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SCANNED JUN 2 7 2012



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)

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	for t	ne 201	U calendar year, or tax year beginning 07/01, 2010, and	ending		06/30, 20 11
R.	Charle of	applicable	C Name of organization		D Employer identi	
_	_		JUNIOR TENNIS CHAMPIONS CENTER INC.		52-21142	223
L	Add		Doing Business As			
L	Nam	e change	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone numi	ber
L	Instis	al return	2401 KALORAMA ROAD, N.W.		(202) 530-	-5000
L	Tern	mnated	City or town, state or country, and ZIP + 4		-	
	Ame	ended	WASHINGTON, DC 20008		G Gross receipts	s 2,624,860.
Г	Appl	lication duna	F Name and address of principal officer KENNETH D. BRODY		H(a) Is this a group re affiliates?	eturn for Yes X No
			2401 KALORAMA ROAD N.W., WASHINGTON, DC 20008	3	H(b) Are all affiliates	included? Yes No
ī	Tax-e	xempt st	atus X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or	527	If "No," attach a	list (see instructions)
J	Webs	ite: 🕨	WWW.JTCC.ORG		H(c) Group exemption	number >
${K}$	Form	of organ	ization Corporation Trust Association X Other SCHOOL L	Year of format	ion 1998 M Sta	ite of legal domicile DC
Pa	art I		mmary	·		
	1		describe the organization's mission or most significant activities.			
	1	Onen	describe the organization's mission of most significant activities			~
& Governance		~				
Ľ	ĺ					
Š	2	Check	this box If the organization discontinued its operations or disposed of m		of its not assets	
ŏ	3		er of voting members of the governing body (Part VI, line 1a)			3.
SS	1		er of independent voting members of the governing body (Part VI, line 1b)			
ŧ	-					+
Activities	3		number of individuals employed in calendar year 2010 (Part V, line 2a)			 -
4	6		number of volunteers (estimate if necessary)			
						
	D	Net ur	nrelated business taxable income from Form 990-T, line 34	 	Prior Year	Current Year
		04-	huting and monte (Dad VIII III a 4h)		906,704	
ne	8	Contri	butions and grants (Part VIII, line 1h)	• • •	1,605,205	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	• • •	1,603,203	
æ		Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		-358,751	•
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,153,158	
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		169,734	
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)	• • •	1,210,938	·
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
xpenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0.
Ä			undraising expenses (Part IX, column (D), line 25) ▶	·	1 005 515	1 150 030
			expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,005,515	
	18		expenses Add lines 13-17 (must equal Part-IX, column (A), ine 25)		2,386,187	
	19	Reven	ue less expenses Subtract line 18 from line 12		-233,029	
Net Assets or Fund Balances			(6) 2 4 2012	Begin	ning of Current Year	
set	20		assets (Part X, line 16)		5,715,746	
쮩	21	Total I	abilities (Part X, line 26)		395,666	
		Net as	sets or fund balances Subtract line 21 from line 20		5,320,080	4,798,919.
	rt II		nature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and sta- lete. Declaration of preparer (other than officer) is based on all information of which preparer			dedge and belief, it is true,
		1			-1.11	
	ign	.	Charles & moder		5/14/	2012
Н	ere		Signature of officer		Date	
			CHARLES W. BRODY, TREASURER			
			Type or print name and title			
		Print/1	ype preparer's name Preparer's signature Da	1 1	Check if	PTIN
Paid		Jo	HN D. COOK	5/15/12	self- employed >	P01450182
•	arer	Firm's	DCDC ACCOCTAMES 1	1	Firm's EIN ▶ 13	-4078147
Jse	Only			10005	Phone no 21	2-440-0800
Viav	the II		cuss this return with the preparer shown above? (see instructions)			X Yes No
<u>_</u>			Paduction Act Notice, see the congrete instructions			Form 990 (2010)

52-2114223 Form 990 (2010) Page 2 Briefly describe the organization's mission TO FOSTER AND PROMOTE NATIONAL AND/OR INTERNATIONAL AMATEUR TENNIS AND DEVELOP ATHLETES FOR THAT COMPETITION. 2 Did the organization undertake any significant program services during the year which were not listed on X No Yes If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? _____Yes If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code:) (Expenses \$ 2,296,124. including grants of \$ 141,918.) (Revenue \$ 4 b (Code.) (Expenses \$ including grants of \$) (Revenue \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$

(Expenses \$\frac{\text{including grants of \$\text{\$}}{\text{\$}}}{\text{\$}}) (Revenue \$\text{\$}}\$

4e Total program service expenses \$\text{\$}\$ 2,296,124.

JSA

Form **990** (2010)

4d Other program services (Describe in Schedule O)

Par	t IV Checklist of Required Schedules		, , ,	
			Yes	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	;		
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	i	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			٠.
	VII, VIII, IX, or X 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	
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		X
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		X
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			
	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? If "Yes," and if			
	and organization in the state of the state o	12b	- 1/	<u> </u>
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		l	Х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and N	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	11	1	v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		Х
	If "Yes," complete Schedule G, Part III	19		$\frac{\Lambda}{X}$
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	206		
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21 .				Х
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	
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			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24 a				
	\$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		X
b	and origination in out any product or tank original competition of the control of	24b		
C				
	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		
25 a	(1),(1)	25a		х
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified 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 contributor, or a grant selection committee member, or to a person related to such an individual?	1 /		
	If "Yes," complete Schedule L, Part III	27		X
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)	20-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		х
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? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
	complete Schedule N, Part II	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ı	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	"		
•	IV, and V, line 1	34	x]	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			X
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,		l	
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 ∤	<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	,,	{	Х
20	Part VI	37		
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 Note: / iii 1 Oliii 300 meta are required to comprete donedate 0		agn /	2010

	350 (2010)			age
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	<u>.</u>		
			Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C		1c		
2-	reportable gaming (gambling) winnings to prize winners?	<u> </u>		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.			
	otationicities, filed for the calculat year origing with or within the year overed by this retain.	1	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250; you may be required to e-file (see instructions)			х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> </u>
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	١٠	٠,	٠.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
_	gifts were not tax deductible?	6b		
7	and the second s			
	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		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · ~		
C		7¢		Х
	required to file Form 8282?	1,6		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		- <u>x</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	[]	.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		J	
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter		Ì	
а	Gross income from members or shareholders		ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		l	
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		l	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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		ł	
	Enter the amount of reserves on hand		İ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions. Chark if Schedule O centains a response to any question in this Bort VI.		•	، ع ڊ آ
200	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management	· · · ·	· · ·	1
<u> </u>	non A. Governing Body and Management		Yes	T
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			+
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ĺ		
-	any other officer, director, trustee, or key employee?	2		1:
3	Did the organization delegate control over management duties customarily performed by or under the direct			T
-	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		ľ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	X	1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			1
	of the governing body?	7 a_	X	1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	Х	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		İ	
	the year by the following		٠,,	
а	The governing body?	8a	X	╀
b	Each committee with authority to act on behalf of the governing body?	8 b	X	╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
4:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ļ	_
ecu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·/ Yes	Т
		400	168	\dagger
	Does the organization have local chapters, branches, or affiliates?	10a		†
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
4 .	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		t
٦а	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11a	Х	
_	form?	110		t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
2a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		t
	rise to conflicts?	12b	Х	1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			Ť
·	describe in Schedule O how this is done	12c	Х	l
3	Does the organization have a written whistleblower policy?	13		Ī
4	Does the organization have a written document retention and destruction policy?	14	X	T
5	Did the process for determining compensation of the following persons include a review and approval by			T
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	, , , , , , , , , , , , , , , , , , ,	15a		
		15b		T
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			١
	· · · · · · · · · · · · · · · · · · ·	16a		Ŀ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			I
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	- 1		l
	the organization's exempt status with respect to such arrangements?	16b		L
ecti	on C. Disclosure		_	
7	List the states with which a copy of this Form 990 is required to be filed _MD'	~		_
8	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			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the organization KENNETH D. BRODY 2401 KALORAMA ROAD N.W., WASHINGTON, DC 20008	е		
	organization KENNETH D. BRODY 2401 KALORAMA ROAD N.W., WASHINGTON, DC 20008		. _	_
Ā	202-530-5000	Form	000	10

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

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
- 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.

