (Datum and for the return that this application is for fill		to application for each rate well			0 1				
ciilei liie r	Return code for the return that this application is for (file	a separa	te application for each return)							
Annticotic		Datum	Ampliantian		 	D-4				
Applicatio Is For	эн -	Return Code	Application is For			Return				
Form 990		01	Form 990-T (corporation)			Code 07				
Form 990-l	RI	02	Form 1041-A			08				
Form 990-1		03	Form 4720			09				
Form 990-I		04	Form 5227			10				
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
	T (trust other than above)	06	Form 8870			12				
	SHARON CRAIG,									
The ha	oks are in the care of 6849 PEACHTREE			GA	- 30328-5	723				
- 1165000	\ <u></u>		FAX No. ▶	<u> </u>						
	one No.▶ (770) 399~5788									
Telepho	one No. ► (770) 399-5788 regarization does not have an office or place of business	s in the Un	ited States, check this box							
Telepho	rganization does not have an office or place of business					neck this				
Telepho If the or If this is	rganization does not have an office or place of business of or a Group Return, enter the organization's four digit	Group Exe	imption Number (GEN) If th	is Is fo	r the whole group, cl					
Telepho If the or If this is Oox	rganization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	Group Exe	mption Number (GEN) If th	is is fo memb	r the whole group, cl					
Telepho If the or If this is Oox Ireq	rganization does not have an office or place of business for a Group Return, enter the organization's four digit. If it is for part of the group, check this box.	Group Exe and atta required t	imption Number (GEN) If th ch a list with the names and EINs of all to file Form 990-T) extension of time uni	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is					
Telepho If the or If this is OOX I req	rganization does not have an office or place of business for a Group Return, enter the organization's four digit	Group Exe and atta required t	mption Number (GEN) If th	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is					
Telepho If the or If this is OOX I req is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit. If it is for part of the group, check this box.	Group Exe and atta required t	imption Number (GEN) If th ch a list with the names and EINs of all to file Form 990-T) extension of time uni	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is					
Telepho If the or If this is OXX I req is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit	Group Exe and atta required to torganiza	Imption Number (GEN) If the child list with the names and EINs of all to file Form 990-T) extension of time unit tion return for the organization named a	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is					
Telepho If the or If this is OOX I req is for	rganization does not have an office or place of business of a Group Return, enter the organization's four digit of the group, check this box. Liest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemporation or the organization's return for: X calendar year 2010 or	Group Exe and atta required to torganiza	Imption Number (GEN) If the child list with the names and EINs of all to file Form 990-T) extension of time unit tion return for the organization named a	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is					
Telepho If the or If this is OX I req is for	rganization does not have an office or place of business of a Group Return, enter the organization's four digit of the group, check this box. Liest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemporation or the organization's return for: X calendar year 2010 or	Group Exe and atta required to torganiza	Imption Number (GEN) If the chia list with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending	is is fo <u>memb</u> :il	r the whole group, cl ers the extension is The extension					
Telepho If the or If this is OX I req is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box Juest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemporation the organization's return for: Calendar year 2010 or tax year beginning	Group Exe and atta required to torganiza	Imption Number (GEN) If the chia list with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending	is is fo memb til ibove.	r the whole group, cl ers the extension is The extension					
Telepho If the or If this is OX I req is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box It is a corporation automatic 3-month (6 months for a corporation august 15, 2011 , to file the exemporation or the organization's return for: Calendar year 2010 or tax year beginning The tax year entered in line 1 is for less than 12 months, contains the contains the second contains the contains	Group Exe and atta required to torganiza	Imption Number (GEN) If the chia list with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending	is is fo memb til ibove.	r the whole group, cl ers the extension is The extension					
Telepho If the or If this is OX I req is for 2 If the	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box. It it is for part of the group, check this box. Luest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemporation or the organization's return for: Calendar year 2010 or tax year beginning Let tax year entered in line 1 is for less than 12 months, concluding the country period.	Group Exe and atta required to torganization , and	mption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final final return	is is fo memb til ibove.	r the whole group, cl ers the extension is The extension					
Telepho If the or If this is OX I req is for 2 If the	rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box It is a corporation automatic 3-month (6 months for a corporation august 15, 2011 , to file the exemporation or the organization's return for: Calendar year 2010 or tax year beginning The tax year entered in line 1 is for less than 12 months, contains the contains the second contains the contains	Group Exe and atta required to torganization , and	mption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final final return	is is fo	r the whole group, cl ers the extension is The extension	for.				
Telepho If the or If this is OOX I I req is for I I req I I I req I I I req I I I req I I I I I I I I I I I I I I I I I I I	rganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Juest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exempor the organization's return for: Calendar year 2010 or tax year beginning The tax year entered in line 1 is for less than 12 months, concluding the control of the counting period application is for Form 990-BL, 990-PF, 990-T, 4720, organizations.	Group Exe and atta required torganizat , an heck rease or 6069, en	Imption Number (GEN)	is is fo memb til ibove.	r the whole group, clers the extension is The extension					
Telepho If the or If this is OX I req is for I fthe 3a If the nonr b If this	rganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Juest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemporation or the organization's return for: Calendar year 2010 or tax year beginning The tax year entered in line 1 is for less than 12 months, concluding the control of t	and atta required torganizat , an heck rease or 6069, et	mption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final term Final term the tentative tax, less any	is is fo	r the whole group, clers the extension is The extension	0 •				
Telepho If the or If this is OX I req is for 2 If the 3a If this nonr b If this estin	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. It is for part of the group, check this box. It is for part of the group, check this box. It is for a corporation of the organization's return for: It is for a corporation or the organization's return for: It is for granization's return for: It is for less than 12 months, corporation or a corporation or the organization or the	and atta required torganizat torganizat , an heck rease or 6069, et enter any	Imption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final term Final term the tentative tax, less any refundable credits and lowed as a credit.	is is fo	r the whole group, clers the extension is The extension	for.				
Telepho If the or If this is OOX I req is for 2 If the 3a If this nonr b If this estin c Bala	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Luest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemper the organization's return for: Calendar year 2010 or tax year beginning The tax year entered in line 1 is for less than 12 months, conclude in accounting period sapplication is for Form 990-BL, 990-PF, 990-T, 4720, or fefundable credits. See instructions. The sapplication is for Form 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overpunce due. Subtract line 3b from line 3a. Include your paints.	and atta required to required to repair and atta , and the reason are to reason at a required to reason at a required to reason at a requirement at a requireme	mption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final term Final term the tentative tax, less any refundable credits and lowed as a credit. In this form, if required,	is is formemb	r the whole group, clers the extension is The extension	0 • 0 •				
Telepho If the or If this is OOX I req is for 2 If the 3a If this nonr b If this estin c Bala by us	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. It is for part of the group, check this box. It is for part of the group, check this box. It is for a corporation of the organization's return for: It is for a corporation or the organization's return for: It is for granization's return for: It is for less than 12 months, corporation or a corporation or the organization or the	and atta required to required to reganizate , and the rease or 6069, end to rease or some any end and the rease or some any end to rease or some a	mption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending Initial return Final term Final term the tentative tax, less any refundable credits and lowed as a credit. In this form, if required, ctions.	is is formemb	r the whole group, clers the extension is The extension n	0 • 0 •				