

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



Departme∕€t of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

Form 990 (2012)

| _ A | For th | e 2012 c | alendar vear, or t | ax year beginning | , and end | ina | | | |
|----------------|-------------------|--------------|---------------------------|------------------------------------|----------------------------------|--------------------------------------------------|----------------------|------------------|------------------------------|
| <u>::</u> В | | | C Name of organization | | j unu unu | | | D Employ | er identification number |
| | Address | | | ARKANGAG ' | TENNIS ASSOCIATI | ON THE | | | |
| _ | i | - | Doing Business As | ARCHIONS . | IEMNID ADDOCIATI | ON, INC. | | 23- | 7372183 |
| L | Name cha | ange | | or P O box if mail is not delivere | d to street address) | | Room/suite | | one number |
| | Initial retu | ırn | • | ANSAS VALLEY DE | · | | 302 | | 227-7611 |
| | Terminate | od | | fice, state, and ZIP code | KIVE, SIE 302 | | 302 | | 221-1011 |
| - | 1 | | | | AR 72212 | | | - 0 | ents \$ 843,710 |
| L | Amended | return | F Name and address of | | AR 72212 | | | G Gross rece | ipts \$ 643,710 |
| | Application | on pending | | • • | | | H(a) Is this a gr | oup return for a | affiliates? Yes X No |
| | | | | GARRETSON | | | H(b) Are all affi | liates included | yes No |
| | | | SAME AS | C ABOVE | | | '' | | (see instructions) |
| _ | | | | - A | . — | | | attuori a not | (and matricularity) |
| 1 | | mpt status | 501(c)(3) | | (insert no) 4947(a)(1) (| or 527 | _ | | _ |
| <u>J</u> | Website | <u> </u> | WW . ARKTEN | | | | H(c) Group exe | | |
| K | | organization | X Corporation | Trust Association | Other > | <u>L</u> | Year of formation 1 | 969 | M State of legal domicile AR |
| | Part I | | mmary | | | | | | |
| | 1 1 | • | • | ation's mission or most si | - | | | | |
| ģ | ۱ ا | TO P | ROMOTE AND | DEVELOP THE GR | ROWTH OF TENNIS. | | | | |
| Š | [| | | | | | | | |
| Š | | | | | | | | | |
| SCANNED | 2 | Check th | s box ▶ ☐ If the | organization discontinue | ed its operations or dispose | ed of more than 25% | 6 of its net assets | | |
| SCANNED | 3 | | | of the governing body (F | | | | 3 | 12 |
| Z | , a | | • | | rning body (Part VI, line 1b |) | | 4 | 12 |
| Z | | | • | employed in calendar ye | | , | | 5 | 42 |
| Щ | | | | | al 2012 (Fall V, lille 2a) | | | 6 | 48 |
| | | | | (estimate if necessary) | (0) 1 40 | | | | 12,360 |
| AUG | | | | venue from Part VIII, colu | | | | 7a | -30,538 |
| ر ت | b | Net unrei | ated business taxa | ble income from Form 9 | 90-T, line 34 | | Prior Yea | 7b | Current Year |
| 0 | | O = 4 b 4 | one and coasts (D | ant \ /III lina 4h\ | |) | | 1,984 | 235,032 |
| 8 2013 | } ° ' | | ons and grants (Pa | | | | | 3,831 | 589,171 |
| 20 | 9 | - | service revenue (F | | 170 | | | 3,183 | 1,722 |
| 3 | 10 | | | II, column (A), lines 3, 4, | | | | 4,124 | 12,360 |
| | ''' | | · · | lumn (A), lines 5, 6d, 8c, | | _ | | | |
| _ | | | | | Part VIII, column (A), line 1 | 2) | | 5,122 | 838,285 |
| | | | | paid (Part IX, column (A | (), (ines/1-3) V L L | | 1. | 9,944 | 28,978 |
| | | | | pers (Part IX, column (A) | | | | 0 | 0 |
| ý | 15 | Salaries, | other compensatio | n, employee benefits (Pa | arti [X column (X), flines 5 | † (p) | 50 | 7,431 | 476,922 |
| 90340 | 16a | Professio | nal fundraising fee | s (Part IX, column≾(A), lii | ne 11e) เล | > | | 0 | 0 |
| 9 |) h | Total fund | raising expenses | (Part IX, column (D), line | | 9,784 | | | |
|) | i ₁₇ | Other exp | enses (Part IX, co | olumn (A), lines 1 a-11d | OGAEN, UI | | | L,727 | 279,608 |
| | 18 | Total exp | enses Add lines 1 | 3-17 (must equal Part IX | (, column (A), line 25) | | 809 | 9,102 | 785,508 |
| | 19 | Revenue | less expenses Su | ibtract line 18 from line 1 | 2 | | | 7,020 | 52,777 |
| Net Assets or | S | • | | | | | Beginning of Cur | | End of Year |
| sets | <u>통</u> 20 ' | Total ass | ets (Part X, line 16 |) | | | 78: | 1,185 | 831,162 |
| Ass | 띰 21 · | Total liab | lities (Part X, line 2 | 26) | | | | 0 | 0 |
| Š | 튄 22 | Net asset | s or fund balances | Subtract line 21 from lin | ne 20 | | 78: | L,185 | 831,162 |
| | Part II | | nature Block | | | | | | |
| | | | | | rn, including accompanying so | hedules and stateme | ents, and to the bes | t of my knov | vledge and belief, it is |
| | rue, corre | ect, and co | mplete Declaration | of preparer (other than offi | cer) is based on all information | n of which preparer h | nas any knowledge | | |
| _ | | | | la Mund | | | | 77 | गागाउ |
| S | ign | S | gnature of officer | | | | | Date | |
| | ere | | JOE MURP | HY (| " | PRESI | DENT | | |
| 14 | CIC | 7 | pe or print name and titl | | | | | | ··· |
| _ | | | preparer's name | - | Preparer's signature |) | Date, | / Check | If PTIN |
| р. | iid | 1 | | | | med ADA | 1 / | self-emp | □" |
| | | DAVID | CHAPPELL | CTT NATO C MODE | | pul, CPA | | <u>`</u> | 71-0598221 |
| | eparer | Firm s nai | | WLAND & NORR | | | F | rm's EIN | 11-0336221 |
| Us | se Only | | | 1 W. CAPITOL | , | | | | EA1 272 2110 |
| _ | | Firm's ad | | TTLE ROCK, A | | | P | none no | 501-372-3112 |
| M | av the IR | S discus | this return with th | e preparer shown above | ? (see instructions) | | | | X Yes No |

