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DLN: 93493225028293

Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable INTERNATIONAL TENNIS HALL OF FAME INCORPORATED Address change 13-6144356 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 194 BELLEVUE AVENUE Terminated (401)849-3990 City or town, state or country, and ZIP + 4 NEWPORT, RI 02840 \_\_\_\_\_Amended return Application pending **G** Gross receipts \$ 22,989,120 Name and address of principal officer Is this a group return for MARK L STENNING ┌ Yes 🗸 No affiliates? 194 BELLEVUE AVENUE NEWPORT, RI 02840 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ Website: ► WWW TENNISFAME COM **L** Year of formation 1951 **M** State of legal domicile RI Part I Summary Briefly describe the organization's mission or most significant activities TO PRESERVE THE HISTORY AND HERITAGE OF TENNIS, EDUCATE THE PUBLIC AND CONSERVE NEWPORT Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 75 Number of independent voting members of the governing body (Part VI, line 1b) 4 72 134 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 144 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -4,132  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b -4,132 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 1.545.719 2,993,523 3,544,382 3,438,706 Program service revenue (Part VIII, line 2g) . . 930,527 3,719,277 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 273,999 432,166 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 6,294,627 10,583,672 0 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 2,634,318 2,726,053 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 798,467 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 4,053,166 4,152,986 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,687,484 6,879,039 18 3,704,633 19 Revenue less expenses Subtract line 18 from line 12 -392,857 t Assets or id Balances **Beginning of Current End of Year** 44,863,502 49,798,216 20 Total assets (Part X, line 16) . 1,055,239 2,262,942 21 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 43,808,263 47,535,274 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-08-13 Signature of office Sign Here MARK L STENNING CEO Type or print name and title

Preparer's signature

PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address > 951 NORTH MAIN STREET

Print/Type preparer's name DEBORAH A HOPKINS

Paid

Preparer

Use Only

✓ Yes ☐ No

P00167843

self-employed

Firm's EIN F 05-0409384

Phone no (401) 274-2001

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Par	*****			ervice Accomp response to any q		art III		
1	Briefl	ly describe the or	ganızatıon's mıs:	sion				
APPI	RECIA	TION OF TENNIS	S HISTORY, TO	PRESENT TOUR	NAMENTS AND	EMENT, TO OPERA TENNIS-RELATED N HISTORIC THEA	ACTIVITIES FO	TO FOSTER AN OR THE ENJOYMENT OF
2	the pr	or Form 990 or 9	90-EZ?			e year which were r		
		s," describe these						
3	servi	ces?			nt changes in how	wit conducts, any p	orogram • • • •	
	If "Ye	s," describe these	e changes on Sc	hedule O				
4	exper	nses Section 501	(c)(3) and 501(		s are required to	its three largest pr report the amount		
4a	(Code	e	) (Expenses \$	1,445,648	ıncludıng grants of	f \$	) (Revenue \$	1,582,855 )
	INTER	RNATIONAL TENNIS H	ALL OF FAME THE T	OURNAMENT DRAWS	32 OF THE TOP MALE		LD COMPETING FOR	STORIC GRASS COURTS OF THE THE VAN ALEN CUP THE I NORTH AMERICA
	(Code		) (Expenses \$	836,888	including grants of		) (Revenue \$	1,066,098 )
	PUBLI PLAY CHAM NAVR	IC CAN ACTUALLY PLA TENNIS ON THE HALL 1PIONS PAST AND PRI	AY THE SPORT - TEN . OF FAME'S LEGEND ESENT HAVE GRACEI NROE, BJORN BORG,	INIS - ON HALL OF FAM DARY GRASS COURTS, D THE HALL OF FAME'S	IE GROUNDS PLAYE WHERE THE FIRST U GRASS COURTS INC	RS OF EVERY AGE AND JS NATIONAL TENNIS CI CLUDING BILLIE JEAN K	ANY ABILITY LEVEL H HAMPIONSHIPS WERI ING, ROD LAVER, BIL	ORTING VENUES WHERE THE IAVE THE OPPORTUNITY TO E HELD IN 1881 TENNIS L TILDEN, MARTINA STAN SMITH, ANDRE AGASSI,
	(Code		) (Expenses \$	1,224,245	including grants of	F. #	) (Revenue \$	616,619 )
•	ENSH IDEAL 1954 FAME CONS CONT INDU NEWF HISTO THRO 1955 DRAM DETA	RINEMENT - THE INT S OF THE GAME" OR THE FIRST CLASS W BY THE INTERNATIO SIDERATION GIVEN TO TRIBUTOR A SERIES OF COTION CEREMONY OF PORT CASINO, BUILT DRIC LANDMARK IN 1 DRIC NEWPORT CASI TORIC NEWPORT CASI TO TODAY, ARE TOLE MATICALLY SET IN THE	ERNATIONAL TENNI: IGINALLY NAMED THE AS INDUCTED INTO NAL TENNIS FEDERA O SPORTSMANSHIP A OF VOTING PANELS I CCURS ON BILL TALE BY JAMES GORDON 987, AND BECAME T NO IS AN UNCOMMO CURY, WITH A PARTI O THROUGHOUT THE E ORIGINAL ROOMS MILY ENSHRINEMEN	S HALL OF FAME & MU HE NATIONAL LAWN TE THE HALL OF FAME IN ATION INDIVIDUALS AI AND CHARACTER INDI SERT CENTER COURT BENNETT IN 1880, WA THE FIRST SPORTS HAI ON EXAMPLE OF SPORT COULAR EMPHASIS ON 2 E GALLERIES PROVIDIN OF THE NEWPORT CAS	SEUM (ITHF&M) WA NNIS HALL OF FAME, 1955 IN 1986, WE RE ELECTED BASED ( VIDUALS ARE ELECT ITERNATIONAL TENN DURING THE CAMPB S DESIGNED BY THE LL OF FAME TO BE AV ING EXCELLENCE TI ITS CULTURAL IMPAC G PERSONAL INSIGH GINO, WHERE VISITO	S ESTABLISHED IN 1954 IT WAS SANCTIONED IN ACHIEVED WORLDWIDD IN THEIR RECORDS OF ED IN ONE OF THREE CHARLES HALL OF FAME CHARCHITECTURAL FIRM ECREDITED BY THE AMHE EXHIBITS HIGHLIGHT THE STORIES OF OUT INTO THE HISTORICARS OF ALL AGES CAN IN	AT THE NEWPORT ( BY THE UNITED STATE E RECOGNITION AS TO COMPETITIVE ACHIE CATEGORIES RECENTIANT OF LECT THESE INDITIONSHIPS THE INDITIONSHIPS THE INDITIONSHIPS THE INDITIONSHIPS OF THE GROWTH AND IN HALL OF FAMERS, AL DEVELOPMENTS OF DELIGHT IN STANFOR	CASINO AS A "SHRINE TO THE ES TENNIS ASSOCIATION IN HE SPORT'S OFFICIAL HALL OF EVEMENT, WITH ANCILLARY I PLAYER, MASTER PLAYER, ANI WIDUALS FOR INDUCTION THE MUSEUM, HOUSED IN THE HITE, DECLARED A NATIONAL MUSEUMS IN 2013 THE DEVELOPMENT OF TENNIS FROM OUR FIRST CLASS IN THE GAME THE EXHIBITS ARED WHITE'S ARCHITECTURAL OF TENNIS WHO HAVE BEEN
	(Code		) (Europeo d	1 212 021	unalisatina aranto of	F. #	) (Davanua d	172 124 \
	HISTO OF TH	R PROGRAM SERVICE ORIC LANDMARK ON I	FEBRUARY 27, 1987 E THEY POSSESS EX	NATIONAL HISTORIC   CEPTIONAL VALUE OR	LANDMARKS ARE NA	R THE NEWPORT CASI TIONALLY SIGNIFICANT	HISTORIC PLACES D	173,134 ) HF, DESIGNATED A NATIONAL ESIGNATED BY THE SECRETARY F THE UNITED STATES, FEWER
4d		er program servic enses \$	es (Describe in S 1,312,031	Schedule O ) including grants (	of \$	) (Reven	ue \$	173,134 )
4e	Tota	l program service	expenses 🗠	4.818.812				

Part IV Checklist of Required Schedule
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			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 $A^{22}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Yes	
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	Yes	
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than $$5,000$ of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

ΘI	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   112			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
a	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			
)	by this return	2b	Yes	
			.,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
ı	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		N
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	   <sub>E-</sub>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
•	organization nave annual gross receipts that are normally greater than \$100,000, and did the	oa		IV
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7-	Yes	
	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	res	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	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	79		
	Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
•	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