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

(A)	(B)			C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Officer		Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) KENNETH BRODY CHAIRMAN & PRESIDENT		х					0.	0.	. 0
(2) CHARLES W. BRODY TREASURER		х					0.	0.	0
(3) RICHEY RENEBERG VICE-PRESIDENT		х				-	0.	0.	0
(4)MARTIN BLACKMAN DIRECTOR		х					0.	0.	0
(5) CHARLES KRIESE SENIOR DIRECTOR	40.00	Х			х		110,334.	0.	0
(6) RAYMOND BENTON CEO	60.00	х			х		104,600.	0.	0
(7)CAROLINE W. BRODY SECRETARY		Х					0.	0.	0
(8) JIM GRABB DIRECTOR		х					0.	0.	0
(9) VESA PONKKA SENIOR COACH	80.00				х		165,400.	0.	0
(10)MIKHAIL KOUSNETSOV SENIOR COACH	40.00				х		91,936.	0.	0
(11)ALI AGNAMBA SENIOR COACH	48.00				х		88,515.	0.	0
(12)	· — -								
_(13)								****	
_(14)			-						
(15)									
(16)									

Form 990 (2010)

JSA

Form 990 (20									52-2114223				Pag	е
Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ed Emplo	yees (c	<u>ontınue</u>	d)	
	(A)	(B)			-	C)			(D)	(E)			(F)	
•	Name and title ,	Average hours per week (describe hours for related organizations		nstitutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reports compens from rel organiza (W-2/1099	sation lated ations	am comp fro orga and	timated to the count of the count of the count on the count on the count of related	
<u>(17)</u>		in Schedule O)	-			_	fed	ļ .					inizations	_
(18)		-	<u> </u>											
(19)			-		-	-		-						_
(20)														
(21)														_
(22)				-			_							_
(23)														
(24)												_		
(25)														
(26)														
(27)														
(28)														
1b Sub-tot	al							>	560,785.		0.			0
	om continuation sheets to Part VII, S	ection A .						>	560,785.		0			0
2 Total n	add lines 1b and 1c)	limited to the	hose					o re						<u>~</u>
Теропа	ble compensation from the organization												Yes N	10
	e organization list any former office ee on line 1a? If "Yes," complete Sched											3		x
the org	y individual listed on line 1a, is the ganization and related organizations	greater th	an \$	150	,00	0?	If "Y	'es, "	complete Sched	ule J for	such			
5 Did any	al	accrue coi	mpen	satio	on f	rom	any	uni	related organization	on or indiv	idual	4	X	
	ices rendered to the organization? If "Younger Independent Contractors	es," comple	te Sci	hedu	ıle J	for	such	per	rson . ,	<u></u>	• • • • • •	5		X
	te this table for your five highest	compensat	ed in	den	end	lent	conf	rac	tors that received	t more th	an \$100	0.000	of	_
	nsation from the organization													
	(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) ompens	ation	
NONE								N	ONE				0	
								+					-	_
								+						_
								上						_
	umber of independent contractors (in an \$100,000 in compensation from the				utec		thos 0	e li	sted above) who	received				

Pa	rt VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d				
Contributions, and other simil.	e f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 911,228. Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	911,228.			
ne		Business Code				
Program Service Revenue	2a b	PROGRAM FEES	1,663,632.	1,663,632.		
ŝ] [
ě	ا ا		 			
8	"					
ğ	e		 			
Бo.	f	All other program service revenue				
	g	Total Add lines 2a-2f	1,663,632.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	o.			
	١.	<u>.</u>				<u> </u>
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.		····	
		(i) Real (ii) Personal		,		
	6 a	Gross Rents		,		1
	١.]			
	b	Loss remarespenses	┪ :			· '
	C	Rental income or (loss)	-	-		,
	ď	Net rental income or (loss)	-368,679.	-368,679.		ļ
	7.	(i) Securities (ii) Other] .			
	7a	Gross amount from sales of assets other than inventory]			
			7	•	•	
	b	Less: cost or other basis			* * :	
		and sales expenses	- ∤ -		-	
	Ç	Gain or (loss)				
	d	Net gain or (loss)	0.			
9	8a	Gross income from fundraising			, ,	
<u> </u>	- 00	5	'			
Other Revenu		events (not including \$	}	-		ł ·
Š		of contributions reported on line 1c)				
- "		See Part IV, line 18 a	-		_	
he l	b	Less direct expenses b	_			,
중	С	Net income or (loss) from fundraising events	0.			
	g a	Gross income from gaming activities			•	
	Ju	See Part IV, line 19	•			i
		i i	┨`	•		
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities.	0.			
	10a	Gross sales of inventory, less	1			}
		returns and allowances a				
	b	Less cost of goods sold b]			
			0.			
}		Net income or (loss) from sales of inventory	 			
ļ		Misochanous Nevenue Business Code	-{			}
	11a					
ļ	b		<u> </u>			
ļ	C					
	d	All other revenue	0.		·	
		Total. Add lines 11a-11d			·- · · · · · ·	
	12	Total revenue See instructions	2,206,181.	1,294,953.		L

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	141,918.	141,918.		
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	(
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	_ [_	_	_
persons described in section 4958(c)(3)(B)	0.	0.	0.	
7 Other salaries and wages	1,277,774.	904,635.	373,139.	(
8 Pension plan contributions (include section 401(k)	_			_
and section 403(b) employer contributions)	0.	0.	0.	
9 Other employee benefits	59,359.	59,359.	0.	(
10 Payroll taxes	95,356.	67,510.	27,846.	C
11 Fees for services (non-employees)				,
a Management	0.	0.	0.	<u> </u>
b Legal	0.	0.	0.	
c Accounting	26,429.	0.	26,429.	(
d Lobbying	0.	0.	0.	(
e Professional fundraising services See Part IV, line 17	0.			C
f Investment management fees	0.	0.	0.	
g Other			0.	<u>C</u>
2 Advertising and promotion	121,492.	121,492.	0.	
3 Office expenses	0.	0.	0.	
4 Information technology	0.	0.	0.	
Solution Royalties	25,000.	25,000.	0.	
16 Occupancy	112,109.	112,109.	0.	
7 Travel	112,109.	112,109.		
Payments of travel or entertainment expenses	0.	0.	0.	C
for any federal, state, or local public officials	0.	0.	0.	C
9 Conferences, conventions, and meetings	0.	0.	0.	
20 Interest	0.	0.	0.	
21 Payments to affiliates	137,968.	137,968.	0.	
22 Depreciation, depletion, and amortization	0.	0.	0.	C
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 O)				
a CONSULTING	83,735.	83,735.	0.	0
STAFF DEVELOPMENT	185,018.	185,018.	0.	0
c PAYROLL PROCESSING FEES	3,132.	3,132.	0.	0
d MEMBERSHIP EXPENSE	137,040.	137,040.	0.	0
e MISCELLANEOUS EXPENSES	15,381.	15,381.	0.	0
f All other expenses	305,635.	301,827.	3,808.	0
5 Total functional expenses. Add lines 1 through 24f	2,727,346.	2,296,124.	431,222.	0
6 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

Pa	rt X	Balance Sheet			Page 11
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	421,645.	1	193,032.
	2	Savings and temporary cash investments		2	·- · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
ŀ	6	Receivables from other disqualified persons (as defined under section 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	136,511.	7	149,028.
SS	8	Inventories for sale or use		8	
۱۲	9	Prepaid expenses and deferred charges	160,754.	9	368,598.
	_	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 10,253,492.			
ĺ	h	Less accumulated depreciation	4,996,836.	100	4,715,168.
	11	Investments - publicly traded securities		11	
	12	· · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - other securities See Part IV, line 11		13	
		Investments - program-related See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets See Part IV, line 11	5,715,746.		5,425,826.
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	133,472.	16	200,025.
	17	Accounts payable and accrued expenses	133,472.		200,023.
ŀ	18	Grants payable	262,194.	18	426,882.
ŀ	19	Deferred revenue	202,194.		420,002.
- 6	20	Tax-exempt bond liabilities		20	
ou i	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
#	22	Payables to current and former officers, directors, trustees, key			
ia		employees, highest compensated employees, and disqualified persons			
_		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities Complete Part X of Schedule D	205 666	25	626 007
	26	Total liabilities. Add lines 17 through 25	395,666.	26	626,907.
ses		Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	5,320,080.	27	4,798,919.
Ba	28	Temporarily restricted net assets		28	
힐	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
se		Paid-in or capital surplus, or land, building, or equipment fund		31	
92		Retained earnings, endowment, accumulated income, or other funds		32	
let		Total net assets or fund balances	5,320,080.	33	4,798,919.
-		Total liabilities and net assets/fund balances	5,715,746.	34	5,425,826.

