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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150

2010

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<b>A For the 2010 calendar year, or tax year beginning</b>		<b>Jul 1</b>	<b>, 2010, and ending</b>	<b>Jun 30</b>	<b>, 2011</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>			<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>Florence Tennis Association</b>			58-2339034
<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	<b>P.O. Box 14035</b>			(843) 661-7725
		City or town, state or country, and ZIP + 4		SC 29504	<b>F Group Exemption Number</b>
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____	
<b>I Website:</b>		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>			
<b>J Tax-exempt status (ck only one) —</b>		<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 4 )	► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return</b>					
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		► \$ 50,851.			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	35,253.		
	2 Program service revenue including government fees and contracts	2	12,503.		
	3 Membership dues and assessments	3	2,835.		
	4 Investment income	4	8.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$15,000) from fundraising events reported on line 6a (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	252.		
c Less direct expenses from gaming and fundraising events	6c				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	252.			
7a Gross sales of inventory, less returns and allowances	7a				
b Less cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
8 Other revenue (describe in Schedule O)	8				
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,851.			
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10			
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13	375.		
	14 Occupancy, rent, utilities, and maintenance	14			
	15 Printing, publications, postage, and shipping	15	1,104.		
	16 Other expenses (describe in Schedule O)	16	38,084.		
	17 <b>Total expenses.</b> Add lines 10 through 16	17	39,563.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,288.		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,642.		
20 Other changes in net assets or fund balances (explain in Schedule O)	20				
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	26,930.			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED MAR 12 2012

## Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

Check if the organization used Schedule O to respond to any question in this part: <input type="checkbox"/>			
	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	15,642.	22	26,930.
23 Land and buildings	0.	23	0.
24 Other assets (describe in Schedule O) _____)	0.	24	0.
25 Total assets	15,642.	25	26,930.
26 Total liabilities (describe in Schedule O) _____)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,642.	27	26,930.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To promote tennis in the Florence area

What is the organization's primary exempt purpose? To promote tennis in the Picayune area  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>Sponsored tournaments for the Florence area to generate interest in tennis for youth &amp; adults. In total approximately 1800 benefitted from all programs.</u>	<input type="checkbox"/>	28a	19,382.
	(Grants \$ 0.) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	<u>Sponsored youth activities for boys &amp; girls including high school tennis team. Also sponsored other youth programs including summer tennis camp - Approx 700 benefitted</u>	<input type="checkbox"/>	29a	14,805.
	(Grants \$ 3,952.) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30	<u>Sponsored socials, members in Polar Bear run/walk &amp; sent members to tennis association conferences &amp; meetings. Approx 60 benefitted</u>	<input type="checkbox"/>	30a	989.
	(Grants \$ 250.) If this amount includes foreign grants, check here	<input type="checkbox"/>		
31	<u>Other program services (describe in Schedule O)</u>	<input type="checkbox"/>	31a	
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32	<u>Total program service expenses (add lines 28a through 31a)</u>	<input type="checkbox"/>	32	35,176.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Ernie James, Jr.	President	0.	0.	
1007 Roda Drive	5.00			
Florence SC 29501				
Matt Manelli	Vice-President	0.	0.	
3318 Saxon Dr.	5.00			
Florence SC 29501				
Rose Manelli	Treasurer	0.	0.	
3318 Saxon Drive	5.00			
Florence SC 29501				
Richard L. Pullen	Secretary	0.	0.	
2112 Kristens Channel	3.00			
Florence SC 29501				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V **33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33		X
34		X

**34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **b** Did the organization file **Form 1120-POL** for this year?**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved**39** Section 501(c)(7) organizations Enter**a** Initiation fees and capital contributions included on line 9**b** Gross receipts, included on line 9, for public use of club facilities**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►  , section 4912 ►  , section 4955 ► **b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I**c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T**41** List the states with which a copy of this return is filed ► **South Carolina**

	Yes	No
33		X
34		X
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b		
39a		
39b		
40b		X
40e		X

**42a** The organization'sbooks are in care of ► **Rose Manelli** Telephone no ► **(843) 661-7725**  
Located at ► **3318 Saxon Drive** Florence SC ZIP + 4 ► **29501**

	Yes	No
42b		X

**b** 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)?If 'Yes,' enter the name of the foreign country ► 

	Yes	No
42c		X
42d		

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?If 'Yes,' enter the name of the foreign country ► **43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** 

	Yes	No
44a		X
44b		X
44c		X
44d		

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ**c** Did the organization receive any payments for indoor tanning services during the year?**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45	X	
45a	X	
46	X	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

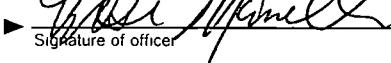
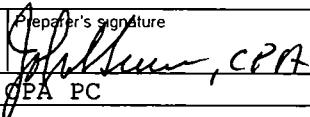
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► 	02/13/12			
	Signature of officer	Date			
	Rose Manelli	Treasurer			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed	PTIN
	John S. Turner		02/13/12		
	Firm's name ►	John S. Turner CPA PC			
	Firm's address ►	2103 Fernleaf Lane		Firm's EIN ►	
	Florence	SC 29501-5426	Phone no	(843) 662-5581	

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

►  Yes  No

BAA

Form 990-EZ (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545 0047

**2010**

Open to Public  
Inspection

Name of the organization

Florence Tennis Association

Employer identification number

58-2339034

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

Rounding

Total

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<u>Office supplies, web-site, bank svc chgs, po box rental</u>	<u>2,443.</u>
<u>Insurance</u>	<u>465.</u>
<u>Tournaments</u>	<u>28,484.</u>
<u>Tournament sponsorships</u>	<u>2,627.</u>
<u>Parks &amp; Recreation Summer Tennis Camp</u>	<u>1,545.</u>
<u>Tennis supplies for tournaments</u>	<u>1,531.</u>
<u>Socials &amp; Block Party Tennis Event</u>	<u>283.</u>
<u>Polar Bear Event</u>	<u>549.</u>
<u>Travel to events</u>	<u>157.</u>
<u>Total</u>	<u>38,084.</u>

**Supporting Statement of:**

Form 990-EZ/Line 16, Amount-3

Description	Amount
Junior Tennis League	1,205.
City of Florence, Rising Stars, Timrod Jr. Tournament	1,699.
Boys High School Tournament	5,857.
Girls High School Tournament	7,403.
Greater Florence Tennis Champ	12,257.
Other misc	63.
Total	<u>28,484.</u>