May the IRS discuss this return with the preparer shown above? (see instructions)

| orm 990 (2012) ARKANSAS TENNI | | 23-7372183 | Page 2 |
|---------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|------------------------|
| _ | Service Accomplishments | on in this Dort III | |
| Briefly describe the organization's mission | tains a response to any questio | on in this Part III | |
| TO PROMOTE AND DEVELOR | THE GROWTH OF TEN | NIS. | |
| | | | |
| | | | |
| 2 Did the organization undertake any signific | ant program services during the year w | hich were not listed on the | |
| prior Form 990 or 990-EZ? | | | Yes X No |
| If "Yes," describe these new services on S Did the organization cease conducting, or | | lusto, any program | |
| services? | make significant changes in now it cond | lucts, any program | Yes X No |
| If "Yes," describe these changes on Sched | lule O | | |
| | | e largest program services, as measured by | |
| | - | e amount of grants and allocations to others, | |
| the total expenses, and revenue, if any, for | each program service reported | | |
| la (Code) (Expenses \$ | 545,668 including grants of | \$ 28,978) (Revenue \$ | 583,751) |
| TOURNAMENTS AND LEAGUE | | RSHIP AND | |
| OFFICIATING OF TOURNAM | ENTS AND OTHER TENN | NIS SPORTS EVENTS | |
| IN 2012. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| b (Code) (Expenses \$ | 24,894 including grants of | | 5,420) |
| MEETINGS & CONFERENCES | | | |
| TENNIS ASSOCIATION ANN ASSOCIATION ANNUAL MEE | | | |
| MEETINGS IN 2012. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| c (Code) (Expenses \$ | including grants of | \$) (Revenue \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1.00 | 41.0 | | |
| d Other program services (Describe in Sche (Expenses \$ | |) (Revenue \$ |) |
| e Total program service expenses ▶ | including grants of \$ 570,562 |) (iveverine 4 | / |
| A . | | | Form 990 (2012) |
| | | | |

| | | | Yes | No |
|------|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 103 | 1.40 |
| | complete Schedule A | 1 | | x |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | x | - |
| 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 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | - <u>-</u> - | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | <u> </u> | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | _ | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, 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 | 9 | | X |
| 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 | | X |
| 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 | X | |
| 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 169 If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | , | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | J | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 1 1 | - 1 | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | l l | | ₹. |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | - | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | 72 |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | , | | v |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | ا | } | v |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | v |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 4. | | v |
| 20 - | If "Yes," complete Schedule G, Part III | 19 | -+ | $\frac{x}{x}$ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| a_ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| | are transfer of Required Schedules (Continued) | | | |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------|--------------------------------------------------|
| 21 | Did the organization report more than \$5,000 of greate and other accustomes to any government or exceptions | | Yes | No |
| - 1 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | 24 | x | |
| 22 | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | 21 | ^ | - |
| 44 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | x | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | | \vdash |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | ļ | |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | | 25 | | |
| LTa | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | 1 | } |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | | 245 | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| đ | | 24d | | <u> </u> |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction. | 240 | | - |
| 2Ja | | 25a | | х |
| h | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 23a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | J | | ļ |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 256 | | x |
| 26 | If "Yes," complete Schedule L, Part I | 25b | l | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or | 26 | | х |
| 77 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | ļ | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 27 | | x |
| 28 | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 21 | | |
| 20 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| _ | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 20- | | x |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 206 | | x |
| _ | Schedule L, Part IV | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | X |
| 20 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 1 20 | | x |
| 3.4 | conservation contributions? If "Yes," complete Schedule M | 30 | | <u></u> _ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 1 24 | | x |
| | Part 1 | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 20 | | X |
| 33 | complete Schedule N, Part II | 32 | | |
| ,, | 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 | - | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 33 | | |
|) -4 | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 334 | | |
| b | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | | 330 | | |
| ,, | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| " | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R | | 1 | |
| | Part VI | 37 | | x |
| 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | - | |
| ,,, | 192 Note: All Form 900 filers are required to complete Schedule O | 38 | \mathbf{x} | |
| | | | | |