Form **990** (2010)

_	rt XI · Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)			181.
2	Total expenses (must equal Part IX, column (A), line 25)			346.
3	Revenue less expenses Subtract line 2 from line 1			165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,3	20,0	080.
5	Other changes in net assets or fund balances (explain in Schedule O)			4.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	4,7	98,9	919.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		103	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			l
	the Single Audit Act and OMB Circular A-133?	3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20**10**

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 52-2114223 JUNIOR TENNIS CHAMPIONS CENTER INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d l Type III - Other Type I Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? X 11g(ı) (ii) A family member of a person described in (i) above? Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (vii) Amount of (ii) EIN (IV) is the (v) Did you notify (vi) Is the organization in (described on lines 1-9 support organization the organization organization in col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? Yes No Yes Νo Yes No (A) (B) (C) (D) (E)

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 52-2114223 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) Gifts. contributions. and grants. membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 . . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	(=\ 2000	T (5) 2007	(6) 2000	(4) 2000	(0) 2010	10 T-1-1
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees				1	1	
_	received (Do not include any "unusual grants")		 			 	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			ĺ	ĺ		
	furnished in any activity that is related to the						<u> </u>
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	İ					
	unrelated trade or business under section 513	<u></u>					
4	Tax revenues levied for the organization's	1					
	benefit and either paid to or expended on	1	Ì	1			ļ
	its behalf	1					
5	The value of services or facilities						
_	furnished by a governmental unit to the				Į		
	organization without charge		1				
6	Total. Add lines 1 through 5		 	 			
			 	 	 	 	
/ a	Amounts included on lines 1, 2, and 3		İ				
b	received from disqualified persons Amounts included on lines 2 and 3		 	 			
_	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13	ı]]	J		
	for the year		 				
c	Add lines 7a and 7b		<u> </u>	ļ		ļ	
8	Public support (Subtract line 7c from		1	1	1	1	
	line 6)					<u> </u>	<u> </u>
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	,	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
			-		 		
	Add lines 10a and 10b		 				
11	Net income from unrelated business activities not included in line 10b,			i			
	whether or not the business is regularly		}]]	
	carried on		 			 	
12	Other income Do not include gain or						
	loss from the sale of capital assets				}		
	(Explain in Part IV)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			L		<u> </u>	
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here.						. f
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8,			nn (f))		15	
16	Public support percentage from 2009 Sche						
	tion D. Computation of Investmen					1 19 1	
				2 column (f)		17	
	Investment income percentage for 2010 (lin		• •				
17		scnedule A, Part					
18	Investment income percentage from 2009 S			on line 14 and	ı line 15 is mor	e inan 331/3%, a	and line
18	331/3% support tests - 2010. If the org						
18 19a	331/3% support tests - 2010. If the org 17 is not more than $331/3%$, check this	s box and sto	p here. The orga	anization qualifies	s as a publicly	supported organi	zation 🕨 📗
18 19a b	331/3% support tests - 2010. If the org 17 is not more than 331/3%, check thi 331/3% support tests - 2009. If the orga	s box and stop nization did not	p here. The orga check a box on I	anization qualifies line 14 or line 19	s as a publicly a, and line 16 is	supported organi s more than 331/3	zation ► [3 %, and
18 19a b	331/3% support tests - 2010. If the org 17 is not more than $331/3%$, check this	s box and stop nization did not	p here. The orga check a box on I	anization qualifies line 14 or line 19	s as a publicly a, and line 16 is	supported organi s more than 331/3	zation ► [3 %, and
18 19a b	331/3% support tests - 2010. If the org 17 is not more than 331/3%, check thi 331/3% support tests - 2009. If the orga	s box and sto nization did not this box and s	p here The orga check a box on I top here The org	anization qualifie: line 14 or line 19 ganization qualifi	s as a publicly a, and line 16 is es as a publicly	supported organi s more than 331/3 supported organi	zation ► [3 %, and zation ► [

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number JUNIOR TENNIS CHAMPIONS CENTER INC. 52-2114223 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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Schedule D (Form 990) 2010

Pa	rt III Organizations Maintain	ing Coll	ections of	of Art, Histo	orical Treasu	res, o	Other Similar	Assets (continued,)
3	Using the organization's acquisiticollection items (check all that app		ssion, and	d other reco	rds, check an	y of the	e following that a	are a sig	nificant use	e of its
а	Public exhibition			d 🗍	Loan or	exchai	nge programs			
b	Scholarly research			e	Other					
С	Preservation for future go	enerations	S	_						
4	Provide a description of the orga	nization's	collection	ns and expl	ain how they	further	the organization	's exemp	t purpose	ın Part
	XIV			•	•		-			
5	During the year, did the organization	on solicit	or receive	e donations o	of art. historica	l treasu	ires, or other simil	ar		
	assets to be sold to raise funds rat								Yes	No
Pa	rt IV Escrow and Custodial A line 9, or reported an ar	Arranger	nents. C	omplete if	he organizat					
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in								Yes [No
b	ii res, explain the allangement	IFAILAIV	and con	ipiete tile ioi	lowing table.			mount		
	Reginning halance					1		inount		
ن	Beginning balance						ļ			
a	Additions during the year									
e	Distributions during the year						 			
	Ending balance							 -1	Yes	No
	Did the organization include an am), Part X, line	217	• • • •	• • • • • • • • • •		res	NO
_	If "Yes," explain the arrangement in			_4:		<u></u>	000 Dani IV line	10		
Pal	rt V Endowment Funds. Cor								(a) Faure	
4.	Posinning of year halance	(a) Cur	rent year	(b) Pnor y	ear (c) Iwo	years b	ack (d) Three ye	ars Dack	(e) Four year	ars back
_	Beginning of year balance									
b	Contributions								ļ <u></u> -	
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships								ļ <u>.</u>	
е	Other expenditures for facilities .								1	
	and programs								 	
f	Administrative expenses									
g	End of year balance									
2	· · · · · · · · · · · · · · · · · · ·		ar end ba	lance held as						
а	Board designated or quasi-endowr	nent ▶_		%						
b	Permanent endowment ▶	%								
C	Term endowment ▶	%			•					
3a	Are there endowment funds not in	the poss	ession of	the organiza	ation that are I	neld an	d administered for	the		
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related org	ganization	s listed a	s required or	Schedule R?				3 b	
4	Describe in Part XIV the intended to	uses of the	e organız	ation's endo	wment funds					
Par	t VI Land, Buildings, and Equ	uipment.	See Fo	rm 990, Pa	rt X, line 10.					
	Description of investment		(a) Cost	or other basis estment)	(b) Cost or other (other)	r basis	(c) Accumulated depreciation	(d) Book value	
1 a	Land									
b	Buildings			0.	10,124,	154	5,426,067		4,698	087.
C	Leasehold improvements									
d	Equipment			0.		697	85,616		17,	081.
_ e	Other	<u></u>		0.	26,	641	26,641			0.
Tota	I. Add lines 1a through 1e (Column	(d) must	equal Fo	rm 990, Part	X, column (B),	line 10	(c)) ▶		4,715,	168.

Part VII Investment	s - Other Securities. See F	orm 990, Part X, line	e 12.	
(a) Description	of security or category name of secunty)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity into	erests			
				·
(A)				
(C)				
(D)				
(E)				
(F)		 		
(G) (H)				
<u>(i)</u>				
Total. (Column (b) must equal Fo.	m 990, Part X, col (B) line 12) ▶			
	s - Program Related. See F	orm 990. Part X. lin	e 13.	
	of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal For	rm 990, Part X, col (B) line 13)			
	ts. See Form 990, Part X, li	ine 15	L	
Other Passes		Description		(b) Book value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)				<u></u>
(9)				
(10)	m 990, Part X, col (B) line 15)			
	ities. See Form 990, Part X			
	ption of liability	(b) Amount		
(1) Federal income taxes				•
(2)		-	·	•
(3)			•	•
(4)				· · · · · · ·
(5)				
(6)				
(7)	- 			
(8)				•
(9)	· · · · · · · · · · · · · · · · · · ·			• , • .
(10)				
(11)	C 000		 	<u>.</u>
i otal. (Column (b) must equal	Form 990, Part X, col (B) line 25)	<u> </u>	L	·

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

52-2114223

Schedu	DIE D (Form 990) 2010 52-2114225			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,206,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	Ì	2,727,346
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<u> </u>	-521,165
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-521,165
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		·	
1	Total revenue, gains, and other support per audited financial statements		1	2,497,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	` `		
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b	\neg		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV) 2d 418,6	79.		
е	Add lines 2a through 2d		2e	418,679
3	Subtract line 2e from line 1		3	2,078,686
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV) 4b 127, 49	5.	ļ	
	Add lines 4a and 4b		4c	127,495
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,206,181
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R			
1	Total expenses and losses per audited financial statements		1	3,018,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	`		
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
c	Other losses 2c	\neg	-	
d	Other losses 2c Other (Describe in Part XIV) 2d 291,18	4.		
e	Add lines 2a through 2d	_	2e	291,184
3	Subtract line 2e from line 1		3	2,727,346
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV) Add Issue 4s and 4b			
c	Add lines 4a and 4b		4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,727,346
	XIV Supplemental Information	<u> </u>		
Comp Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp Iditional information			
SEE	PAGE 5			
	·	- <i>-</i>		
		- <i>-</i> -		
			-	

Part XIV Supplemental Information (continued)

PART XII - LINE 2D

RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON FORM 990 BUT SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS - 418,679.