36	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule $O$	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
h		$\vdash$		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		10b 11a	Yes	
l1a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
L1a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
L1a b L2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	
L1a b L2a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	No

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NANCY CARDOZA 194 BELLEVUE AVENUE NEWPORT, RI (401)849-3990

Form	990	(2012)
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#### 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, or 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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	erage Position (do not check rs per more than one box, unless k (list person is both an officer hours and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

hours per more than one box, unless compensation compensation week (list person is both an officer any hours and a director/trustee) organization (W- organizations										<b>(E)</b> Reportable compensation from related organizations (W	l compensation			
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M	ISC)	2/1099-MISC)		rganizati relate organiza	ed
											-			
1b	Sub-Total		<u> </u>		_	<u>.                                    </u>		<b> </b>						
С	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							•	9	956,737		0		97,567
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	ho received n	nore th	an			
											-		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S								, or highest co	ompen:	sated employee	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such														
5	<ul> <li>Individual</li></ul>								or individual for	4	Yes			
	services rendered to the organ	nization? <i>If "Yes</i>	," compl	ete S	ched	lule J	for su	ch p	erson		[	5		No_
	ection B. Independent Co													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax								tax year						
		(A) lame and business						, -			( <b>B</b> ) cription of services		(C Comper	)
		· · · · · · · · · · · · · · · · · · ·										1		
												$\dashv$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

		Check if Schedi	ule O contains a respor	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
ant Jun	b	Membership du	es <b>1b</b>					
ا کِبْرِی	c	Fundraising eve	ents <b>1c</b>	203,357				
iffis, ar 4	d	Related organiz	zations 1d					
s,e Hill	e	Government grant	s (contributions) <b>1e</b>	4,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	2,786,166				
윤 호 [	g	Noncash contribute 1a-1f \$	ons included in lines	891,718	İ			
Cont	h		s 1a-1f	▶	2,993,523			
				Business Code				
nua.	2a	TENNIS TOURNAM	ENTS	900099	1,582,855	1,582,855		
Fe	b	TENNIS COURT RE	EVENUES	900099	1,066,098	1,066,098		
JC 6	С	HALL OF FAME ADM	MISSIONS	900099	616,619	616,619		
Ser	d	OTHER EVENTS		900099	173,134	173,134		
Program Serwce Revenue	e f	All other progra	am service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a-2f	🕨	3,438,706			
	3	Investment inc	ome (including dividend	ds, interest,	862,588			862,588
	4		ar amounts) stment of tax-exempt bond ;		802,388			602,360
	5		· · · · · · · ·	· · · · • · •				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	526,388					
	b	Less rental expenses	380,037					
	c	Rental income or (loss)	146,351					
	d	, ,	me or (loss)		146,351			146,351
	7-	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	13,818,355					
	b	Less cost or other basis and sales expenses	10,961,666					
	С	Gain or (loss)	2,856,689					
	d		ss)		2,856,689			2,856,689
Other Revenue	8a	*	luding 5,357 s reported on line 1c)	920,954				
t t	b	Less direct ex	penses b	624,964				
•	c		loss) from fundraising () ا	events 🛌	295,990			295,990
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
			penses <b>b</b>					
	с 10а	Gross sales of	• •	/ities				
	h	returns and allo	a	428,606				
			oods sold . . <b>b</b>   (loss) from sales of inve	438,781 entory <b>.</b>	-10,175		-4,132	-6,043
ŀ		Miscellaneous		Business Code	·		,	, , , , , , , , , , , , , , , , , , ,
ļ	11a							
	b							
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🕨				
				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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 507,601 134,494 373,107 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,889,559 1,268,106 235,195 386,258 Pension plan accruals and contributions (include section 401(k) 51,924 24,379 11,445 and 403(b) employer contributions) . . . . 16,100 59,217 Other employee benefits . . . . 117,026 18,152 39,657 10 159,943 103,461 28,531 27,951 11 Fees for services (non-employees) Management . . . . 5,151 Legal . . . . . . . . 167,431 158,067 4,213 Accounting . . . . . . . . . . . . 45,625 45,625 Professional fundraising services See Part IV, line 17 75,000 Investment management fees . . . . . 75,000 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 225,343 62,458 62,044 100,841 Schedule O) . . . . . . . Advertising and promotion . . 76,656 22,560 52,882 12 1,214 13 Office expenses . . . . . 360,917 263,346 24,144 73,427 8,655 5,106 14 Information technology . . . 16,161 2,400 15 Royalties . 327,874 327,874 16 Occupancy . . . . . . **17** 278,455 164,071 59,698 54,686 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 2,591 1,880 711 20 1,594 1,594 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . . . 1,012,724 1,003,881 8,843 23 98,690 61,713 36,796 181 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a TENNIS PRIZE MONEY AND 816,694 816,694 MISCELLANEOUS EXPENSES 274,157 185,855 21,561 66,741 FOOD AND FACILITIES 196,087 174,147 21,182 758 d REPAIRS AND MAINTENANCE 159,185 113,068 22,077 24,040 17,802 17,802 e All other expenses Total functional expenses. Add lines 1 through 24e 25 6,879,039 4,818,812 1.261.760 798,467 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

1   Cash—non-interest-bearing   Regiming of year   Regid of year	Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this	: Part	x			
2   Savings and temporary cash investments   500,505   2   873,   3   Pledges and grants receivable, net   145,800   3   732,   4   Accounts receivable, net   160,000   4   1771,   5   Loans and other receivables from current and former officers, directors, trustees, key semployees, and philest compensated employees Complete Part II of Schedule   5   6   Loans and other receivables from other disqualified persons (as defined under section 49.88 (0(12)), persons discribed in section 49.85 (0(12)), governor di			, 4			(A)		<u> </u>
3   Fledges and grants receivable, net		1	Cash—non-interest-bearing			5,217	1	7,461
4 Accounts receivable, net		2	Savings and temporary cash investments			628,998	2	873,293
100   Solve		3	Pledges and grants receivable, net			145,890	3	732,920
## Employees, and highest compensated employees Complete Part II of Schedule L    Comparison of the Company of Schedule L   C		4	Accounts receivable, net		•	166,000	4	171,547
1		5	employees, and highest compensated employees Complete Pa	rt II o	of		5	
9   Prepard expenses and deferred charges   10a   26,115,632   10b   11,754,047   12,722,235   10c   14,361, 361   11   11   11   126,808, 12   12   11   11   126,808, 12   12   11   126,808, 12   13   14   11   11   15   15   14   15   15	sts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and $c$ and sponsoring organizations of section $501(c)(9)$ voluntary er	ontril nploy	buting employers			
9   Preparl expenses and deferred charges   10a   26,115,632   10b   11,754,047   12,722,235   10c   14,391, 11   11   12,722,235   10c   14,391, 11   11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392, 11   12,392,	Š.	7	Notes and loans receivable net					
9	₹		·			118 166		146,342
10a		_				· · · · · · · · · · · · · · · · · · ·		28,850
11		-	Land, buildings, and equipment cost or other basis Complete		1			
12   Investments—other securities See Part IV, line 11   13   13   14   14   14   14   14		ь	Less accumulated depreciation	10b	11,754,047	12,722,235	10c	14,361,585
12   Investments—other securities See Part IV, line 11   5.259,824   12   6.688.     13   Investments—program-related See Part IV, line 11   13   14     14   Intrangible assets   14   14     15   Other assets See Part IV, line 11   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   44.863,502   16   49.798.     17   Accounts payable and accrued expenses   548,895   17   601.     18   Grants payable   18   18     19   Deferred revenue   405,900   19   238.     10   Tax—exempt bond liabilities   20   21     11   Escrow or custodial account liability Complete Part IV of Schedule D   21     12   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23   24   1,224.     24   Unsecured notes and loans payable to unrelated third parties   24   1,224.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25   1,055,239   26   2,262.     26   Total liabilities. Add lines 17 through 25   1,055,239   26   2,262.     27   Unrestricted net assets   19,959,631   27   20,993.     28   Temporarily restricted net assets   19,959,631   27   20,993.     29   Permanently restricted net assets   15,061,839   29   15,061,     29   Permanently restricted net assets   15,061,839   29   15,061,     30   Capital stock or trust principal, or current funds   30   31   7,045,075,075,075,075,075,075,075,075,075,07		11	·			25,770,471	11	26,808,189
13		12				5,259,824	12	6,668,029
14		13					13	
15		14					14	
16		15					15	
The state of the		16				44,863,502	16	49,798,216
18 Grants payable		17				548,895	17	601,307
Pure 1997   Deferred revenue		18					18	
20 Tax-exempt bond liabilities		19				405,960	19	236,280
21 Escrow or custodial account liability Complete Part IV of Schedule D		20					20	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	•				21	
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directo	ors, tr				
Unsecured notes and loans payable to unrelated third parties	ар		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24.) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third partie	s.			23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	1,294,322
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Pa	rt X of		100 384	25	131,033
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26			• •	· · · · · · · · · · · · · · · · · · ·		2,262,942
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ∫			1,000,200		2,202,042
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	anc S	27				19,959,633	27	20,993,926
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u> </u>					8,786,791	28	11,479,384
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	=					15,061,839	29	15,061,964
30 Capital stock or trust principal, or current funds			Organizations that do not follow SFAS 117 (ASC 958), check he					
31 Paid-in or capital surplus, or land, building or equipment fund	0	30			30			
33 Total net assets or fund balances	Ą.							
33 Total net assets or fund balances	ASS						32	
Z 24 Total liabilities and not accets found balances 40.700						43,808,263		47,535,274
1 44.863.5021 34 1 49.798	Z	34	Total liabilities and net assets/fund balances			44,863,502	34	49,798,216