Form **990** (2012)

| Pa | art.V Statements Regarding Other IRS Filings and Tax Compliance | | <u> </u> | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|--------------|
| | Check if Schedule O contains a response to any question in this Part V | | | ╙ |
| | | F | Yes | No |
| 1a | | | | ł |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | [| | ĺ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 72 | |
| 2- | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | | | | ľ |
| b | , , , , , , , , , , , , , , , , , , , , | _{2b} | X | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | x | Ì |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X | \vdash |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 100 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | - |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | _6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | ···- | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | ŀ |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | ſ |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | · | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | , | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | \vdash |
| h 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | ''' | | |
| 0 | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | È |
| | organization, have excess business holdings at any time during the year? | 8 | | ĺ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | ľ |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | l |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | ł | i I |
| 11 | Section 501(c)(12) organizations. Enter | | ļ | |
| а | Gross income from members or shareholders 11a | _ | - | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | |] | |
| | against amounts due or received from them) | _ | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | ľ | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | Ì | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | ţ | |
| | the organization is licensed to issue qualified health plans 13b | | } | |
| C | Enter the amount of reserves on hand | 140 | | x |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>^</u> - |
| n | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | l. | |

Page 6 Part.VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 12 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 12 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7ь stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 15 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? 15a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 2024 AR VALLEY, STE 302 organization > DEANNA GARRETSON

501-227-7611

AR 72212

LITTLE ROCK

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

Check if Schedule O contains a response to any guestion in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) Average hours per week (list any | bo | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | |
|-------------------------------------------|----------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|---------|---------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------|-----------------|----------------------------------------------------------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) JOHN ANDREWS | | | | | | | | | | |
| | 1.00 | | | | ĺ | | | _ | _ | _ |
| VICE-PRESIDENT | 0.00 | X | | X | <u> </u> | | | 0 | 0 | 0 |
| (2) JOE MURPHY | 1 00 | | | ĺ | | | | | | |
| | 1.00 | | | 3,5 | | | | | 0 | |
| PRESIDENT | 0.00 | X | - | Х | ├— | - | | | 0 | 0 |
| (3) GARY LILES | 1.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.00 | x | | x | | | | О | 0 | 0 |
| (4) TERI HENNESSY | 0.00 | 1 | - | _ | | - | | | | |
| (4) 111111 11111111111111111111111111111 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (5) MILDRED RANDOLPH | | | | | | | | | | |
| (-) | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) LESLIE JACKSON | | | | | | | | | | |
| | 1.00 | | | | | | | | _ | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) MIKE FISHER | 1 00 | | | | | | | | | |
| | 1.00 | | | | | | | | 0 | 0 |
| DIRECTOR MODER | 0.00 | X | | | | | | | 0 | <u> </u> |
| (8) MICHAEL MORSE | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (9) LARRY CORNETT | | | | | | | _ | | | |
| (5) 22 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 1.00 | | | | | 1 | | | | |
| DIRECTOR | 0.00 | $ \mathbf{x} $ | | | | | | 0 | 0 | 0 |
| (10) BOB LUCKY | | | | | | | | | | · |
| . , | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) CRYSTAL NOBLE | | | | | | | | | | |
| | 1.00 | | | | | | | | _ | - |
| VICE-PRESIDENT | 0.00 | X | | X | | | | 0] | 0 | Form 990 (2012) |