PART XII - LINE 4B

PROGRAM SERVICE REVENUE NETTED AGAINST PROGRAM EXPENSES ON THE FINANCIAL STATEMENT BUT SHOWN AS REVENUE ON FORM 990 - 127,495.

PART XIII - LINE 2D

RENTAL EXPENSES NETTED AGAINST RENTAL REVENUE ON FORM 990 BUT SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS - 418,679.

PART XIII - LINE 2D

PROGRAM SERVICE REVENUE NETTED AGAINST PROGRAM EXPENSES ON THE FINANCIAL STATEMENT BUT SHOWN AS REVENUE ON FORM 990 - 127,495.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

JUNIOR TENNIS CHAMPIONS CENTER INC.

Employer identification number 52-2114223

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	-		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	ł		
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		,	
	describe If "No," please explain If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	$ _{x} $	
	Records documenting that scholarships and other financial assistance are awarded on a racially	70		
-	nondiscriminatory basis?	4 b	x_	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	l	,	
	with student admissions, programs, and scholarships?	4c 4d	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	 ^- -	
	The your answered the totally of the above, please explaint. If you need there space, ase if are in			
5	Does the organization discriminate by race in any way with respect to			х
а	Students' rights or privileges?	5a		 -
b	Admissions policies?	5 b_		<u> </u>
С	Employment of faculty or administrative staff?	5 c		Х
d	Scholarships or other financial assistance?	5 d		<u>X</u>
е	Educational policies?	5e		<u> </u>
f	Use of facilities?	5f		х
'		"		
g	Athletic programs?	5 g		X
h	Other extracurricular activities?	5 <u>h</u>		х
-,	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a		х
	Has the organization's right to such aid ever been revoked or suspended?	6b	 	X
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through		_	
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) (2010)

Schedule E (Form 990 or 990-EZ) (2010)

Page 2

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SEE STATEMENT A ATTACHED

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

ž (h) Purpose of grant or assistance 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 X Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 52-2114223 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. v (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Il can be duplicated if additional space is needed General Information on Grants and Assistance (P) EIN JUNIOR TENNIS CHAMPIONS CENTER INC. Enter total number of other organizations (a) Name and address of organization or government Part II Part (12)

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

Schedule I (Form 990) (2010)

52-2114223

Page 2

Schedule I (Form 990) (2010)

Part III Grants and Oth

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEE A	SEE ATTACHED STATEMENT		141,918.			
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	is part to pro	vide the informa	tion required in	Part I, line 2, and any	other additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

JUNIOR TENNIS CHAMPIONS CENTER INC.

Employer Identification number 52-2114223

- 61	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use]		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If you of the house of the decrease harded did the assessment follows a weather policy reporting payment			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study		!	
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			Х
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		_^_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of			
_	· · · · · · · · · · · · · · · · · · ·	5a		Х
a	The organization?	5b		X
U	Any related organization?			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		X
J	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	In Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2010

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

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Schedule J (Form 990) 2010

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	广	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	S compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)(D)	reported in prior Form 990 or Form 990-EZ
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Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. Schedule J (Form 990) 2010

Part III Supplemental Information

PAGE 33

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010 Open to Public

OMB No 1545-0047

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.

Inspection

Name of the organization

JUNIOR TENNIS CHAMPIONS CENTER INC.

Employer identification number 52-2114223

FORM 990, PAGE 6, PART VI, SECTION A, LINE 10 SECRETARY / TREASURER REVIEWS AND SIGNS.

FORM 990, PAGE 6, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B

AN ELECTRONIC COPY OF FORM 990 WAS PROVIDED TO EACH PERSON WHO WAS A

VOTING MEMBER OF THE GOVERNING BODY PRIOR TO THE FILING OF THE FORM WITH

THE IRS. VOTING BOARD MEMBERS WERE GIVEN AMPLE TIME TO REVIEW THE INCOME

ITEMS, PROGRAM EXPENSES AND INTERNAL POLICIES OF THE FOUNDATION PRIOR TO

THE FILING OF THE FORM. NO INFORMATION WAS REDACTED FROM THE COPY

PROVIDED TO THE GOVERNING BODY MEMBERS.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 12C

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

OF THE CONFLICT OF INTEREST POLICY BY CARRYING OUT PERIODIC REVIEWS.

THESE REVIEWS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING SUBJECTS:

WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON

COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING;

AND WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT

ORGANIZATIONS CONFORM TO THE FOUNDATION'S WRITTEN POLICIES, ARE PROPERLY

RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND

Name of the organization JUNIOR TENNIS CHAMPIONS CENTER INC. Employer identification number 52-2114223

SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSABLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PAGE 12, PART XI, LINE 5 ROUNDING - 4.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR TENNIS CHAMPIONS CENTER INC.

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

2010	Open to Public

OMB No 1545-0047

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Employer identification number 52-2114223

Part I	Identification of Disregarded Entities (Complete if the	if the organization answered "Yes" on Form 990, Part IV, line 33)	wered "Yes" on	Form 990, Part	IV, line 33)			
	(a) Name, address, and EIN of disregarded entity	<u>a</u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Buillo
(1)								
(2)								
(5)								
Part II	Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	ons (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ing the tax year.)	ganization answ	vered "Yes" on F	orm 990, Part IV	', line 34 because	ıt had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed ?
							Yes	No
(1) THE K	(1) THE KENNETH D. BRODY FAMILY FOUNDATION 52-2140128 2401 KALORAMA ROAD WASHINGTON, DC 20008		DC	501(C)(3)	Jā	N/A		
(2)								
(3)								
(4)								

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

<u>(6)</u>

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8468001

PAGE 36

Schedule R (Form 990) 2010

Page 2

I

Schedule R (Form 990) 2010

8468001

Percentage ownership 3 (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (I) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) Yes No (h) Disproportone (g) Share of end-of-year assets (f) Share of total Income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling entity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN related organization Part III Part IV 9 77 <u>{2</u>}

<u>€</u>

€,

<u>(5)</u>

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
<u></u>							
(9)							
(7)							

37

Schedule R (Form 990) 2010

I

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 antity is listed in Darts II III or IV of this schedule			Yes No
Note: Complete line 1 if ally entity is listed in Faits II, III, or IV or this scriedule		C/ 21 - C - C - C - C - C - C - C - C - C -	-
I During the tax year, ald the organization engage in any of the following transactions with one of more related organizations listed in Parts II—IV or a Receipt of thin penetral penetry and the or the controlled entity.	siated ofgariizations list		X
Gift grant or capital contribution to other organization(s)			
Gift, grant, or capital contribution from other organization(1c X
d Loans or loan guarantees to or for other organization(s)			1d ×
e Loans or loan guarantees by other organization(s)			10 X
f Sale of assets to other organization(s)			1f X
g Purchase of assets from other organization(s)			1
h Exchange of assets			
i Lease of facilities, equipment, or other assets to other organization(s)			×
j Lease of facilities, equipment, or other assets from other organization(s)			<u>. </u>
k Performance of services or membership or fundraising solicitations for other organization(s)			
			× ×
m Sharing of paid employees			
	•		
o Reimbursement paid to other organization for expenses			10 X
			;
q Other transfer of cash or property to other organization(s)			
	nis line, including cove	red relationships and transe	1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TENNIS CENTER AT COLLEGE PARK		0.	
(2)			
(3)			
(4)			
(5)			
JSA 0E13091000 82813E 526W 5/10/2012 5:23:44 PM V 10-8.3 8468001			Schedule R (Form 990) 2010 PAGE 38

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Schedule R (Form 990) 2010

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1055)	(h) General or menaging partner?
			Yes No		Yes No	(500)	Yes No
(1)							
(<u>5</u>)							
(3)							
<u>(4).</u>							
(5)							
(6)				•			
(7)							
(8)							
(6)							_
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	990) 2010

Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

TENNIS COMPLEX, COLLEGE PARK

50,000. 50,000.

