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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

- 4	A F	or the	2010 calend	ar year, or tax year beginning , 2010, and endin	g			, 20			
•	<b>3</b> c	heck if ap	plicable	C Name of organization		D Emp	loyer ide	entification number			
[	<b>Z</b> ] /	Address d	hange	Greater Baton Rouge Community Tennis Association, Inc.	72-1428131						
[	<u></u>	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suiti	е	E Telep	Telephone number				
ٳ	=	nıtıal retur		P.O. Box 1389		225 293-1659					
Ļ	≕ .	Terminate		City or town, state or country, and ZIP + 4		F Group Exemption					
Ĺ	=	Amended Anniversion	return n pending	Baton Rouge, LA 70821			Number ►				
<u>.</u>			ing Method					f the organization is <b>not</b>			
ì		Vebsit	-	batonrougetennis.com				ach Schedule B			
				eck only one) — ☐ 501(c)(3)		•		)-EZ, or 990-PF)			
-						<u> </u>					
•		heck ▶		e organization is not a section 509(a)(3) supporting organization <mark>and it</mark> s gross receipts a n 990 return is not required though Form 990-N (e-postcard) may be required (see ins							
				re to file a complete return.	uuc	uons) i	but II ti	e organization chooses			
ī				b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	coto	/Dort II	-				
					5615	(Part II,		189,852			
	_			) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$				
	P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t				·			
_				the organization used Schedule O to respond to any question in this Pa	πι	• •		<del></del>			
		1	Contribution	ons, gifts, grants, and similar amounts received	•	•	1	13,314			
		2	Program s	ervice revenue including government fees and contracts		-	2	176,531			
		3	Membersh	up dues and assessments			3				
		4	Investment		4	7					
		5a	Gross amo								
		b	Less: cost								
		С	Gain or (los		5c						
		6	Gaming ar								
		a	Gross inc								
	⋛		\$15,000)	6a							
į	Revenue	b	Gross inco	ome from fundraising events (not including \$ of contribution)	tion	S	1				
,	æ		from fundr	aising events reported on line 1) (attach Schedule G if the							
•	_		sum of suc	ch gross income and contributions exceeds \$15,000) .   6b							
5		С	Less: direc	et expenses from gaming and fundraising events 6c			1				
4		d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	sut	tract	1				
•			line 6c) .				6d				
ح		7a	Gross sale	s of inventory, less returns and allowances   7a							
2		ь		of goods sold			1				
-		С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
		8		nue (describe in Schedule O)		8					
_		9	Total reve	nue. Add lines. 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	189,852			
		10	Grants and	d sımılar amounts paid (list in Schedule O)			10	4,371			
		11	Benefits pa	and to or for/thembers 2011.		-	11				
	Ś	12	Salaries, o		12						
	Expenses	13	Profession		13	28,759					
_	즲	14-	Occupanc	y, rent, utilities, and maintenance		_	14	······································			
Not Accete	X	15	Printing, pi	y, rent, utilities, and maintenance			15	7,238			
		16		enses (describe in Schedule O)	·		16	113,674			
		17	•	enses. Add lines 10 through 16	•	•	17	154,042			
	45	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	<u> </u>		18	35,810			
	ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must ag	iree	with		55,510			
	188	- 🧸		ar figure reported on prior year's return)			19	98,530			
	ř	20	-	nges in net assets or fund balances (explain in Schedule O)			20	30,330			
	ž	24		or fund halances at and of year. Combine lines 19 through 20	•		21	124 240			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2010)