| Part VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mple | yees | s, ar | nd Highest Compensated | Employees (continued) | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|-----------------------|------------------------|--------------|------------------------------|-------------|---------------------------------------------------|--------------------------------------------------------|--------------|-------------------------------------------|------------------|
| , (A) Name and title | (B) Average hours per week (list any | bo | x, unl | Po: check ess pe | erson | than o | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | : | (F) Estimate amount of other ompensal | of tion |
| | hours for related organizations below dotted line) | individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | l a | irganization and relate rganization | on ed |
| (12) PAUL ASHFORD | 1.00 | | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | { | | | | 0 | o |) | | _0 |
| (13) DEANNA GARRETSON | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | _ | | x | | | | 59,920 | 0 | | | 1,678 |
| (14) | | | | i. | | | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | | | | - | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | - | | | | | | | | | |
| 1b Sub-total | | <u> </u> | | | <u>L</u> . | | • | 59,920 | | | | 1,678 |
| c Total from continuation shee | ts to Part VII, S | ectic | n A | | | | • | 33,7520 | | | | <u> </u> |
| d Total (add lines 1b and 1c) | | | | | | | > | 59,920 | | | | 1,678 |
| 2 Total number of individuals (incl reportable compensation from the compensation from the compensation) | | | | ose | listed | i abo | ve) v | who received more than \$10 | 00,000 in | | | |
| 3 Did the organization list any fori | mer officer dire | ctor | or tri | istee | ke | v emi | nlove | ee or highest compensated | | | Y | es No |
| employee on line 1a? If "Yes," c | omplete Schedu | ıle J t | for s | uch i | ndıvı | dual | • | - | | - | 3 | X |
| organization and related organiz | | | | | | | | | ii tiic | - | | 7.7 |
| individualDid any person listed on line 1a | receive of accri | ie co | mne | nsati | on fr | om a | nv ii | inrelated organization or ind | ıvıdual | - | 4 | X |
| for services rendered to the org | | | | | | | | | | | 5 | X |
| Section B. Independent Contractor 1 Complete this table for your five | | 20010 | | lono | | + 000 | tran | tors that recoved more than | \$100,000 of | | —— | |
| compensation from the organiza | ation Report cor | | | | | | | year ending with or within the | ne organization's tax year | | | |
| Name and b | (A) ousiness address | | | | | | | Descripti | (B) on of services | | Comp | (C) pensation |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | _ | | | | | | | | | |
| | | | _ | | | | | | | | | |
| Total number of independent co received more than \$100,000 of | | | | | | | se l | isted above) who | 0 | | | |
| DAA | | | | | | | | | | | Form | 990 (2012) |

| Рa | rt V | Ili Statement of Reve Check if Schedule | e nue O conta | ııns a ı | response to | any question in thi | s Part VIII | | |
|--------------------------------------------------------|---------|--------------------------------------------------------------|-------------------------|-----------|-------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| | | | - | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts ts | 1a | Federated campaigns | 1a | | | | | | |
| iran | b | Membership dues | 1b | | 2,719 | | | | |
| ξ, G E | С | Fundraising events | 1c | | | | | | |
| sifts ar A | d | Related organizations | 1d | | | | | | |
| s, C | е | Government grants (contributions) | 1e | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, | | | | | | | |
| | | and similar amounts not included above | 1f | | 232,313 | | | - | |
| d of | g | Noncash contributions included in lines 1a- | -1f \$ | | | | | 1 | |
| | h | Total. Add lines 1a-1f | | | <u> </u> | 235,032 | | | |
| Program Service Revenue | | | | | Busn Code | | 500 751 | | |
| ver | 2a | TOURNAMENT AND LEAG | UE PRO | GRAM | | 583,751 | 583,751 | | |
| R | þ | MEETINGS AND CONFER | ENCES | | | 5,420 | 5,420 | | |
| vic | С | | | | | | | | |
| Sel | d | | | | | | | | |
| ram | е | | | | | | | | |
| og o | | All other program service rever | nue | | | 500 171 | | | |
| <u> </u> | | Total. Add lines 2a-2f | | | • | 589,171 | | · · · · · · · · · · · · · · · · · · · | |
| | 3 | Investment income (including of | dividends | , interes | . 1 | 1 722 | | | 1,722 |
| | | and other similar amounts) | | | | 1,722 | | | |
| | 4 | Income from investment of tax | -exempt t | oona pro | oceeds 🕨 📙 | | | | |
| | 5 | Royalties | | /··\ [| Damanal | | | | |
| | • | (i) Real | | (11) 1 | Personal | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less rental exps | | | | | | | |
| | C | Rental inc or (loss) | | | — | | Î | | |
| | d 7a | Net rental income or (loss) Gross amount from (i) Securities | | /m² |) Other | | | | |
| | | sales of assets | ' - | (", | Other | | | | |
| | h | other than inventory | -+ | | | | • | İ | |
| | b | Less cost or other | | | | | | | |
| | | Gain or (loss) | | | | i | | | |
| | | Net gain or (loss) | .1 | | > | | Ì | | |
| | | Gross income from fundraising eve | nte | | | | | | |
| ne | OA | (not including \$ | 1113 | | | | | | |
| ven | | of contributions reported on line 1c) | , | | | | | | |
| æ | | See Part IV, line 18 | a | | | | | | |
| Other Revenue | b | Less direct expenses | ь | | | | | | |
| ŏ | | Net income or (loss) from fund | raising ev | ents | | | | | |
| | 1 | Gross income from gaming activitie | | | | | | | |
| | | See Part IV, line 19 | a | | | | | ŀ | |
| | b | Less direct expenses | b | | | | | 1 | |
| | | Net income or (loss) from gam | ing activit | ies | • | | | | |
| | 10a | Gross sales of inventory, less | | | | | | | |
| | | returns and allowances | a | | 17,785 | | | | |
| | b | Less cost of goods sold | b | | 5,425 | | | | |
| | | Net income or (loss) from sale | s of inver | itory | • | 12,360 | | 12,360 | ······································ |
| | | Miscellaneous Revenue | | | Busn Code | | | | |
| | 11a | | | | | | | | |
| | b | | | | | | | | |
| | С | | | | | | | | ···· |
| | d | All other revenue | | | | | | | |
| | е | Total. Add lines 11a-11d | | | • | | | | |
| | 12 | Total revenue See instruction | าร | | > | 838,285 | 589,171 | 12,360 | 1,722 |