Par	t XI Reconcilliation of Net Assets			<u> </u>	-5
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,5	583,672
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,8	379,039
3	Revenue less expenses Subtract line 2 from line 1	3		3,7	04,633
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		43,8	308,263
5	Net unrealized gains (losses) on investments	5		2	273,671
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 2	251,293
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		47,5	35,274
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

TONY TRABERT

EXECUTIVE COMMITTEE

Software ID: Software Version:

**EIN:** 13-6144356

Name: INTERNATIONAL TENNIS HALL OF FAME

**INCORPORATED** 

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average of other hours more than one box. compensation compensation unless person is both from the from related compensation per an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) organization and (list related any Office Individual Highest compensated employee hours Institutional organizations director employ related organızatıons trustee 99 below Trustee dotted line) 30 00 CHRISTOPHER E CLOUSER CHAIRMAN Х 50 DONALD L DELL VICE CHAIRMAN Х Х 0 0 50 BARBARA A GEORGESCU VICE CHAIRMAN Х Х 0 0 12 50 STANLEY SMITH 0 Х Χ 35,000 0 PRESIDENT 50 NANCY VON AUERSPERG Χ 0 0 0 Х TREASURER PEGGY H WOOLARD 0 Х Χ 0 0 SECRETARY JOHN P ARNHOLD 0 0 0 Χ EXECUTIVE COMMITTEE 50 JEFFERSON BARNES Х 0 0 0 EXECUTIVE COMMITTEE 50 EARL H BUCHHOLZ JR Х 0 0 0 EXECUTIVE COMMITTEE 50 RONALD S BURNS Х 0 0 0 50 JUAN CARLOS CAPPELLO EXECUTIVE COMMITTEE Х 0 0 0 50 MICHAEL GOSS 0 0 0 EXECUTIVE COMMITTEE 50 SIR JAMES HARVIE-WATT EXECUTIVE COMMITTEE 0 0 0 50 DIANNE E HAYES EXECUTIVE COMMITTEE 0 Х 0 0 50 PETER F HURLEY Х 0 0 0 **EXECUTIVE COMMITTEE** 50 THOMAS A JAMES 0 0 0 Χ EXECUTIVE COMMITTEE 50 KATHERINE BURTON JONES Х 0 0 0 **EXECUTIVE COMMITTEE** 0 0 0 Х EXECUTIVE COMMITTEE PETER PALANDJIAN 0 0 0 Х EXECUTIVE COMMITTEE 50 RICHARD J PHELPS 0 0 0 Х EXECUTIVE COMMITTEE 50 WILLIAM PREST 0 0 Х 0 EXECUTIVE COMMITTEE 50 JOHN R REESE Х 0 0 0 EXECUTIVE COMMITTEE 50 KEN SOLOMON Х 0 0 0 EXECUTIVE COMMITTEE 50 FRANCESCO RICCI BITTI 0 0 0 EXECUTIVE COMMITTEE

50

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual to or director Highest compensated employee Institutional hours organizations Ē for employee related organızatıons trustae below Trustee dotted line) 50 ROSALIND P WALTER Χ 0 0 0 EXECUTIVE COMMITTEE 50 DAVID WESTIN 0 0 0 Х EXECUTIVE COMMITTEE 30 GIRARD BROWNLOW III 0 0 0 Х DIRECTOR 30 ROBERT L BUNNEN JR Χ 0 0 0 DIRECTOR 30 JAMES CITRIN 0 0 0 Χ DIRECTOR 30 DOUGLAS CONANT 0 0 0 Х DIRECTOR 30 JAMES COURIER 0 0 0 Х DIRECTOR 30 LOIS P DE MENIL 0 0 0 DIRECTOR 30 GUILLAUME DE RAMEL Χ 0 0 DIRECTOR 30 CLAUDIO DEL VECCHIO 0 0 0 Х DIRECTOR 30 ROBERT N DOWNEY Χ 0 0 0 DIRECTOR 30 MARK EIN 0 0 DIRECTOR 30 RENEE EVANGELISTA 0 0 0 Х DIRECTOR 30 JAMES FARLEY 0 Х 0 0 DIRECTOR 30 CARLOS FLEMING Х 0 0 0 DIRECTOR 30 MARIANNE GAIGE 0 0 0 Х DIRECTOR 30 PHILIP GEIER JR 0 0 0 Х DIRECTOR 30 JAMES GOLDMAN Χ 0 0 0 **DIRECTOR** 30 PHILLIP GORE Х 0 0 0 DIRECTOR 30 DAVID HAGGERTY 0 0 0 Х DIRECTOR 30 ALAN HASSENFELD Х O 0 0 DIRECTOR 30 ELIZABETH JEFFETT 0 0 0 DIRECTOR 30 **BOB JEFFREY** 0 0 0 Х DIRECTOR 30 SUN JINFANG 0 0 Х 0 DIRECTOR 30 KAY KOPLOVITZ 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual 1 or director Highest compensated employee Institutional hours organizations for employee related organızatıons trustae below Trustee dotted line) 30 STEPHEN LESSING Χ 0 0 0 DIRECTOR 30 STEPHEN LEWINSTEIN 0 0 0 Х **DIRECTOR** 30 CONSTANTINE MACRICOSTAS 0 0 0 Х DIRECTOR 30 JEANNE MOUTOUSSAMY-ASHE Χ 0 0 0 DIRECTOR 30 BETSY MCCORMACK 0 0 0 Х DIRECTOR 30 FREW MCMILLAN 0 0 0 Х DIRECTOR 30 MARK PANARESE 0 0 0 Х DIRECTOR 30 TIM PHILLIPS 0 0 0 DIRECTOR 30 GEOFFREY POLLARD Χ 0 0 DIRECTOR 30 JOHN ROSS 0 0 0 Х DIRECTOR 30 MARY ANN SALESKI Χ 0 0 0 DIRECTOR 30 E RAMONE SEGREE 0 0 DIRECTOR 30 LEE SESSIONS JR 0 0 0 Х DIRECTOR 30 PAM SHRIVER 0 Χ 0 0 DIRECTOR 30 MICHELE SICARD Х 0 0 0 DIRECTOR 30 VINAYAK SINGH 0 0 0 Х DIRECTOR 30 GORDON SMITH 0 0 0 Х DIRECTOR 30 TODD TRAINA Χ 0 0 0 **DIRECTOR** 30 DAVID TYREE Х 0 0 0 DIRECTOR 30 JAMES VAN ALEN JR 0 0 0 Х DIRECTOR 30 JONATHAN VEGOSEN Х O 0 0 DIRECTOR 30 MARION WEATHERSTONE 0 0 0 DIRECTOR 30 WILLIAM WEBB 0 0 0 Х DIRECTOR 30 SUE ANN WEINBERG 0 0 Х 0 DIRECTOR 30 GENE YOON 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

45 00

CHRISTINE FROST

CHIEF DEVELOPMENT OFFICER

<b>(A)</b> Name and Title	(B) A verage hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)				th		( <b>D</b> )  Reportable  compensation  from the  organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MARK STENNING CHIEF EXECUTIVE OFFICER	60 00			х				305,125	0	21,755
NANCY C CARDOZA VP & DIR OF ADMIN	45 00			х				133,290	0	12,431
MARY HEATH CHIEF MARKETING OFFICER	45 00					х		139,488	0	6,895
MARY ROMPF HEAD TENNIS PRO	40 00					х		105,096	0	22,235
DOUGLAS STARK MUSEUM DIRECTOR	45 00					х		115,218	0	11,316

123,520

0

22,935

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As Filed Data -

DLN: 93493225028293

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **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.