OTHER DEDUCTIONS

INSURANCE

33,859. 33,859.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
TENNIS COMPLEX, COLL	50,000.	384,820.	33,859.	-368,679.
TOTALS	50,000.	384,820.	33,859.	-368,679.

2010

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52-2114223

JUNIOR TENNIS CHAMPIONS CENTER INC.

Description of Property

1,052. 7,747. 2,774. 166. 1,454. 288,842. 216,505. 522, 789. 1,851 522, 789. depreciation Current-year amortization Current-year Current-year 179 expense MA ACRS CRS class class 3.000 5.000 20.000 3.000 13.000 3.000 19.000 5.000 5.000 Life 7.000 Life S S Accumulated Accumulated Medepreciation depreciation thou Accumulated Accumulated amortization amortization Code \mathbf{SI} \mathbf{SI} 1,227. SL 2,774. SL SL 2,253,981. SL 1,454. SL 7,747. SI 166. SL 26,641. 58,715. 3,336. 17,944. 3,164,339. 26,641. 5,538,324. 5,511,683. 4,988,894. 10253493. 5,015,535. 。 。 2,037,476. ٥. ٠. 56,864. 3,336. 2,875,497. 175. 26,641. 15,546. 26,641. 4,113,581. 10226852. 5,776,845. 26,641. Basis for depreciation 3,336. 3,155. 5,975. 26,641. 233, 728. 1,419. 11,618. 18,480. Basis Reduction 179 exp reduction in basis 18,480. 100.000 03/26/2008 5,776,845. 100.000 03/26/2008 4,113,581. 100.000 3,155. 100.000 11,618. 100.000 5,975. 100.000 1,419. 100.000 3,336. 100.000 233,728. 100.000 26,641. 100.000 58,715. 100.000 8ns % Unadjusted Cost or basis 26,641. 10253493. 10226852. Cost or basis Date placed in 06/30/2010 Subtotals 03/06/2008 03/06/2008 03/06/2008 03/06/2008 05/01/2010 01/31/2011 11/29/2010 12/13/2010 Date placed in service Less Retired Assets Asset description Asset description Subtotals **AMORTIZATION** BUILDINGS & COURTS BUILDINGS & COURTS BUILDINGS & COURTS EQUIPMENT AND COMP TENNIS FURN. 6 EQ. Less Retired Assets FITNESS EQUIPMENT DEPRECIATION EQUIPMENT AND TV TENNIS FURNITURE TENNIS EQUIPMENT Listed Property TOTALS. . . TOTALS. . **EQUIPMENT** VEHICLE

*Assets Retired JSA 0x9024 1 000

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8468001

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 1-2011)

Internal Revenue	e Service	► File a sep	parate appli	cation for each return.			
 If you are f 	filing for ar	Automatic 3-Month Extension,	complete o	only Part I and check this box			> 🛛
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not com	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.					8868.	
Electronic f	filing (<i>e-fil</i>	e). You can electronically file Form	8868 if yo	u need a 3-month automatic extens	sion of time	e to file (6	months for
a corporatio	n required	to file Form 990-T), or an addition	al (not aut	omatic) 3-month extension of time	You can e	lectronica	illy file Form
8868 to req	uest an ex	ctension of time to file any of the	forms listed	d in Part I or Part II with the excer	otion of Fo	rm 8870,	Information
Return for	Transfers	Associated With Certain Persona	ıl Benefit (Contracts, which must be sent to	the IRS i	n paper	format (see
	. For more	details on the electronic filing of the	nis form, vi	sit www irs.gov/efile and click on e-	file for Cha	rities & N	onprofits.
				bmit original (no copies needed)			
	on require	d to file Form 990-T and reques	sting an ai	utomatic 6-month extension—chec	k this box	and cor	nplete
Part I only							🕨 🔲
All other cor	rporations	(including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use Form 7004	to request	an extens	sion of time
to file income							
Type or	1	exempt organization					on number
print		R TENNIS CHAMPIONS CEN			<u>52-21142</u>	23	
File by the due date for		street, and room or suite no If a P.O bo	=				
filing your		S ASSOCIATES, LLC: 77 WA					
return See instructions		or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
	INEW YO	DRK, NY 10005					
Enter the De		for the mature that this englishing is	. f /6				01
chier the Re	turn code	for the return that this application is	for (file a s	separate application for each return)			01
Application	n		Return	Application			Return
ls For	-		Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-B	 3L		02			08	
Form 990-E			03	Form 4720			09
Form 990-P		· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
		(a) or 408(a) trust)	05	Form 6069			11
		er than above)	06	Form 8870			12
	1						
• The books	are in the	care of ► BCRS ASSOCIATES	5, LLC				
		2-440-0811		AX No. ► N/A			
• If the organ	ization do	es not have an office or place of bu	siness in th	ne United States, check this box .			▶ □
• If this is for	a Group F	teturn, enter the organization's four	digit Group	p Exemption Number (GEN)		If thi	s is
for the whole	group, ch	eck this box ▶ 🗍 . If i	t is for part	of the group, check this box	🕨	🔲 and att	ach.
		nd EINs of all members the extension					
1 I requ	iest an aut	omatic 3-month (6 months for a cor	poration re	equired to file Form 990-T) extension	of time		
until	FEBRU/	ARY 15 , 20 12 , to file the exen	npt organiz	ation return for the organization nan	ned above.	The exte	nsion is
for the	e organiza	tion's return for:					
▶ 🔲	calendar y	ear 20 or					
	tax year be	eginning JULY 1	, 20	10 , and ending JUNE	30	, 20	11
			nonths, che	ck reason 🔲 Initial return 🔲 Fi	nai return		
L Ch	ange in ac	counting period					
20 (f.thus	annicatio	n in for Form 000 PL 000 PE 000	T 4720 o	r 6069, enter the tentative tax, less	any		
		redits See instructions.	-1, 4120, 0	1 0000, emer the tentative tax, 1000	3a	s	0.00
			720 or 60	069, enter any refundable credits		 	
u ii iiiis mitsa	ated tax no	ayments made. Include any prior ye	ar overnav	ment allowed as a credit.	3b	\$	0.00
C Poles	co due Cu	htract line 3h from line 3a Include you	ur navment	with this form, if required, by using EF		 	
		al Tax Payment System). See instruct		man and form, it required, by doing cr	3c	\$	0.00
Caution If v	OIL are on	ing to make an electronic fund w	ithdrawal v	vith this Form 8868, see Form 845			
payment inst		15 mans an ologionio idio w					

For Paperwork Reduction Act Notice, see Instructions.

Page	2
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Form 8868 (Rev	v 1-2011)	Р	ace i
Note. Only	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and complete Part II if you have already been granted an automatic 3-month extension on a priling for an Automatic 3-Month Extension, complete only Part I (on page 1).		► [X
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no copies needed).	
Туре ог	Name of exempt organization	Employer identification numb	ber
print	JUNIOR TENNIS CHAMPIONS CENTER, INC.	52-2114223	
File by the extended due date for	Number, street, and room or suite no If a P.O. box, see instructions. C/O BCRS ASSOCIATES, LLC 77 WATER STREET - 9TH E	LOOR	