Form 990 (2012)

Part IX Statement of Functional Expenses

Form 990 (2012)

DAA

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 (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, (C) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 20,656 20,656 Grants and other assistance to individuals in 8,322 8,322 the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 23,349 33,236 59,921 3,336 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 286,045 90,068 376,113 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,885 6,885 9 Other employee benefits 256 34,003 23,752 9,995 10 Payroll taxes 11 Fees for services (non-employees) Management Legal 12,227 12,227 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,219 1,219 12 Advertising and promotion 4,550 4,550 Office expenses 13 4,785 4,785 14 Information technology 15 Royalties 39,173 15,312 54,485 16 Occupancy 4,245 2,930 425 890 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,964 21,964 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 3,589 8,515 12,104 22 Depreciation, depletion, and amortization 3,336 3,336 23 Insurance 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) 115,544 115,544 TOURNAMENT & LEAGUE PROGR 12,643 1,595 11,048 SUPPLIES b 12,633 12,633 REPAIRS & MAINTENANCE 4,271 8,181 3,910 TELEPHONE 11,692 5,796 594 5,302 All other expenses 9,784785,508 570,562 205,162 25 Total functional expenses Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

| | MIL / | ······································ | _ | | | | |
|-----------------------------|-------|-----------------------------------------------------------------|------------|----------------------|-------------------|-----|-------------|
| | | Check if Schedule O contains a response to any que | estion in | this Part X | | | |
| | | | | | (A) | ŀ | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest bearing | | | 26,959 | | 77,129 |
| | 2 | Savings and temporary cash investments | | | 175,782 | 2 | 277,182 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 80,000 | 4 | 80,000 |
| | 5 | Loans and other receivables from current and former office | ers, direc | tors, | | | [|
| | | trustees, key employees, and highest compensated emplo | yees | ļ | | | |
| | | Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified person | ns (as de | fined under section | | | Į |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), an | nd contrib | outing employers and | | - | |
| | Ì | sponsoring organizations of section 501(c)(9) voluntary em | nployees' | beneficiary | | | |
| হ | ł | organizations (see instructions) Complete Part II of Sched | lule L | L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| Ÿ | 8 | Inventories for sale or use | | | | 8_ | |
| | 9 | Prepaid expenses and deferred charges | | į | 300 | 9 | 300 |
| | 10a | Land, buildings, and equipment cost or | | - | | | |
| | | other basis Complete Part VI of Schedule D | 10a | 329,663 | | | |
| | Ь | Less accumulated depreciation | 10b | 230,320 | 97,822 | 10c | 99,343 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 400,008 | 12 | 297,208 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 314 | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 781,185 | 16 | 831,162 |
| | 17 | Accounts payable and accrued expenses | | | | 17 | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of S | Schedule | D | | 21 | |
| ç | 22 | Loans and other payables to current and former officers, di | irectors, | | | | |
| Liabilities | | trustees, key employees, highest compensated employees | s, and | | | | |
| abi | | disqualified persons Complete Part II of Schedule L | | | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelated third pa | arties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parti | ies | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to re | elated th | ird | | _ | |
| | | parties, and other liabilities not included on lines 17-24). Co | omplete F | Part X | | ĺ | |
| | | of Schedule D | | | | 25 | <u> </u> |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117 (ASC 958), check | here 🕨 | X and | | | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | | Į | |
| auc | 27 | Unrestricted net assets | | | 781,185 | 27 | 831,162 |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | |
| g : | 29 | Permanently restricted net assets | | | | 29 | |
| 3 | | Organizations that do not follow SFAS 117 (ASC 958), | check h | ere ▶ 🔲 and | | | |
| ō | | complete lines 30 through 34. | | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | | 30 | · |
| ASS | 31 | Paid-in or capital surplus, or land, building, or equipment fu | ınd | | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated income, or ot | ther fund | s | | 32 | |
| - | 33 | Total net assets or fund balances | | | 781,185 | 33 | 831,162 |
| | 34 | Total liabilities and net assets/fund balances | | | 781,185 | 34 | 831,162 |