Inspection

INTER	NATIO	NAL TENNI	s hall of fam	E INCORPORATED							
									13-61443		
	rt I			blic Charity Sta						nstructions	
The c	organı	zation is	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	igh 11, check	conly one b	ox)		
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Schedı	ıle E )				
3	$\sqcap$	A hosp	ital or a coo	perative hospital se	rvice organiz	ation descri	bed in <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	$\Gamma$	A medi	cal researcl	n organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). i	Enter the
				ty, and state							
5	Г	Anorg	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	tal unit desc	cribed in
		sect ior	170(b)(1)(	A)(iv). (Complete P	art II )						
6	$\sqcap$	A feder	ral, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	ion 170(b)(	1)(A)(v).		
7	$\sqcap$	An org	anızatıon tha	at normally receives	a substantia	I part of its	support from	a governm	ental unit or fi	rom the gen	eral public
	_			n 170(b)(1)(A)(vi).							
8	<u> </u>		•	described in <b>section</b>			•	-			
9	<u> </u>	An org	anızatıon tha	at normally receives	(1) more th	an 331/3% o	f its support	from contri	butions, mem	bership fees	s, and gross
		receipt	s from activ	ities related to its e	xempt function	ons—subjec	t to certaın e	xceptions,	and (2) no mo	re than 331	/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Pa	rt III )		
10	Γ	An org	anızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	See <b>sect io</b>	n 509(a)(4).		
11	$\sqcap$			ganized and operated							
			•	ly supported organiz				•		ee <b>section</b> 5	<b>509(a)(3).</b> Check
				bes the type of supp <b>b</b> Type II <b>c</b>						an function	ally intograted
_	_										
е	ı	•	_	ox, I certify that the on managers and ot	_					•	•
			n 509(a)(2)	on managers and oc	ner than one	or more pub	mery support	ca organiza	icions deserib	ed III Seecio	11 505(4)(1)01
f				received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ıng organızatıon,
			this box					_			Г
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	ofthe		
			ng persons? erson who di	rectly or indirectly o	ontrols eith	er alone or t	ogether with	nersons de	scribed in (ii)	1	Yes No
				governing body of th	· ·		_	persons de	.5011500 111 (11)	110	
				er of a person descr		_	•			11g	
			•	lled entity of a perso			ahove?				(iii)
<b>L</b>				ng information about						119	()
h		Piovide	e the following	ig illiorillation about	the supporte	eu organizat	1011(5)				
	i) Nan	no of	(ii) EIN	(iii) Type of	(iv) Is t	-h.a	(v) Did you	ı notifi	(vi) Is	the	(vii) A mount of
•	suppo		(") [ 111	organization	organizati		the organiz	•	organizat		monetary
		ation		(described on	col (i) list		ın col (i) d		col (i) org		support
	_			lines 1- 9 above	your gove		suppor		in the U		
				or IRC section	docume	nt?					
				(see							_
				instructions))	Yes	No	Yes	No	Yes	No	
= -			<b>+</b>							1	+

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 201	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,994,530	1,750,682	5,354,974	1,796,587	2,99	3,523	13,890,296
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,974,870	4,347,119	4,022,843	4,406,510	4,78	8,266	21,539,608
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	5,969,400	6,097,801	9,377,817	6,203,097	7,78	1,789	35,429,904
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,055,595	178,550	543,663	498,981	1,72	7,569	4,004,358
b	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 for the year	601,067	263,899	3,116				868,082
c	Add lines 7a and 7b	1,656,662	442,449	546,779	498,981	1,72	7,569	4,872,440
8	<b>Public support</b> (Subtract line 7c from line 6)							30,557,464
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 201	2	<b>(f)</b> Total
9	Amounts from line 6	5,969,400	6,097,801	9,377,817	6,203,097	7.78	1,789	35,429,904
L0a	Gross income from interest,	2,200,100	5,001,000	5,5.1,52.1	5,255,551	.,		,,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,681,084	1,117,653	1,083,275	943,990	1,38	8,976	6,214,978
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	1,681,084	1,117,653	1,083,275	943,990	1,38	8,976	6,214,978
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	27,809	19,451	27,319	-8,852	-	4,132	61,595
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c,	7,678,293	7,234,905	10,488,411	7,138,235	9,16	6,633	41,706,477
	11, and 12)			third, fourth, or f		·		zation, ►
14	First five years. If the Form 990 is to check this box and stop here							<u>- 1                                   </u>
	check this box and <b>stop here</b>	ic Support Pe	ercentage					
				13, column (f))		15		73 270 %
Se	check this box and stop here ction C. Computation of Pub	(line 8, column (	f) divided by line	13, column (f))		15 16		73 270 % 70 860 %
Se 15 16	check this box and <b>stop here</b> ction C. Computation of Public support percentage for 2012 Public support percentage from 201	(line 8, column (i 1 Schedule A, Pa	f) divided by line art III, line 15					73 270 % 70 860 %
Se 15 16	check this box and <b>stop here ction C. Computation of Pub</b> Public support percentage for 2012	(line 8, column (i 1 Schedule A, Pa estment Incol	f) divided by line art III, line 15 <b>me Percenta</b> ç	je	n (f))			70 860 %
Se 15 16	check this box and stop here ction C. Computation of Pub Public support percentage for 2012 Public support percentage from 201 ction D. Computation of Inve	(line 8, column (i 1 Schedule A, Pa estment Inco 2012 (line 10c, co	f) divided by line art III, line 15 <b>me Percentac</b> olumn (f) divided l	<b>je</b> by line 13, columi	n (f))	16		70 860 % 14 900 %
Se 15 16 Se 17	check this box and stop here ection C. Computation of Public Support percentage for 2012 Public support percentage from 201 ection D. Computation of Investment income percentage for 2	(line 8, column (i 1 Schedule A, Pa estment Incol 2012 (line 10c, co 1 2011 Schedule A	f) divided by line art III, line 15 <b>me Percentac</b> olumn (f) divided l A, Part III, line 1	<b>je</b> by line 13, columi 7		16 17 18	, and l	70 860 % 14 900 % 18 700 %

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493225028293

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

	·	11 990. F See separate instructions.	1_	Inspection
	ne of the organization RNATIONAL TENNIS HALL OF FAME INCORPORATED			oloyer identification number
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	nor adv	rsed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	<del>_</del> <del>_</del>		
a i	<b>Conservation Easements.</b> Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation)  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	rically important land area d historic structure m of a conservation
	easement on the last day of the tax year			
				Held at the End of the Year
1	Total number of conservation easements		2a	
)	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	• •	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ▶			
	$\label{lem:number of states} \textbf{Number of states where property subject to conservation}$	on easement is located ►		
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	dling of	f violations, and <b>Yes No</b>
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year
	<b>▶</b> \$			
	Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)$ ?	l) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia nts	l stater	ments that describes
li	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
•	Assets included in Form 990, Part X			
	Mosers included in Fulli 330, Fall A			F P

Par	t IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tr	easure	es, or C	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	necka	any of tl	he follow	ving that	are a	significant	use of	its	
а	Public exhibition		d	<u>  -                                   </u>	Loan	orexcha	nge prog	rams				
b	✓ Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w the	/ furthe	r the org	janızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar	г	Yes	√ No
Par	rt IV Escrow and Custodial Arrang								'es" to Foi			J* 140
	Part IV, line 9, or reported an ar									55		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	tions or	other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	wing t	able		Г		Γ		_	
_							-	_		Amo	ınt	
c	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatıc	n has b	een pro	vided in F	art )	XIII			Г
Pa	rt V Endowment Funds. Complete											
4_	D	(a)Current year 22,025,020	(b)	Prior y	ear   I 043,283		years back 20,942,764	+	Three years b 18,033			ears back 17,709,759
1a	Beginning of year balance	125		23,0	8,205		125	+	· · ·	,667		9,725
b	Contributions	125			0,203		123	<u>'</u>	04	,007		9,723
С	Net investment earnings, gains, and losses	2,612,711		-:	191,468		2,774,057	7	3,357	,615		409,067
d	Grants or scholarships											
е	Other expenditures for facilities and programs	826,750		8	335,000		673,663	3	533	,516		94,553
f	Administrative expenses											
g	End of year balance	23,811,106		22,0	)25,020		23,043,283	3	20,942	,764	1	18,033,998
2	Provide the estimated percentage of the cur	rent year end baland	ce (lır	ne 1g,	columr	n (a)) he	ld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨 63 000 %											
c	Temporarily restricted endowment ► 37	000 %										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	re held	and adr	mınıstere	d for	the			
	organization by									22/11	Yes	No
	(i) unrelated organizations		•					•		3a(i) 3a(ii)	1	No No
b	(ii) related organizations				ule R?			٠.		3b	<u> </u>	110
4	Describe in Part XIII the intended uses of the	•									<u> </u>	<u>L</u> .
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	line 1	.0.						
	Description of property				Cost or o		Cost or o basıs (othe		(c) Accumu depreciat		<b>(d)</b> Bo	ok value
1a	Land						106	5,304				106,304
b	Buildings						21,063		7,6	56,071	1	3,407,104
c	Leasehold improvements									1		
d	Equipment						3,852	2,827	3,20	54,094		588,733
e	Other						1,093	3,326	8:	33,882		259,444
	II. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (l	3), line :	10(c).)				-	1	4,361,585
		·				-			Sched	ule D (I		90) 2012