• If you	are filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1).	•		
Part	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (no	copies n	eeded).	
Type o	Name of exempt organization	Name of exempt organization Emplo			entification	on number
print	JUNIOR TENNIS CHAMPIONS	CENTER	INC.	2-211	4223	
File by ti	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions.				
extender due date		77 W	ATER STREET - 9TH FLO	OR		
filing you	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
retum S instruction		-				
Enter t	he Return code for the return that this application is	s for (file a	separate application for each return)			. 01
Appli	cation	Return	Application			Return
Is Fo		Code	Is For			Code
Form	990	01	1460年16日16日16日16日16日16日16日16日16日16日16日16日16日1		遵保心	
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	03	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already gra			viously file	ed Form	8868.
	ooks are in the care of ▶ BCRS ASSOCIATE	ES, LLO				
Telep	hone No. ► 212-440-0811	FAX	No. ▶			-
 If the 	organization does not have an office or place of bu	isiness in th	ne United States, check this box .			▶□
 If this 	is for a Group Return, enter the organization's four	r digit Grou	p Exemption Number (GEN)		If th	iis is
for the	whole group, check this box ▶ 🔲 . If	it is for part	of the group, check this box	▶ [and at	ttach a
list with	the names and EINs of all members the extension	n is for.				
4	I request an additional 3-month extension of time ι	until	MAY 15 , 20	12.		
5	For calendar year, or other tax year beginning	ng <u>JU</u>	${ m LY} \; 1$, 20 10 , and ending	JUNE	30	, 20 <u>11</u> .
6	If the tax year entered in line 5 is for less than 12 r	months, che	eck reason: 🔲 Initial return 📋	Final retu	ım	
	Change in accounting period					
7	State in detail why you need the extension ALI	INFOR	MATION NECESSARY TO	FILE P	COM	PLETE
	AND ACCURATE TAX RETURN IS N	OT YET	AVAILABLE.			
8a	If this application is for Form 990-BL, 990-PF, 990)-T, 4720, c	or 6069, enter the tentative tax, less a	- 1		
	nonrefundable credits See instructions.			8a	\$	0.00
b	If this application is for Form 990-PF, 990-T, 4	1720, or 60	069, enter any refundable credits a	ind .	,	
	estimated tax payments made include any prior	r year ove	rpayment allowed as a credit and a	iny	∤ .	
	amount paid previously with Form 8868.			8b	\$	0.00
С	Balance due. Subtract line 8b from line 8a. Include yo		with this form, if required, by using EFT	PS	1.	
	(Electronic Federal Tax Payment System). See instruc			8c	\$	0.00
			l Verification			
Under pe	nalties of perjury, I declare that I have examined this form, incl	luding accomp	anying schedules and statements, and to the	best of my k	nowledge	and belief, it is

true, correct, and complete, and that I am authorized to prepare this form

Title ► CPA

Date ► 2/8/2012 Form 8868 (Rev 1-2011)



JUNIOR TENNIS CHAMPIONS CENTER

AT TEE

TENNIS CENTER AT COLLEGE PARK

2010 -2011

The Junior Tennis Champions Center (ITCC) strives to be the best training center in the world for young tennis players from their introduction to the game through top-tier collegiate and professional competition. Inspired by a love of children and the sport of tennis, the ITCC has an unwavering commitment to developing tennis champions who uphold the highest competitive, ethical, and personal values as they realize their full potential

As a not-for-profit 501(c)(3) organization, the ITCC can most effectively focus the resources required for each child's development. In recognition of the substantial costs associated with long-term tennis training, tuition is subsidized for every student-athlete at the ITCC without regard to race, gender, national origin, ethnicity, or socioeconomic background.

In the summer of 1999, the ITCC's roster included a handful of youngaters with potential and energy. Through effective coaching, lots of hard work, and free tryouts over the next few years, our program grew steadily. In 2002, our first graduate beaded for Yale University and its men's varsity team.

In 2006, the ITCC program consists of thirty regionally, nationally and internationally ranked players. We bid a fond farewell to six graduates headed for academic and tennis pursuits at top educational institutions, including Vanderbilt, University of Virginia, University of Wisconsin, University of Alabama, University of Maryland and West Point.

The best is yet to come as the ITCC embarks upon its next five years. A superb staff is in place, the plans and programs are highly developed and still improving, the unique Coach Mentor system is proving its worth, and many of our student-athletes are achieving world-class results.

STATEMENTA - FORM 990, SCHEDULE E, LINE 3

P. 1/2









HE CHAMPIONS CENTER BUSSION STATEMER

hing program in the world to onal competition: The notifi uphold the highest competit mentoring, community serv

acadenia periormance and makes participation in the terms program continger of the entire program continger of the entire programmit local modern of the entire ready continued to a finite ready to the entir हवाहित काणि इंडोक्ट्रों सिहि sombination of real life teaching and 21st century technology provides our students with the life teaching and 21st century technology provides our students with the life teaching and athletically.

ichtorings

leftforings

leftfo developments baches tackle issues related to: competing with integlity self-esteem delipational thyolvement and the manual part of the part of the competing with integlity self-esteem delipations and the community of values and well and the community of values and well. rencodrage players to become mentors in their own communities.



Character Building:

Fermis can be a vehicle for greatness. Our philosophy and program seeks to help our ក្តីពីរលេច្រុង ខែក្រូកន្ទៃ, our ប្រុកប៉ែរ៉ុន ខែតិកា self-discipline, integrity and problem-solving skills th endéavors they choose

Community Service:

We are committed to involving our players in community service and volunteerist ្នុ takes the form of student to student coaching and peer mentoring. Studies hav of the most effective ways to relatorcing positive believe Students also give b ot an option, it's an wholeding administration letter writing analig obligation for all students.



Community Impact:

Twenty percent of our players come from financial aid to triese students: În addit gografic whould subsidized pricing or financial aid. _____ families. Most of our รีเน็ฮ้ะก็โร้ ซึ่งนี้ได่ ส่

world-Class Tennis Training:

The Champions Center has a highly qualified and experienced international coaching staff-consisting of former professional, Davis Cup, and top college players. All of our senious achies have a High Performance coaching certification (the highest level of certification offered by the United States Tennis Association) and are students of the games

DATE	STUDENT NAME		AMOUNT
09/17/2010	Adams, Andrew	\$	650.00
10/12/2010	Adams, Andrew		650.00
11/05/2010	Adams, Andrew		650.00
12/09/2010	Adams, Andrew		650.00
01/12/2011	Adams, Andrew		650 00
02/08/2011	Adams, Andrew		650.00
03/03/2011	Adams, Andrew		650 00
04/08/2011	Adams, Andrew		650.00
05/06/2011	Adams, Andrew		650 00
06/06/2011	Adams, Andrew		650 00_
	Adams, Andrew Total	\$	6,500.00
			
03/31/2011	Baptiste, Hailey	\$	2,975 00
04/08/2011	Baptiste, Hailey		425.00
05/06/2011	Baptiste, Hailey		425 00
06/06/2011	Baptiste, Hailey		425.00
	Baptiste, Hailey Total	\$	4,250.00
09/17/2010	Bhargava, Ankur	\$	375.00
10/12/2010	Bhargava, Ankur		375.00
11/05/2010	Bhargava, Ankur		375 00
12/09/2010	Bhargava, Ankur		375.00
01/12/2011	Bhargava, Ankur		375.00
02/08/2011	Bhargava, Ankur		375 00
03/03/2011	Bhargava, Ankur		375 00
05/06/2011	Bhargava, Ankur	•	375.00
06/06/2011	Bhargava, Ankur		375 00
	Bhargava, Ankur Total	<u>\$</u>	3,375.00
00/17/2010	C 5		270.00
09/17/2010	Cox, Emily	\$	270.00
10/12/2010	Cox, Emily		270.00
11/05/2010	Cox, Emily		270 00
	Cox, Emily Total	<u>\$</u>	810.00
09/17/2010	Culibrk, Tamara	\$	875.00
10/12/2010	Culibrk, Tamara	*	875.00
11/05/2010	Culibrk, Tamara		875 00
	Culibrk, Tamara		875 00
12/09/2010			
01/12/2011	Culibrk, Tamara		875 00
02/08/2011	Culibrk, Tamara		875 00
03/03/2011	Culibrk, Tamara		875 00
04/08/2011	Culibrk, Tamara		875.00
05/06/2011	Culibrk, Tamara		875 00
06/06/2011	Culibrk, Tamara		875 00
	Culibrk, Tamara Total	\$	8,750 00
09/17/2010	Davis, Lauren	\$	250 00

DATE	STUDENT NAME		AMOUNT
10/12/2010	Davis, Lauren		250.00
11/05/2010	Davis, Lauren		250 00
12/09/2010	Davis, Lauren		250 00
01/12/2011	Davis, Lauren		250 00
02/08/2011	Davis, Lauren		250 00
03/03/2011	Davis, Lauren		250 00
	•		250 00
04/08/2011	Davis, Lauren		
05/06/2011	Davis, Lauren		250 00
06/06/2011	Davis, Lauren		250.00
	Davis, Lauren Total	\$	2,500.00
09/17/2010	Holloway, Skylar	\$	100 00
10/12/2010	Holloway, Skylar		100 00
11/05/2010	Holloway, Skylar		100 00
12/09/2010	Holloway, Skylar		100 00
01/12/2011	Holloway, Skylar		100 00
02/08/2011	Holloway, Skylar		100 00
	• • •		100 00
03/03/2011	Holloway, Skylar		
04/08/2011	Holloway, Skylar		100 00
05/06/2011	Holloway, Skylar		100.00
06/06/2011	Holloway, Skylar		100.00
	Holloway, Skylar Total	<u> </u>	1,000.00
09/22/2010	Jeremic, Luka	\$	225 00
10/12/2010	Jeremic, Luka		125 00
11/05/2010	Jeremic, Luka		125.00
12/09/2010	Jeremic, Luka		125.00
01/12/2011	Jeremic, Luka		125.00
02/08/2011	Jeremic, Luka		125 00
03/03/2011	Jeremic, Luka		125 00
04/08/2011	Jeremic, Luka		125 00
05/06/2011	Jeremic, Luka		125 00
06/06/2011	Jeremic, Luka		125 00
·	Jeremic, Luka Total	\$	1,350.00
09/17/2010	Jones, Blest	\$	582 50
10/12/2010	Jones, Blest		582 50
11/05/2010	Jones, Blest		582 50
12/09/2010	Jones, Blest		582 50
01/12/2011	Jones, Blest		582 50
02/08/2011	Jones, Blest		582 50
03/03/2011	Jones, Blest		582 50
04/08/2011	Jones, Blest		1,165 00
05/06/2011	Jones, Blest		582 50
06/06/2011	Jones, Blest		582 50
	Jones, Blest Total	\$	6,407 50
09/17/2010	Jones, Justice	\$	582 50