| orm | 990 (2012) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183 | | | Pa | ge 12 |
|-----|---------------------------------------------------------------------------------------------------------------|----|----------------------------------------|-----|-------|
| Pa | rt XI Reconciliation of Net Assets | - | ······································ | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8 | 38, | 285 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7 | 85, | 508 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 52, | 777 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7 | 81, | 185 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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, | 800 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 8 | 31, | 162 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | Ī |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | ļ |
| | reviewed on a separate basis, consolidated basis, or both | | ŧ | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | _ |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ļ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both | | | | ļ |
| | Separate basis | | - | | |
| ¢ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | _3a | | X |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | l |

Form **990** (2012)

SCHEDULE,C (Form.990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

| Nan | e of organization ARKANSAS TENNIS ASSOC | TATTON INC | | Employer Identificat 23-73721 | | | | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|-------------------------------|--------------------------------------------------|--|--|--|--|
| Pai | t I-A Complete if the organization is exem | | or is a section | | | | | | |
| 1 | Provide a description of the organization's direct and indirect | | | il ozi organizatio | | | | | |
| 2 | Political expenditures | pontical campaigns activities in | i untiv | ▶ \$ | | | | | |
| 3 | Volunteer hours | | | • • | | | | | |
| - | Volume of Hours | | | | | | | | |
| Pai | t I-B Complete if the organization is exem | pt under section 501(c) | (3). | | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organizat | ion under section 4955 | | ▶ \$ | | | | | |
| 2 | Enter the amount of any excise tax incurred by organization | managers under section 4955 | | ▶ \$ | | | | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form | n 4720 for this year? | | | Yes No | | | | |
| 4a | Was a correction made? | | | | Yes No | | | | |
| b | If "Yes," describe in Part IV | | | | | | | | |
| Pai | t I-C Complete if the organization is exem | pt under section 501(c) | , except section | on 501(c)(3). | | | | | |
| 1 | Enter the amount directly expended by the filing organization | for section 527 exempt function | n | | | | | | |
| | activities | | | ▶ \$ | | | | | |
| 2 | Enter the amount of the filing organization's funds contribute | d to other organizations for sect | ion | | | | | | |
| | 527 exempt function activities | | | ▶ \$ | | | | | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter | here and on Form 1120-POL, | | | | | | | |
| | line 17b | | | ▶ \$ | | | | | |
| 4 Did the filing organization file Form 1120-POL for this year? | | | | | | | | | |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing | | | | | | | | |
| | organization made payments For each organization listed, e | nter the amount paid from the fi | ling organization's | funds Also enter | | | | | |
| | the amount of political contributions received that were prom | ptly and directly delivered to a s | eparate political org | ganization, such | | | | | |
| | as a separate segregated fund or a political action committee | e (PAC) If additional space is no | eeded, provide info | rmation in Part IV | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political | | | | |
| | | | | filing organization's | contributions received and | | | | |
| | | | | funds If none, enter -0- | promptly and directly delivered to a separate | | | | |
| | | | | | political organization If | | | | |
| | | | | | none, enter -0- | | | | |
| 1) | | | | | | | | | |
| | | | | | | | | | |
| 2) | | | | | | | | | |
| | | | | | | | | | |
| 3) | | | | · | | | | | |
| | | | | | ···· | | | | |
| 4) | | | | | | | | | |
| | | | | | | | | | |
| 5) | | | | | | | | | |
| | | | | | <u> </u> | | | | |
| 5) | | | | | | | | | |
| | | | | | | | | | |
| or Pa | perwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ | | | Schedule | C (Form 990 or 990-FZ) 2012 | | | | |