Part VII Investments—Other Securities. See		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)VCFA PRIVATE EQUITY PARTNERS	337,338	С
(B) RCP ADVISORS	425,467	С
(C) ADAMS STREET	595,213	С
(D) MFIRE - MESIRO W FINANCIAL	988,900	С
		C
(E) AEW	1,037,086	
(F) ABS OFFSHORE	1,000,000	С
(G) CROSS SHORE	1,200,000	С
(H) CHARITABLE REMAINDER TRUSTS	952,992	C
(I) DEFERRED COMPENSATION INVESTMENTS	131,033	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	- / /	3
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990. Part X. col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin	<u>                                     </u>	
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	, line 25. (b) Book value	
Federal income taxes	(2) Book value	
DEFERRED COMPENSATION PAYABLE	131,033	
	7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	131,033	
2 Fin 48 (ASC 740) Footnote In Part VIII provide the text		wanton's financial statements that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	oer Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	12,060,346
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	1	
e	Add lines 2a through 2d	2e	1,569,716
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,490,630
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 . 4a 93,042		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	93,042
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	10,583,672
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per l	Return
1	Total expenses and losses per audited financial statements	1	8,333,335
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,547,338
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,785,997
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 93,042		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	93,042
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	6,879,039

## Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE HALL OF FAME'S COLLECTIONS CONSIST OF OVER 20,000 OBJECTS RANGING FROM FINE ART, TROPHIES, PLAYER MEMORABILIA, TENNIS RACQUETS, EQUIPMENT AND OTHER EPHEMERA RELATED TO THE HISTORY OF THE SPORT, ITS CHAMPIONS, ENSHRINES AND THE CULTURAL HISTORY OF THE CASINO THE LIBRARY AND ARCHIVES COLLECTION CONSISTS OF 5,000 BOOKS, 350,000 STILL IMAGES OF PLAYERS, INFORMATION RELATING TO THE ORIGINS OF THE GAME, THE CASINO AND OTHER TENNIS RELATED SUBJECTS, 4,000 AUDIO VISUAL MATERIALS, AND AN ABUNDANCE OF PERIODICALS, SIGNIFICANT CORRESPONDENCE AND RECORDS THE EDUCATION COLLECTION CONSISTS OF OBJECTS AND EQUIPMENT USEFUL TO HANDS-ON STUDY OR OTHER PROGRAMS OF EDUCATION THE HALL OF FAME MAINTAINS A MUSEUM COLLECTIONS POLICY THAT ADDRESSES COLLECTIONS UPKEEP, ACCESSION AND DEACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE INCOME TO UNDERWRITE OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE HALL OF FAME IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT BELIEVES THAT THE HALL OF FAME OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE FEDERAL AND STATE LEVELS THE HALL OF FAME ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES THE HALL OF FAME ALSO ANNUALLY FILES IRS FORM 990-T - EXEMPT ORGANIZATION'S BUSINESS INCOME TAX RETURN, FOR ALL OF ITS TAXABLE TRANSACTIONS THESE TAX RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED THE FEDERAL INCOME TAX RETURNS FOR 2009, 2010, AND 2011 REMAIN OPEN TO EXAMINATION BY THE IRS THE HALL OF FAME CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 380,037 SPECIAL EVENTS EXPENSE 624,964 COST OF GOODS SOLD 438,781 NET CHANGE IN VALUE OF BENEFICIAL INTEREST -251,293
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 380,037 SPECIAL EVENTS EXPENSE 624,964 COST OF GOODS SOLD 438,781
		ALL PURCHASES OF COLLECTION ITEMS AND RESTORATION OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE EXPENDITURE IS MADE DONATIONS OF HISTORICAL COLLECTION ITEMS ARE RECORDED IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AT THEIR FAIR OR APPRAISED VALUES ON THE DATE OF DONATION AND ARE EXPENSED IN THE YEAR RECEIVED IN ACCORDANCE WITH THE HALL OF FAME'S NON-CAPITALIZATION POLICY

### **Additional Data**

(I) DEFERRED COMPENSATION INVESTMENTS

Software ID: Software Version:

**EIN:** 13-6144356

Name: INTERNATIONAL TENNIS HALL OF FAME

С

**INCORPORATED** 

Form 990, Schedule D, Part VII - Investments— Other Securities												
(a) Description of security or cateory (including name of security)	(b)Book value	<b>(c)</b> Method of valuation  Cost or end-of-year market value										
(3)Other (A)VCFA PRIVATE EQUITY PARTNERS	337,338	С										
(B) RCP ADVISORS	425,467	С										
(C) ADAMS STREET	595,213	С										
(D) MFIRE - MESIRO W FINANCIAL	988,900	С										
(E) AEW	1,037,086	С										
(F) ABS OFFSHORE	1,000,000	С										
(G) CROSS SHORE	1,200,000	С										
(H) CHARITABLE REMAINDER TRUSTS	952,992	С										

131,033

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Department of the Treasury

Name of the organization

Internal Revenue Service

DLN: 93493225028293

OMB No 1545-0047

**Supplemental Information Regarding SCHEDULE G** (Form 990 or 990-EZ)

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

**Employer identification number** 

						13-6144356	
Pa	rt I Fundraising Act	<b>ivities.</b> Complete	e if the oi	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ  Mail solicitations  Internet and email solic  Phone solicitations  In-person solicitations  Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agre Form 990, Part VII) t paid individuals or	ement witl or entity entities (f	e f g n any Indi	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	<b>F Yes F No</b> ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
3	List all states in which the licensing	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page :
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
			(a) Event #1  LEGENDS	(b) Event #2 US OPEN TKTS	(c) O ther events	(d) Total events (add col (a) through col (c))
			BALL/AUCTION (event type)	(event type)	(total number)	
<u>Φ</u>					04.025	1 1 2 1 2 1 1
<u>₹</u>	1	Gross receipts	741,905	298,371	84,035	1,124,311
Revenue	2	Less Contributions	58,442	144,915		203,357
	3	Gross income (line 1 minus line 2)	683,463	153,456	84,035	920,954
	4	Cash prizes				
မှာ	5	Noncash prizes	251,161			251,161
Expenses	6	Rent/facility costs	120,845			120,845
ă	7	Food and beverages .	110,252	3,971	36,088	150,311
Direct	8	Entertainment	49,598		600	50,198
à	9	Other direct expenses .	33,046		19,403	52,449
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		(624,964
	11	Net income summary Combine lii	_			295,990
Par	t II	I Gaming. Complete if the or	ganization answered '	'Yes" to Form 990, Pa	rt IV, line 19, or repo	
	ı	\$15,000 on Form 990-EZ, lir		T		1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
~	1	Gross revenue				
enses	2	Cash prizes				
ben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
			┌ Yes	☐ Yes	☐ Yes	
	6	Volunteer labor	□ No	☐ No	□ No	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	🛌	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌	
9	Fni	ter the state(s) in which the organiza	ition operates daming act			
а		the organization licensed to operate				. Fyes FNo
b		'No," explain				_
10a	We	re any of the organization's gaming l				
b		'Yes," explain				

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable o	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name 🟲			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address ▶			
<b>.</b> 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 🖇		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

DLN: 93493225028293

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization INTERNATIONAL TENNIS HALL OF FAME INCORPORATED **Employer identification number** 