DATE	STUDENT NAME		AMOUNT
			
10/12/2010	Jones, Justice		582 50
11/05/2010	Jones, Justice		582 50
12/09/2010	Jones, Justice		582.50
01/12/2011	Jones, Justice		582.50
02/08/2011	Jones, Justice		582.50
03/03/2011	Jones, Justice		582.50
04/08/2011	Jones, Justice		582,50
05/06/2011	Jones, Justice		582 50
06/06/2011	Jones, Justice		582.50
	Jones, Justice Total	\$	5,825.00
09/17/2010	Yong Hauli	\$	350 00
09/17/2010	Kong, Hai Li	*	350 00
10/12/2010	Kong, Hai Li		350 00
11/05/2010	Kong, Hai Li		350 00
12/09/2010	Kong, Hai Li		350 00
01/12/2011	Kong, Hai Li		
02/08/2011	Kong, Hai Li		350 00
03/03/2011	Kong, Hai Li		350.00
04/08/2011	Kong, Hai Li		350.00
05/06/2011	Kong, Hai Lı		350.00
06/06/2011	Kong, Hai Li		350.00
	Kong, Hai Li Total	\$	3,500.00
10/12/2010	Melch, Madeline	\$	250.00
10/12/2010	Melch, Madeline		250.00
11/05/2010	Melch, Madeline		250 00
12/09/2010	Melch, Madeline		250.00
01/12/2011	Melch, Madeline		250.00
02/08/2011	Melch, Madeline		250 00
03/03/2011	Melch, Madeline		250 00
04/08/2011	Melch, Madeline		250.00
05/06/2011	Melch, Madeline		250.00
06/06/2011	Melch, Madeline		250.00
	Melch, Madeline Total	\$	2,500.00
09/17/2010	Mermesky, Issabella	\$	375.00
10/12/2010	Mermesky, Issabella	•	375.00
11/05/2010	Mermesky, Issabella		375,00
12/09/2010	Mermesky, Issabella		375 00
01/12/2011	Mermesky, Issabella		375 00
02/08/2011	Mermesky, Issabella		375 00
03/03/2011	Mermesky, Issabella		375 00
04/08/2011	Mermesky, Issabella		375 00
05/06/2011	Mermesky, Issabella		375 00
06/06/2011	Mermesky, Issabella		375 00
	Mermesky, Issabella Total	\$	3,750 00
00/17/2010	Maramada, Cabastian		375.00
09/17/2010	Mermesky, Sebastian	\$	375 00
10/12/2010	Mermesky, Sebastian		375 00 375 00
11/05/2010	Mermesky, Sebastian		375,00

DATE	STUDENT NAME	AMOU	VT.
12/09/2010	Mermesky, Sebastian	375	00
01/12/2011	Mermesky, Sebastian	375	00
02/08/2011	Mermesky, Sebastian	375	00
03/03/2011	Mermesky, Sebastian	375	00
04/08/2011	Mermesky, Sebastian	375	00
05/06/2011	Mermesky, Sebastian	375.	.00
06/06/2011	Mermesky, Sebastian	375	00
	Morton, Skylar Total	\$ 3,750.	00
09/17/2010	Morton, Skylar	\$ 1,100	00
10/12/2010	Morton, Skylar	1,100	
11/05/2010	Morton, Skylar	1,100.	
12/09/2010	Morton, Skylar	1,100	
01/12/2011	Morton, Skylar	1,100.	
02/08/2011	Morton, Skylar	1,100.	
03/03/2011	Morton, Skylar	1,100.	
04/08/2011	Morton, Skylar	1,100.	
05/06/2011	Morton, Skylar	1,100.	
06/06/2011	Morton, Skylar	1,100.	
00,00,000	Morton, Skylar Total	\$ 11,000.	
			
09/17/2010	Ndunda, Maridi	\$ 1,000.	00
10/12/2010	Ndunda, Maridi	1,000	00
11/05/2010	Ndunda, Maridi	1,000	00
12/09/2010	Ndunda, Maridi	1,000.	00
01/12/2011	Ndunda, Maridi	1,000	00
02/08/2011	Ndunda, Maridi	1,000.	00
03/03/2011	Ndunda, Maridi	1,000.	00
04/08/2011	Ndunda, Maridi	1,000.	00
05/06/2011	Ndunda, Maridi	1,000	00
06/06/2011	Ndunda, Maridi	1,000	00
	Ndunda, Maridı Total	\$ 10,000.	00
09/17/2010	Ndunda, Ndindi	\$ 1,000.	00
10/12/2010	Ndunda, Ndindi	1,000.	00
11/05/2010	Ndunda, Ndindi	1,000	00
12/09/2010	Ndunda, Ndindi	1,000	
01/12/2011	Ndunda, Ndindi	1,000.	
02/08/2011	Ndunda, Ndındı	1,000.	
03/03/2011	Ndunda, Ndindi	1,000	
04/08/2011	Ndunda, Ndindi	1,000	
05/06/2011	Ndunda, Ndindi	1,000	
06/06/2011	Ndunda, Ndindi	1,000	
00/ 00/ 2011	Ndunda, Ndındı Total	\$ 10,000.0	
09/17/2010	Nguyen, Shaun	\$ 650	00
	Nguyen, Shaun	650	
10/12/2010	• •	650	
11/05/2010	Nguyen, Shaun	650	
12/09/2010	Nguyen, Shaun		
01/12/2011	Nguyen, Shaun	650 (50

DATE	STUDENT NAME		AMOUNT
02/08/2011	Nguyen, Shaun		650.00
03/03/2011	Nguyen, Shaun		650 00
04/08/2011	Nguyen, Shaun		650 00
05/06/2011	Nguyen, Shaun		650 00
06/06/2011	Nguyen, Shaun		650 00
06/30/2011	Nguyen, Shaun		6,500 00
	Nguyen, Shaun Total	\$	13,000.00
09/17/2010	Postolache, Thea	\$	500 00
10/12/2010	Postolache, Thea		500 00
11/05/2010	Postolache, Thea		500 00
12/09/2010	Postolache, Thea		500 00
01/12/2011	Postolache, Thea		500 00
02/08/2011	Postolache, Thea		500 00
03/03/2011	Postolache, Thea		500 00
04/08/2011	Postolache, Thea		500 00
05/06/2011	Postolache, Thea		500 00
06/06/2011	Postolache, Thea		500 00
	Postolache, Theal Total	\$	5,000.00
09/17/2010	Rider, Sydney	\$	500 00
10/12/2010	Rider, Sydney	•	500.00
11/05/2010	Rider, Sydney		500 00
12/09/2010	Rider, Sydney		500 00
01/12/2011	Rider, Sydney		500 00
02/08/2011	Rider, Sydney		500 00
03/03/2011	Rider, Sydney		500 00
04/08/2011	Rider, Sydney		500 00
05/06/2011	Rider, Sydney		500 00
06/06/2011	Rider, Sydney		500 00
	Rider, Sydney Total	\$	5,000.00
09/17/2010	Sklar, Matthew	\$	165 00
10/12/2010	Sklar, Matthew		165 00
11/05/2010	Sklar, Matthew		165 00
12/09/2010	Sklar, Matthew		165 00
01/12/2011	Sklar, Matthew		165 00
02/08/2011	Sklar, Matthew		165 00
03/03/2011	Sklar, Matthew		165 00
04/08/2011	Sklar, Matthew		165 00
05/06/2011	Sklar, Matthew		165 00
06/06/2011	Sklar, Matthew		165 00
	Sklar, Matthew Total	\$	1,650.00
10/12/2010	Tran, Logan	\$	187 50
10/12/2010	Tran, Logan		187 50
11/05/2010	Tran, Logan		187 50
12/09/2010	Tran, Logan		187 50
01/12/2011	Tran, Logan		187 50
02/08/2011	Tran, Logan		247 50