| Sched | dule C (Form 990 or 990-EZ) 2012 ARKAN | SAS TENNIS | ASSOCIATIO | N, INC. | 23-7372183 | Page 4 |
|-------|------------------------------------------------|--------------------------|---------------------------------------|---------------------------------------|------------------------|----------------|
| | Complete if the organi section 501(h)). | | | | | 1 1 3 1 1 |
| Α | Check ▶ ☐ if the filing organizati | on belongs to an | affiliated group (a | and list in Part | IV each affiliated gro | oup member's |
| | name, address, EIN, | | | | | |
| В | Check ▶ ☐ if the filing organizati | | | | | |
| | | bbying Expendit | | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" | | | | organization's totals | group totals |
| 1a | Total lobbying expenditures to influence pu | | | | | |
| b | | | : | | | |
| С | - | | | | | |
| d | | , | | <u> </u> | | |
| е | Total exempt purpose expenditures (add lir | nes 1c and 1d) | | | | |
| f | f Lobbying nontaxable amount Enter the am | , | a table in both | | | |
| | columns | | | | | |
| ſ | If the amount on line 1e, column (a) or (b) is | The lobbying nontaxab | ole amount is | | | |
| Ī | Not over \$500,000 | 20% of the amount on lir | | | Į | |
| Ì | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of th | | | | |
| Ì | Over \$1,000,000 but not over \$1,500,000 | 1 | e excess over \$1,000,000 | | | |
| ŀ | Over \$1,500 000 but not over \$17,000 000 | | excess over \$1,500,000 | | | |
| İ | Over \$17,000,000 | \$1,000,000 | ολο <u>ς 33 στοι φτίσου, σο</u> | | | |
| a | Grassroots nontaxable amount (enter 25% | | | | | |
| h | Subtract line 1g from line 1a If zero or less | • | | <u> </u> | | |
| | Subtract line 1f from line 1c If zero or less, | | | <u> </u> | | |
| i | If there is an amount other than zero on eith | | lid the organization file | Form 4720 | | |
| , | reporting section 4911 tax for this year? | | ina tina argamizanan ma | | | Yes No |
| | Toponing decircing to the tanks and your | | | | | |
| | (Some organizations that | | ng Period Under on 501(h) election | | | the five |
| | columns be | low. See the ins | tructions for line | es 2a through | 2f on page 4.) | |
| | Lob | bvina Expenditu | res During 4-Yea | ar Averaging | Period | |
| | | | | , , , , , , , , , , , , , , , , , , , | | |
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2- | Labbung portavable amount | | | | | |
| Za | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount | | | _ | | |
| | (150% of line 2a, column(e)) | | | | | |
| С | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| е | Grassroots ceiling amount | | | | | |
| | (150% of line 2d, column (e)) | | | | | |
| |) | | | 1 | 1 | 1 |

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

| | ARKANS |
|--------------------------------------|--------|
| Schedule C (Earm 900 or 900 EZ) 2012 | AUKANO |
| | |

Or 990-EZ) 2012 ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Page 3

| Pa | art,II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)). | nas NOT filed | Form | 5768 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|---------------------------------------|
| _ | | | a) | (b) |
| | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed | <u> </u> | | |
| ues | scription of the lobbying activity | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | f: - | | |
| | referendum, through the use of | |] | |
| a | a Volunteers? | | <u> </u> | |
| b | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | <u> </u> | | |
| С | | | ļ | |
| d | d Mailings to members, legislators, or the public? | | | |
| | Publications, or published or broadcast statements? | | | |
| f | f Grants to other organizations for lobbying purposes? | <u> </u> | - | |
| g | | | | |
| h | n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| | i Other activities? | | | |
| J | j Total Add lines 1c through 1i | ţ | | · · · · · · · · · · · · · · · · · · · |
| | a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| | of If "Yes," enter the amount of any tax incurred under section 4912 | | <u> </u> | N-47 |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | ł | } | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | on 501(c)(5) | \ | tion. |
| га | = 501(c)(6). | 011 50 1(0)(5), (| n sec | SUOTI |
| | <u> </u> | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 X |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 X |
| | art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(| on 501(c)(5), o | or sec | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | | |
| | answered "Yes." | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , , |
| 1 | Dues, assessments and similar amounts from members | | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | | |
| | political expenses for which the section 527(f) tax was paid). | | | |
| а | a Current year | | 2a | |
| b | Carryover from last year | | 2b | |
| С | | | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | | <u></u> |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | 1 | |
| | and political expenditure next year? | | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Pa | rt IV Supplemental Information | | | |
| | nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II- | -A (affiliated group | | |
| lict\ | Part II A line 2, and Part II-B line 1. Also, complete this part for any additional information | | | |

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number ARKANSAS TENNIS ASSOCIATION, 23-7372183 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Ves Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2¢ Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 2012

2 FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Sche | dule D (Form 990) 2012 ARKANSAS TENNIS ASSOCIATION, | INC. | 23-737218 | 3 | Page 4 |
|------|-------------------------------------------------------------------------------|-------------|-----------------|-------|--------|
| Pa | IT XI Reconciliation of Revenue per Audited Financial Statem | ents With F | Revenue per Ret | urn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | 1 | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | |] | |
| С | Recoveries of prior year grants | 2c | |] | |
| d | Other (Describe in Part XIII) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 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 | | | |
| b | Other (Describe in Part XIII) | |]] | | |
| С | Add lines 4a and 4b | | 4c | | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | nents With | Expenses per R | eturn | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | , , | | 1 | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |

Part XIII Supplemental Information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

PART X - FIN 48 FOOTNOTE

ARKANSAS TENNIS ASSOCIATION, INC. IS ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. PRIOR TO 2009, NO FORM 990-T WAS FILED DUE TO LACK OF UNRELATED BUSINESS INCOME, THEREFORE, ALL TAX YEARS REMAIN OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING JURISDICTIONS TO WHICH THE ASSOCIATION IS SUBJECT. THE ASSOCIATION HELD NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2012.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7372183