Pa	rt II	Balance Sheets. (see the instruction Check if the organization used Sch			estion in this	s Part I	1		
		one of the contract of the con	100010 0 10	roopona to any que			ginning of year	<del></del>	(B) End of year
22	Cash	n, savings, and investments				.,,	98,530	<del>├</del>	134,340
23		I and buildings			• • •		3,555	23	
24		r assets (describe in Schedule O) .						24	
25		l assets				<del></del>	98,530	11	134,340
26	Tota	I liabilities (describe in Schedule O)				<u> </u>		26	
27		assets or fund balances (line 27 of c					98,530	-	134,340
Par	t III	Statement of Program Service A				Part II			Expenses
		Check if the organization used Sch						(Req	uired for section
Wha	t is the	organization's primary exempt purpo	se? To p	romote the sport of ter	nnis				c)(3) and 501(c)(4)
		at was achieved in carrying out the organ				se manr	ner, describe		nizations and section (a)(1) trusts, optional
the s	ervices p	provided, the number of persons benefited	d, and other i	elevant information for	each prograr	n title		l .	thers)
28	Appro	ximately 3,800 men/women/children pla	y league ten	nis in Baton Rouge an	d the surrou	nding a	rea.		
	The As	ssociation administers these leagues, re	ıns various	tennis tournaments, a	nd sponsors	tennis	events		
	for adu	ults/children in an effort to promote teni	nis as a mea	ns of healthful recreat	ion.				
	(Grants	s \$ 4,371 ) If this ar	mount inclu	des foreign grants, ch	neck here .		. ▶ 🗆	28a	154,042
29									
	(Grants	s \$ ) If this ar	nount inclu	des foreign grants, ch	neck here .		. ▶ 🗆	29a	
30									
								İ	
	(Grants			des foreign grants, ch			. ▶ 🗓	30a	
31		program services (describe in Schedu	•						
	(Grants		nount inclu	des foreign grants, ch	neck here		<u>. ▶ Џ</u>	31a	
		program service expenses (add lines					<u>.                                      </u>	32	154,042
Par	t IV	List of Officers, Directors, Trustees, a Check if the organization used Sch						nstru	ctions for Part IV)
		Officer if the organization used Sci	ledule O to	(b) Title and average	(c) Comper		(d) Contribution	ns to	(e) Expense
		(a) Name and address		hours per week devoted to position	(If not p	aıd,	employee benefit deferred comper	plans 8	account and other allowances
Kyle	Ferach	i					, acronica compo		5
	n Roug		Presi	ident, 8 hours		-0-		-0-	-0-
	oie Gilbe								
Bato	n Roug	e, LA	Vice-	President, 8 hours		-0-	Ĭ	-0-	-0-
Yvet	te Marsi	hall		O b					
Bato	n Roug	e, LA	Secr	etary, 8 hours		-0-		-0-	-0-
Stev	art Gue	rin	Tros	surer, 8 hours					
	n Roug	<del></del>	1100.	——————————————————————————————————————		-0-		-0-	-0-
	n Escot		Direc	tor, 8 hours					1
	n Roug					-0-		-0-	-0-
	Fontend		Direc	tor, 4 hours					
	n Roug			·	ļ	-0-		-0-	-0-
	in Gibb		Direc	tor, 4 hours		_		_	_
	n Roug	<u> </u>		-	<del></del>	-0-		0-	-0-
	n Gilbert n Roug		Direc	tor, 4 hours					
	y Jabou	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>			0-	0-
Rusi	. <del>.</del>		Direc	tor, 4 hours				-0-	
Rate	n Dana								-0-
	n Roug	<u> </u>			<del> </del>	-0-			<u>-</u>
Lisa	Thomas	5	Direc	etor, 8 hours					
Lisa		5	Direc	etor, 8 hours		-0-		-0-	-0-
Lisa	Thomas	5	Direc	ctor, 8 hours					
Lisa	Thomas	5	Direc	ctor, 8 hours					
Lisa	Thomas	5	Direc	ctor, 8 hours					

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V								
			Yes	No					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>✓</b>					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓					
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T								
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓					
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<b>✓</b>					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a -0-</b>			لــــا					
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b							
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b	38a							
39	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on line 9			1					
b	Gross receipts, included on line 9, for public use of club facilities								
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			Ì					
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶								
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>					
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958								
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization								
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>✓</b>					
41	List the states with which a copy of this return is filed. ► None								
42a	Located at ► 15014 Green Trails Blvd., Baton Rouge, LA ZIP + 4 ►								
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	<u> </u>						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes						
	If "Yes," enter the name of the foreign country: ►	42b		<b>✓</b>					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>√</b>					
	If "Yes," enter the name of the foreign country: ▶								
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	<b>▶</b> □					
		-	V 1	_ NI -					
44.	Did the organization maintain any donor advised funds during the year? If "Voe" Form 900 must be		Yes	No					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<b></b> -						
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774		<b>–</b>					
~	completed instead of Form 990-EZ	44b		1					
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>\</b>					
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an								
	explanation in Schedule O	44d							