DATE	STUDENT NAME		AMOUNT
03/03/2011	Tran, Logan		247.50
04/08/2011	Tran, Logan		247 50
05/06/2011	Tran, Logan		247 50
06/06/2011	Tran, Logan		247.50
	Tran, Logan Total	\$	2,175.00
10/12/2010	Tran, Reilly	\$	95.00
10/12/2010	Tran, Reilly	•	95,00
11/05/2010	Tran, Reilly		95.00
12/09/2010	Tran, Reilly		95 00
01/12/2011	Tran, Reilly		95 00
02/08/2011	Tran, Reilly		125.00
03/03/2011	Tran, Reilly		125,00
04/08/2011	Tran, Reilly		125.00
05/06/2011	Tran, Reilly		125.00
06/06/2011	Tran, Reilly		125.00
00,00,1011	Tran, Reilly Total	-\$	1,100.00
	Train, Italiny Total		
09/17/2010	Tsao, Brian	\$	242 20
10/12/2010	Tsao, Brian		242.20
11/05/2010	Tsao, Brian		242,20
12/09/2010	Tsao, Brian		813 40
01/12/2011	Tsao, Brian		385.00
02/08/2011	Tsao, Brian		385.00
03/03/2011	Tsao, Brian		385.00
04/08/2011	Tsao, Brian		385.00
05/06/2011	Tsao, Brian		385 00
06/06/2011	Tsao, Brian		385.00
	Tsao, Brian Total	\$	3,850.00
09/17/2010	Tyrell, Donalyse	\$	375 00
10/12/2010	Tyrell, Donalyse	•	375 00
11/05/2010	Tyrell, Donalyse		375.00
12/09/2010	Tyrell, Donalyse		375 00
01/12/2011	Tyrell, Donalyse		375 00
	Tyrell, Donalyse Total	\$	1,875.00
09/17/2010	Vinc Trac	.	300 00
	Vias, Ines Vias Ines	₽	300 00
10/12/2010 11/05/2010	Vias, Ines Vias Ines		300 00
	Vias, Ines		
12/09/2010	Vias, Ines		300 00
01/12/2011	Vias, Ines		300 00
02/08/2011	Vias, Ines		300 00
03/03/2011	Vias, Ines		300 00
04/08/2011	Vias, Ines		300 00
05/06/2011	Vias, Ines		300 00
06/06/2011	Vias, Ines		300 00
	Vias, Ines Total	<u>\$</u>	3,000 00
09/17/2010	Zhu, Amy	\$	1,000 00

DATE	STUDENT NAME		AMOUNT
10/12/2010	Zhu, Amy		1,000 00
11/05/2010	Zhu, Amy		1,000 00
12/09/2010	Zhu, Amy		1,000 00
01/12/2011	Zhu, Amy		1,000 00
02/08/2011	Zhu, Amy		1,000.00
03/03/2011	Zhu, Amy		1,000.00
04/08/2011	Zhu, Amy		1,000.00
05/06/2011	Zhu, Amy		1,000 00
06/06/2011	Zhu, Amy		1,000 00
	Zhu, Amy Total	\$	10,000.00
			
09/17/2010	Zhu, Evan	\$	1,000.00
10/12/2010	Zhu, Evan		1,000.00
11/05/2010	Zhu, Evan		1,000.00
12/09/2010	Zhu, Evan		1,000,00
01/12/2011	Zhu, Evan		1,000,00
02/08/2011	Zhu, Evan		1,000.00
03/03/2011	Zhu, Evan		1,000 00
04/08/2011	Zhu, Evan		1,000.00
05/06/2011	Zhu, Evan		1,000.00
06/06/2011	Zhu, Evan		1,000.00
	Zhu, Evan Total	\$	10,000.00
	GRAND TOTAL - GRANTS PAID	\$	141,917.50

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on 08/05/1998 00:00:00 Articles of Incorporation of:

JUNIOR TENNIS CHAMPIONS CENTER INC.

The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to <u>conduct its affairs</u> in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in <u>Good Standing</u>, according to the records of the Corporations Division, having filed all reports as required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 01/17/2012 15:39:20

THE ADDRESS OF THE PARTY OF THE

Vincent C Gray Mayor

Tracking #: UX6I6BGWN0

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division

JUNIOR TENNIS CHAMPIONS CENTER INC. UNANIMOUS WRITTEN CONSENT IN LIEU OF A MEETING OF THE BOARD OF DIRECTORS

The undersigned, being all of the duly elected and qualified members of the Board of Directors of the Junior Tennis Champions Center Inc., a District of Columbia not for-profit corporation (the "Corporation"), hereby consent pursuant to Section 25-599.1 of the District of Columbia Nonprofit Corporation Act to the adoption of the following resolutions by and on behalf of the Corporation as of the 19th day of January, 2012 (the "Effective Date"):

WHEREAS, Robin S. Rothstein previously resigned on January 17th, 2012, as a member of the Board of Directors and as the Corporation's Treasurer/Secretary;

WHEREAS, the members of the Board of Directors wish to elect Charles W. Brody as a new member of the Board of Directors to fill the vacancy left by Ms. Rothstein;

WHEREAS, the members of the Board of Directors wish to elect Charles. W. Brody to fill the office of Treasurer of the Corporation as vacated by Ms. Rothstein;

WHEREAS, the members of the Board of Directors wish to elect Caroline W. Brody as a new member of the Board of Directors.

WHEREAS, the Board of Directors wishes to elect Caroline W. Brody to fill the office of Secretary of the Corporation as vacated by Ms. Rothstein

WHEREAS, the members of the Board of Directors wish to elect James Grabb as a new member of the Board of Directors.

BE IT FURTHER RESOLVED, that the following individuals be, and they hereby are, elected to the offices set forth below opposite their respective names, each to hold office until the next annual meeting of the Corporation or until his successor shall have been duly elected and qualified.

Kenneth D. Brody

- Chairman & President / Director

Richard Renenberg

- Vice President / Director

Charles W. Brody

- Treasurer / Director

Caroline W. Brody

- Treasurer / Director

James Grabb

- Director

IN WITNESS WHEREOF, the undersigned, being all of the members of the Board of Directors of the Corporation, by executing this Unanimous Written Consent, waive all notice of the date, time, place and purpose of the meeting of the members of the Board of Directors and agree to the transaction of the business hereinabove set forth by the unanimous written consent in lieu of a meeting as of the Effective Date. This consent may be executed in one or more counterparts, each of which shall be deemed an original and all of which together, shall constitute one consent. All of the foregoing resolutions shall be deemed adopted simultaneously. This consent shall be filed with the minutes of the proceedings of the Board of Directors.

Menneth D. Brody Chairman & President

KU.

Richard Renenberg Vice President

Charles W. Brody Treasurer

Caroline W. Brody

Secretary

James Grabb Director IN WITNESS WHEREOF, the undersigned, being all of the members of the Board of Directors of the Corporation, by executing this Unanimous Written Consent, waive all notice of the date, time, place and purpose of the meeting of the members of the Board of Directors and agree to the transaction of the business hereinabove set forth by the unanimous written consent in lieu of a meeting as of the Effective Date. This consent may be executed in one or more counterparts, each of which shall be deemed an original and all of which together, shall constitute one consent. All of the foregoing resolutions shall be deemed adopted simultaneously. This consent shall be filed with the minutes of the proceedings of the Board of Directors.

Menneth D. Brody Chairman & President

Richard Renenberg Vice President

Charles W. Brody

Treasurer

Caroline W. Brody Secretary

James Grabb Director IN WITNESS WHEREOF, the undersigned, being all of the members of the Board of Directors of the Corporation, by executing this Unanimous Written Consent, waive all notice of the date, time, place and purpose of the meeting of the members of the Board of Directors and agree to the transaction of the business hereinabove set forth by the unanimous written consent in lieu of a meeting as of the Effective Date. This consent may be executed in one or more counterparts, each of which shall be deemed an original and all of which together, shall constitute one consent. All of the foregoing resolutions shall be deemed adopted simultaneously. This consent shall be filed with the minutes of the proceedings of the Board of Directors.

Menneth D. Brody Chairman & President

Richard Renenberg Vice President

Charles W. Brody

Treasurer

Caroline W. Brody

Secretary

James Grabb Director