13-6144356

Nec.   No.	Рa	Questions Regarding Compensation			
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 presidence for personal use   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Payment for following services   Payments for set stablish the compensation of the following services   Payment for for methods used by a related organization consultant   Payments for set stablish the compensation of the following services   Payments for set stablish the compensation of the following services   Payments for set set set several for several set several for set set set set several for set				Yes	No
First-class or charter travel Travel for companions Payments for business use of personal use Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  If any of the boxes in line 1 a 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  Did the organization requires 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?  Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III Compensation committee Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III Compensation committee Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III Compensation committee Indicate which, if any, of the following the filing organization of the CEO/Executive Director, regarding the items checked in line 1a? Approval by the board or compensation committee Indicate which, if any, of the following the filing organization of the CEO/Executive Director, regarding the items checked in Part III Compensation committee Indicate which, if any, of the following the filing organization or related organization Approvably the board or compensation committee Indicate which, if any, of the following the filing organization or	<b>1</b> a				
Travel for companions					
Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  If any of the boxes in line 1a are checked, did the organization follow a written policy regarding part or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain reminder the provision of all of the expenses described above? If "No," complete Part III to explain the companization 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?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Vintee employment contract Vintee employers or study Vintee employment contract Vintee employment contract Vintee employment contract Vintee employment contract Vintee employers or study Vintee employment contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3) If "Yes," describe in Part III Vintee employment or representation of the contract					
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes in 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  1c  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?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply: Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Form 990 of other organizations  Approval by the board or compensation committee  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  Receive a severance payment or change-of-control payment?  Approval by the board or compensation committee  Participate in, or receive payment from, a supplemental inonqualified retirement plan?  Approval by the board or compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only SOI(c)(3) and SOI(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  A The organization?  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  The organization?  A The organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described i					
b If any of the boxes in line 1 a 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  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?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   Winter employment contract   Prompson of other organizations   Prompson of other organizations   Prompson or a related organizations   Prompson of other organizations   Prompson or a related organizations   Prompson of other organizations   Prompson or a related organization   Prompson or a related organization   Prompson or a related organization   Prompson o					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1		Total Services (e.g., maid, endancer, energy			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1	ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  January of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Mritten employment contract  Prom 990 of other organizations  Approval by the board or compensation committee  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  a Receive a severance payment or change-of-control payment?  4a No  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b No  c Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4c No  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  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  a The organization?  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  a The organization?  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 No  Were any amounts reported 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	_		1b		
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Wintten employment contract  Independent compensation consultant  Organization organizations  Approval by the board or compensation committee  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  Receive a severance payment from, a supplemental nonqualified retirement plan?  Approval by the board or compensation committee  4a No  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Abb No  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid o		directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Wintten employment contract  Independent compensation consultant  Organization organizations  Approval by the board or compensation committee  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  Receive a severance payment from, a supplemental nonqualified retirement plan?  Approval by the board or compensation committee  4a No  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Abb No  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  If "Yes," to line 6a or 6b, describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid o					
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Vintee employment contract  Independent compensation consultant  Vindependent compensation consultant  Vindependent compensation consultant  Vintee employment contract  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  A Receive a severance payment or change-of-control payment?  A Participate in, or receive payment from, a supplemental nonqualified retirement plan?  A Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  A The organization?  A The organization?  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  A The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  Any related organization?  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  For persons listed in Form 990, Part VII, paid or accured 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  Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Compensation committee    Village					
Independent compensation consultant		_			
Form 990 of other organizations  Approval by the board or compensation committee  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  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  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  The organization?  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  The organization?  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  The organization?  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 67 If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accured 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  Were any amounts reported in Form 990, Part VII, paid or accured 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					
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  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  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  The organization?  Any related organization?  The organization?  Any related organization?  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  For persons listed in Form 990, Part VII, paid or accured 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  Reveals any amounts reported in Form 990, Part VII, paid or accured 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					
a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc No  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  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  a The organization?  a The organization?  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  a The organization?  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  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  8 Were any amounts reported in Form 990, Part VII, paid or accured 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		Approval by the board of compensation committee			
a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc No  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  If "Yes," to line 5a or 5b, describe in Part III  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  a The organization?  a The organization?  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  a The organization?  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  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  8 Were any amounts reported in Form 990, Part VII, paid or accured 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	4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? 5a No b Any related organization? 1f "Yes," to line 5a or 5b, describe in Part III  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  a The organization? 5b No If "Yes," to line 6a or 6b, describe in Part III  For persons listed organization? 6b No If "Yes," to line 6a or 6b, describe in Part III  7 No  Were any amounts reported in Form 990, Part VII, paid or accurred 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 No					
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  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  The organization?  Any related organization?  Any related organization?  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  Any related organization?  For persons listed organization?  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  Were any amounts reported in Form 990, Part VII, paid or accurred 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  No	а	Receive a severance payment or change-of-control payment?	4a		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  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  The organization?  Any related organization?  Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
Only 501(c)(3) and 501(c)(4) organizations only 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 compensation contingent on the revenues of  a The organization?  5 A No  b Any related organization?  15 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  a The organization?  6 A No  b Any related organization?  6 Any related organization?  15 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 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 No  8 Were any amounts reported in Form 990, Part VII, paid or accured 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	C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  The organization?  Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No		Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
The organization?  Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No	5				
Any related organization?  If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  By Any related organization?  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No		compensation contingent on the revenues of			
If "Yes," to line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No	а	The organization?	5a		Νo
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  The organization?  Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No  No	b	Any related organization?	5b		No
compensation contingent on the net earnings of  a The organization?  6a No  b Any related organization?  1f "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 No  8 Were any amounts reported in Form 990, Part VII, paid or accured 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 No					
a The organization? b Any related organization? 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  8 Were any amounts reported in Form 990, Part VII, paid or accured 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 No	6				
b Any related organization?  If "Yes," to line 6a or 6b, describe in Part III  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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No  No					
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 No  8 Were any amounts reported in Form 990, Part VII, paid or accured 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 No	а				$\vdash$
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  Were any amounts reported in Form 990, Part VII, paid or accured 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  No  No	b		6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III  7 No  8 Were any amounts reported in Form 990, Part VII, paid or accured 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 No					
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No	7		7		No
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  8 No	8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
S NO		subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
9 If "Yes" to line 8 did the organization also follow the rebuttable presumption procedure described in Regulations		In Part III	8		Νo
section 53 4958-6(c)?	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			

### Part II 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	f W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)MARK STENNING CHIEF EXECUTIVE OFFICER	(i) (ii)	238,367 0	50,000	16,758 0	10,000	11,755 0	326,880 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225028293

Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

Employer identification number

	e if the organization disqualified perso		ationship l	between disc	gualified	(c) Descrip	otion of	ftrans	action		(d) Corr	ected
				d organizatio		. , ,					Yes	No
										+		
Enter the amo 4958	unt of tax incurred	d by organiza	tion mana	gers or dısqı	ualıfıed perso	ns during the	year u	nders	ection • ¢			
								•	- > -			
	unt of tax, if any, o	on line 2, abo	ove, reimbi	ursed by the	organization				<b>►</b> \$			
Enter the amo	unt of tax, If any, o				organization			•	<b>F</b> \$ _			
Enter the amo	s to and/or Fi	om Inter	ested Pe	ersons.			rm 000	D Dard	· -	25.0	r if the	
Enter the amo  Loan  Compl	s to and/or Fr	om Intere	ested Pe	e <b>rsons.</b> n Form 990-	·EZ, Part V , lı		 rm 99(	O, Pari	· -	e 26, o	r ıf the	
Enter the amo  till Loan  Compl  organi	s to and/or Fi	rom Intere tion answere amount on F	ested Pe ed "Yes" or Form 990,	ersons. n Form 990- Part X, line !	·EZ, Part V , lı		 rm 99(		· -		rıfthe	ritten
Enter the amo  til Loan  Compl  organi  Name of erested	s to and/or Fr ete If the organiza zation reported an	rom Intere tion answere amount on F	ested Peed "Yes" or Form 990, (d) Loan	ersons. n Form 990 - Part X, line ! i to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	ı	In	(h)	) ved		
Enter the amo  til Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Pe ed "Yes" or Form 990, (d) Loan	ersons. n Form 990 - Part X, line ! i to the	EZ, Part V, li 5, 6, or 22 (e)O riginal	ne 38a, or Fo	(g)	In	: IV, line	) ved rd or	(i)Wr	
Enter the amo  till Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Peed "Yes" or Form 990, (d) Loan	ersons. n Form 990 - Part X, line ! i to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g)	In	IV, line (h) Appro	) ved rd or	(i)Wr	ment
Enter the amo  Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990- Part X, line ! to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990- Part X, line ! to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990- Part X, line ! to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  till Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interdition answere amount on F	ested Peed "Yes" or Form 990, (d) Loan or from t	ersons. n Form 990- Part X, line ! to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  til Loan  Compl  organi  Name of erested	s to and/or Fi ete if the organiza zation reported an (b) Relationship	rom Interction answere amount on F	ested Peed "Yes" or Form 990, (d) Loan or from to organizati	ersons. n Form 990- Part X, line ! to the	EZ, Part V, li 5, 6, or 22 (e)Original principal	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  till Loan: Complorgan: Name of erested erson	s to and/or Frete if the organizadion reported and (b) Relationship with organization	tion answere amount on F (c) Purpose of Ioan	ested Peed "Yes" or Form 990, (d) Loan or from torganizati	Part X, line in to the line?	EZ, Part V, II 5, 6, or 22 (e) O riginal principal amount	ne 38a, or Fo	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	ment
Enter the amo  till Loan  Complorgani  Name of erested erson	s to and/or Frete if the organization reported and (b) Relationship with organization	tion answere amount on F (c) Purpose of loan	ested Peed "Yes" or Form 990,  (d) Loan or from to organizati  To  the standard of the standard or the standar	Part X, line in to the line in	EZ, Part V, II 5, 6, or 22 (e) Original principal amount	ne 38a, or Fo  (f)Balance due	(g) defa	In ult?	IV, line  (h) Appro	) ved rd or ttee?	(i)Wr agreer	
Enter the amo  til Loan  Compl  organi  Name of erested erson	s to and/or Frete if the organization reported and (b) Relationship with organization so or Assistance tee if the organization	ce Benefit	ested Peed "Yes" or Form 990,  (d) Loan or from torganizati  To  ting Interwered "Y	From	ersons.  EZ, Part V, II  5, 6, or 22  (e) Original principal amount	ne 38a, or Fo  (f)Balance due	(g) defa	In ult?	(h) Appro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	Nent'
Enter the amo  Complorgani Name of erested erson  III Grant Compl	s to and/or Frete if the organization reported and (b) Relationship with organization sor Assistance lete if the organization (b) Relationship with organization sor Assistance (c) Relationship wit	tion answere amount on F (c) Purpose of loan	ested Peed "Yes" or Form 990,  (d) Loan or from torganizati  To  ting Interwered "Yween (company series of the ser	Part X, line in to the line in	ersons.  EZ, Part V, II  5, 6, or 22  (e) Original principal amount	ne 38a, or Fo  (f)Balance due	(g) defa	In ult?	(h) Appro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	<b>N</b>
Enter the amo  Complorgani Name of erested erson  III Grant Compl	s to and/or Frete if the organization reported and (b) Relationship with organization sor Assistance lete if the organization (b) Relationship with organization sor Assistance (c) Relationship wit	ce Benefit ization ans	ested Peed "Yes" or Form 990,  (d) Loan or from torganizati  To  ting Interwered "Yween (company series of the ser	From	ersons.  EZ, Part V, II  5, 6, or 22  (e) Original principal amount	ne 38a, or Fo  (f)Balance due	(g) defa	In ult?	(h) Appro by boa commit Yes	ved rd or ttee?	(i)Wr agreer	Nent'