Form 990	D-EZ (2	2010)								F	age 4
										Yes	No
45	Is an	y related organization a controlled enti	ity of t	the organization within the	mear	ing of section	า 51	2(b)(13)?	45		1
		he organization receive any payment f									
		ning of section 512(b)(13)? If "Yes," F	orm s	990 and Schedule R may	need	to be comp	lete	d instead of	<u></u>		لــــا
		n 990-EZ (see instructions)					•		45a	<del> </del>	<b>✓</b>
46	to c	he organization engage, directly or incandidates for public office? If "Yes," co	nmole	y, in political campaign acti te Schedule C. Part I	ivities	on benait of	or II	n opposition	46	-	
Part \	-								46		<b>✓</b>
. Cart	4	Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables f	n 494 or lin	7(a)(1) nonexempt chari es 50 and 51.	table	trusts must	an	swer questic	ons 4	7–49	b
		Check if the organization used Sche	edule	O to respond to any ques	Suon	in this Part V	1	<u> </u>	•		·   _
47	D.4 +	ha araaniahan anaana in labbii	A.,A	-0 If "Va= " =====late Oaha	all = 7	0.0-4.0			45	Yes	No
		he organization engage in lobbying ac e organization a school as described in :		•					47	<b> </b>	ļ
		he organization make any transfers to					Ξ.		48 49a		_
		es," was the related organization a sec			•		•		49b	+	<del>                                     </del>
		plete this table for the organization's f					ffice	rs. directors.			d kev
	empl	oyees) who each received more than \$	\$100,0	000 of compensation from t	the o	ganization. If	the	re is none, en	ter "N	None.	,
	(a) Na	ame and address of each employee paid more		(b) Title and average hours per week	(c) (	Compensation	(d)	Contributions to byee benefit plans &		) Exper	
	(2)	than \$100,000		devoted to position				rred compensation		count a er allowa	
									<u> </u>		
									ļ		
		·····									
· · · · · · · · · · · · · · · · · · ·				<del></del>							
									İ		
	Total	number of other employees paid over	. \$100	000					L		
51	Com	plete this table for the organization's ,000 of compensation from the organi	five h	nighest compensated indep		ent contracto	rs v	vho each rec	eıved	more	than
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of si							service	(c) Cc	mpens	ation
		······································		<del></del>							
						·			_	•	
	·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
						ļ					
	Total	number of other independent contract	tors s	ach recovered over \$100.00							
		he organization complete Schedule A?		• , ,			·/o\/-				
52	none	xempt charitable trusts must attach a	COMD	leted Schedule A				· . —	] Yes	. 🗀 i	No
		of perjury, I declare that I have examined this ret									
true, corr	ect, ar	nd complete Declaration of preparer (other than o	officer)	s based on all information of which	prepa	rer has any know	rledg	e	iAc qu	u Deliei	, 11.15
		- V/V-Y)/-n	<del></del>								
Sign						1	X	4- Z	ol	ı	
Here	1 7 Signature of officer Date										
. 1616		Stewart Guerin, Treasurer									
		Type or print name and title									
Paid		Print/Type preparer's name	Prepar	er's signature		Date		Check I if	PTIN		
Preparei								self-employed			

Preparer

**Use Only** 

Firm's name ►

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

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

## Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Greater Baton Rouge Community Tennis Association, Inc. 72-1428131 Part I, Line 16, Expenses, Other Expenses - Items included on this line include: Awards/Prizes, Court Fees, Equipment, Food/Drink, Insurance, Rent/Lease, Supplies, Tennis Balls, Travel, Website, and Misc. expenses.