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's revenues? organization Yes No (1) GENE YOON BOARD MEMBER 28.360 GENE YOON IS THE Νo CHAIRMAN AND CEO OF FILA GLOBAL OUR RETAIL STORES PURCHASE MERCHANDISE FROM FILA USA INC (2) DAVID HAGGERTY BOARD MEMBER 123,257 DAVID HAGGERTY IS THE Νo CHAIRMAN AND PRESIDENT OF THE UNITED STATES TENNIS ASSOCIATION WE PURCHASE US OPEN TICKETS FROM THE USTA WE ALSO REIMBURSE THEM FOR MEETING COSTS FOR OUR BOARD MEETINGS DURING THEIR ANNUAL MEETING IN MARCH (3) DONALD L DELL VICE CHAIRMAN DONALD L DELL IS AN OFFICER OF LAGARDERE UNLIMITED, WHICH SYNDICATED TV COVERAGE OF THE CAMPBELL'S HALL OF FAME TENNIS TOURNAMENT SEMI-FINALS, FINALS AND THE HALL OF FAME ENSHRINEMENT CEREMONY THE AGREEMENT WAS NEGOTIATED BY AN INDEPENDENT EMPLOYEE AT MARKET VALUE RESULTING IN REVENUE AND RELATED EXPENSES TO LAGARDERE UNLIMITED BOTH EQUAL TO \$119,287 LAGARDERE UNLIMITED EARNED A PRODUCER FEE OF \$12,000 AND COMMISSION OF \$31,975 ON THE TV COVERAGE (4) JAMES COURIER BOARD JAMES COURIER IS A Νo MEMBER/HALL OF FOUNDING PARTNER OF FAMER INSIDEOUT SPORTS & ENTERTAINMENT, WHICH PRODUCED THE CHAMPIONS CUP TENNIS TOURNAMENT AT THE INTERNATIONAL HALL OF FAME FROM 2007 TO 2009 INSIDEOUT SPORTS AND ENTERTAINMENT WAS PAID \$100,000 BY THE INTERNATIONAL TENNIS HALL OF FAME IN 2009 TO PRODUCE THE EVENT

#### Part V Supplemental Information

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

Identifier Return Reference Explanation

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DLN: 93493225028293

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

**Noncash Contributions** 

Name of the organization INTERNATIONAL TENNIS HALL OF FAME INCORPORATED

**Employer identification number** 

13-6144356

Pa	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	letermınır	-	:s
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х			ITEMS NOT CAPIT	ΓALIZED		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	13	511,854	STOCK EXCHANG	E VALUE		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles	X	194		ITEMS NOT CAPIT	ΓALIZED		
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	AUCTION & EVENT							
25	Other►(ITEMS)	X	93	379,864	FMV			
	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()				_			
29	Number of Forms 8283 received for which the organization comple				29			0
20-	Dumpa the year did the error.	ation receive	o bu contribution and serve	urtu ranantad in Daut T. I	1 20 that :	Y	es	No
<b>JUa</b>	During the year, did the organiza							
	must hold for at least three year			·	d to be used			
_	for exempt purposes for the enti					30a	$\rightarrow$	No
ь 31	If "Yes," describe the arrangem			roway of any non-standard	contributions?	31		No
	Does the organization have a gi						<del>-  </del>	110
32a	Does the organization hire or us contributions?			to solicit, process, or sell i	noncash	32a		No
	If "Yes," describe in Part II If the organization did not repor	t an amount	: ın column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II							

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493225028293

OMB No 1545-0047

2012

Open to Public Inspection

### 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization INTERNATIONAL TENNIS HALL OF FAME INCORPORATED **Employer identification number** 

13-6144356

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	WILLIAM ROMPF, FORMER VP AND DIRECTOR OF TENNIS IS THE HUSBAND OF MARY ROMPF, HEAD TENNIS PRO
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 BEFORE FILING. NO REVIEW WAS OR WILL BE CONDUCTED BY THE ENTIRE BOARD.
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY AND HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY EXISTS IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT, THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION
	FORM 990, PART VI, SECTION B, LINE 15	A SEARCH OF COMPARABLE SALARIES IS CONDUCTED BY REVIEWING 990'S OF SIMILAR COMPANIES, USING SALARY COM AND NATIONAL SURVEYS THE CEO APPROVES ANY SALARY INCREASES, WITHIN THE TOTAL BUDGET, FOR STAFF MEMBERS AND THE CHAIRMAN OF THE BOARD RECOMMENDS SALARY ADJUSTMENTS FOR THE CEO & PRESIDENT, THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE CHAIRMAN'S RECOMMENDATIONS THE HALL OF FAME HAD A COMPENSATION SURVEY PREPARED BY OUR EXTERNAL AUDITORS IN 2012
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE ORGANIZATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OFFICE DURING NORMAL BUSINESS HOURS THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORDANCE WITH IRS REGULATIONS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET CHANGE IN VALUE OF BENEFICIAL INTEREST -251,293

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493225028293 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return FORM 990 PAGE 10 INTERNATIONAL TENNIS HALL OF FAME INCORPORATED 13-6144356 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6

**Summary** (see instructions)

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • •

7 Listed property Enter the amount from line 29

the tax year (see instructions)

(a) Classification of

property

19a 3-year property

**b** 5-year property

c 7-year property

d 10-year property e 15-year property f 20-year property

g 25-year property

h Residential rental property

i Nonresidential real

property

20a Class life

**b** 12-year

**c** 40-year

Part IV

Property subject to section 168(f)(1) election

(b) Month and

year placed in

service

8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7

Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . .

Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see

Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . .

MACRS Depreciation (Do not include listed property.) (See instructions.)

MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · ·

If you are electing to group any assets placed in service during the tax year into one or more general

(c) Basis for

depreciation

(business/investment

only—see instructions)

137,015

147,109

100,519

Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(d) Recovery

period

3.0

5 0

100

25 yrs 27 5 yrs

27 5 yrs

39 yrs

12 yrs

40 yrs

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

(e) Convention

НΥ

НΥ

ΗY

MM

ММ

ΜМ

ΜМ

MM

23

1,012,724

8

9

10

11 12

14

15

(f) Method

S/L

S/L

S/L

S/L

S/L

S/L

S/L

S/L

S/L

21

22

936.532

39,040

29,422

7,730

(g)Depreciation

deduction

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support	the business/inve	estment u	ıse claıme	d? <b>┌</b> Yes	Гпо		24	<b>lb</b> If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		<b>i)</b> r other sıs	(busines	(e) deprecia s/investr e only)		(f) Recovery period	Met	<b>g)</b> thod/ ention		<b>(ŀ</b> Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•									25						
<b>26</b> Property used more	e than 50% I	in a qualified b	usiness	use	T						1			$\overline{}$		
		%									+			+		
		%														
<b>27</b> Property used 50%	orless in a		ness us	е	1				lo //		_					
		%							S/L - S/L -		+			4		
		%							S/L -		+			_		
28 Add amounts in co	olumn (h), lır	es 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1				<del></del>				29			
	. , , ,				mation	on U	se o	of Veh	icles							
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		mpletir T						
<b>30</b> Total business/inv			ng the		<b>a)</b> icle 1	Vehi	<b>b)</b> cle 2	l ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehic	-		<b>e)</b> icle 5		<b>f)</b> icle 6
year ( <b>do not</b> inclu	de commutir	ig miles) .	•	- 7011		1	<u> </u>				• • • • • • • • • • • • • • • • • • • •		1		1	
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles d	rıven										+			
33 Total miles driven	•									-+			+			
through 32	· · ·	· · ·														
<b>34</b> Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	by a more tha	ın 5%											1		
owner or related p	erson? .													↓		
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														<b>not</b> mo	re tha
37 Do you maintain a employees?			hat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•		• •			•				
<b>38</b> Do you maintain a employees? See the												your •				
<b>39</b> Do you treat all us	e of vehicles	s by employee	s as per	rsonal us	se?											
<b>40</b> Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
<b>41</b> Do you meet the r	eauirements	concernina ai	ialified a	automoh	ıle demor	nstratio	n us	e? (See	ınstru	ctions	) -					
Note: If your answ	-							-			-					
	rtization	, , , , , , , , , , , , , , , , , , , ,	. 15 10.	, do 110	e compre			7 101 1110			110102					
Allio	T CIZACIOII	(b)				Т			Т	(e)						
(a)		Date			<b>c)</b> tızable		(	<b>(d)</b> Code	Αn	nortiza	ition		Λmo	<b>(f)</b> ortizati	on for	
Description of c	osts	amortization			ount			ection		period				his ye		
40.4		begins	2225		,				_   p∈	ercent	aye					
<b>42</b> A mortization of co	sts that beg	ins during you	r 2012	tax year	(see ins	tructioi	ns)		<del></del>							
						-			-							
										-						
<b>43</b> A mortization of co	sts that beg	an before your	2012 t	ax year			•			· L	43					
44 Total. Add amount	ts ın column	(f) See the ins	structio	ns for wh	nere to re	port					44					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493225028293 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return FORM 990 COGS INTERNATIONAL TENNIS HALL OF FAME INCORPORATED 13-6144356 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1

(b) Cost (business use

only)

Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(d) Recovery

period

25 yrs 27 5 yrs

27 5 yrs

39 yrs

12 yrs

40 yrs

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

(e) Convention

MM

ММ

ΜМ

ΜМ

MM

23

Total cost of section 179 property placed in service (see instructions) • • • • • •

Threshold cost of section 179 property before reduction in limitation (see instructions)

Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7

Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . .

Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see

Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . .

MACRS Depreciation (Do not include listed property.) (See instructions.)

MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · ·

If you are electing to group any assets placed in service during the tax year into one or more general

(c) Basis for

depreciation

(business/investment

only—see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • •

Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · ·

(a) Description of property

7 Listed property Enter the amount from line 29

the tax year (see instructions)

(a) Classification of

property

19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property

g 25-year property

h Residential rental property

i Nonresidential real

property

20a Class life

**b** 12-year

**c** 40-year

Part IV

Property subject to section 168(f)(1) election

(b) Month and

year placed in

service

6

6

Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 

**Summary** (see instructions)

23 For assets shown above and placed in service during the current year, enter the

7,253

2 3

4

5

8

9

10

11 12

14

15

(f) Method

S/L

S/L

S/L

S/L

S/L

S/L

21

22

(c) Elected cost

2,000,000

7,253

(g)Depreciation

deduction

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support	the business/inve	estment u	ıse claıme	d? <b>┌</b> Yes	Гпо		24	<b>lb</b> If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		<b>i)</b> r other sıs	(busines	(e) deprecia s/investr e only)		(f) Recovery period	Met	<b>g)</b> thod/ ention		<b>(ŀ</b> Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•									25						
<b>26</b> Property used more	e than 50% I	in a qualified b	usiness	use	T						1			$\overline{}$		
		%									+			+		
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<b>27</b> Property used 50%	orless in a		ness us	е	1				lo //		_					
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		%							S/L -		+			_		
28 Add amounts in co	olumn (h), lır	es 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1				<del></del>				29			
	. , , ,				mation	on U	se o	of Veh	icles							
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		mpletir T						
<b>30</b> Total business/inv			ng the		<b>a)</b> icle 1	Vehi	<b>b)</b> cle 2	l ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehic	-		<b>e)</b> icle 5		<b>f)</b> icle 6
year ( <b>do not</b> inclu	de commutir	ig miles) .	•	- 7011		1					• • • • • • • • • • • • • • • • • • • •		1		1	
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles d	rıven										+			
33 Total miles driven	•									-+			+			
through 32	· · ·	· · ·														
<b>34</b> Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	by a more tha	ın 5%											1		
owner or related p	erson? .													↓		
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														<b>not</b> mo	re tha
37 Do you maintain a employees?			hat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•		• •			•				
<b>38</b> Do you maintain a employees? See the												your •				
<b>39</b> Do you treat all us	e of vehicles	s by employee	s as per	rsonal us	se?											
<b>40</b> Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
<b>41</b> Do you meet the r	eauirements	concernina ai	ialified a	automoh	ıle demor	nstratio	n us	e? (See	ınstru	ctions	) -					
Note: If your answ	-							-			-					
	rtization	, , , , , , , , , , , , , , , , , , , ,	. 15 10.	, do 110	e compre			7 101 1110			110102					
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Description of c	osts	amortization			ount			ection		period				his ye		
40.4		begins	2225		,				_   p∈	ercent	aye					
<b>42</b> A mortization of co	sts that beg	ins during you	r 2012	tax year	(see ins	tructioi	ns)		<del></del>							
						-			-							
										-						
<b>43</b> A mortization of co	sts that beg	an before your	2012 t	ax year			•			· L	43					
44 Total. Add amount	ts ın column	(f) See the ins	structio	ns for wh	nere to re	port					44					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493225028293 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return INTERNATIONAL TENNIS HALL OF FAME INCORPORATED 13-6144356 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . . . . . . . . . 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 60.904 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 60,904

23 For assets shown above and placed in service during the current year, enter the

23

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support	the business/inve	estment u	ıse claıme	d? <b>┌</b> Yes	Гпо		24	<b>lb</b> If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		<b>i)</b> r other sıs	(busines	(e) deprecia s/investr e only)		(f) Recovery period	Met	<b>g)</b> thod/ ention		<b>(ŀ</b> Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•									25						
<b>26</b> Property used more	e than 50% I	in a qualified b	usiness	use	T						1			$\overline{}$		
		%									+			+		
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<b>27</b> Property used 50%	orless in a		ness us	е	1				lo //		_					
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		%							S/L -		+			_		
28 Add amounts in co	olumn (h), lır	es 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
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omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		mpletir T						
<b>30</b> Total business/inv			ng the		<b>a)</b> icle 1	Vehi	<b>b)</b> cle 2	l ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehic	-		<b>e)</b> icle 5		<b>f)</b> icle 6
year ( <b>do not</b> inclu	de commutir	ig miles) .	•	- 7011		1	<u> </u>				• • • • • • • • • • • • • • • • • • • •		1		1	
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles d	rıven										+			
33 Total miles driven	•									-+			+			
through 32	· · ·	· · ·														
<b>34</b> Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	by a more tha	ın 5%											1		
owner or related p	erson? .													↓		
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														<b>not</b> mo	re tha
37 Do you maintain a employees?			hat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•		• •			•				
<b>38</b> Do you maintain a employees? See the												your •				
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Note: If your answ	-							-			-					
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Description of c	osts	amortization			ount			ection		period				his ye		
40.4		begins	2225		,				_   p∈	ercent	aye					
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										-						
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44 Total. Add amount	ts ın column	(f) See the ins	structio	ns for wh	nere to re	port					44					