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. INC. ARKANSAS TENNIS ASSOCIATION, Name of the organization

General Information on Grants and Assistance

Part

| X Yes | Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000 Part II can be duplicated if additional space is needed | (h) Purpose of grant or assistance | | | | | | | | | | 4 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|----|-----------|--------------|-----|----|----|----|----|--------------------------------------------------------------------------------|
| | eded | (g) Description of non-cash assistance | | | | | | | | | | |
| assistance, and | lete if the orgar | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | |
| bility for the grants or a | ions in the United States. Complete if the organization Part II can be duplicated if additional space is needed | (e) Amount of non- cash assistance | | | | | | | | | | |
| s or assistance, the grantees' eligi it funds in the United States | ations in the Uni | | | | | | | | | | | elde |
| its or assista int funds in t | 1 Organiz han \$5,00 | (c) IRC section if applicable | | | | | | | | | | the line 1 table |
| amount ot the grar 32 oring the use of gra | vernments and eceived more t | (b) EiN | | | | | | | | | | nanizations listed in |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | fil Grants and Other Assistance to Governments and Organizat Part IV, line 21, for any recipient that received more than \$5,000 | (a) Name and address of organization or government | | | | | | | | | | Enter total number of section 501(c)(3) and government organizations listed in |
| - 2 | Part II | - | c | 62 | <u>(£</u> | (| (2) | (9 | (2 | (8 | (6 | 7 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Page 2

23-7372183 Schedule | (Form 990) (2012) ARKANSAS TENNIS ASSOCIATION, INC.

(f) Description of non-cash assisfance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 322 (c) Amount of cash grant ω, Part III can be duplicated if additional space is needed (b) Number of recipients 22 ATHLETIC SCHOLARSHIPS (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 Information

Part IV

SPECIAL MONITORING PROCEDURES ARE NOT DEEMED NECESSARY.

ALL GRANTS OF THE ORGANIZATION ARE OF AN IMMATERIAL NATURE, THEREFORE,

Schedule 1 (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ARKANSAS TENNIS ASSOCIATION, INC.

Employer identification number 23-7372183

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE DIRECTOR IS PROVIDED A COPY OF THE FORM 990, WHICH IS

REVIEWED AND SIGNED BY THE PRESIDENT. THERE IS NO FORMAL REVIEW PROCESS OF

THE FORM 990 BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ASSOCIATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE GENERAL PUBLIC ON REQUEST, BY WRITING OR VISITING THE
ASSOCIATION'S OFFICE.

UNREALIZED LOSS ON INVESTMENTS

\$ 2,800

Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| (**** 00-1041) 20 | , | | | | | | i |
|-----------------------------------------|--------------------|-----------------------------------------------------------|----------------|-----------------------------------------|------------------------|-------------|-----------------------|
| Department of the Internal Revenue | | ► File | a separate | application for each return. | | | |
| | | tomatic 3-Month Extension, comple | te only Par | t I and check this hox | | | <u> </u> |
| | _ | ditional (Not Automatic) 3-Month Ex | • | | e 2 of this form) | | • 🗆 |
| | | ess you have already been granted ar | | - · · · · · · · · · · · · · · · · · · · | · · | 88 | |
| Electronic fi | ling (e-file). Yo | u can electronically file Form 8868 if y | ou need o 3 | month automatic extension | of time to file (6 man | the for | |
| | | Form 990-T), or an additional (not aut | | | | | |
| | | of time to file any of the forms listed i | | | • | | |
| | | ted With Certain Personal Benefit Cor | | · | | | |
| | | s on the electronic filing of this form, v | | | | ofits | |
| Part I | Automati | 3-Month Extension of Time | . Only sub | omit original (no copies | needed) | | |
| A corporation | required to file | Form 990-T and requesting an autom | atic 6-month | extension - check this box | and complete | | |
| Part I only | | | | | | | ▶ 📙 |
| | | ing 1120-C filers), partnerships, REMI | Cs, and trus | ts must use Form 7004 to re | quest an extension o | of time | |
| to file income | tax returns | | | | | | |
| | | | | E | | | ber, see instructions |
| Type or | Name of exe | mpt organization or other filer, see ins | tructions | | Employer identific | ation nur | nber (EIN) or |
| print | ADKANS | AS TENNIS ASSOCIAT | TOM T | NC | 23-737218 | 3 | |
| Eila bu tha | | eet, and room or suite no If a P O box | | | Social security nui | | |
| File by the due date for | 1 | RKANSAS VALLEY DRIV | , | | Social security flui | inder (OC | 211/ |
| filing your | | post office, state, and ZIP code For a | | | <u> </u> | | - |
| return See instructions | LITTLE | • | 72212 | | | | |
| Futuratha Dat | | | | | | | 57 |
| | urn code for the | return that this application is for (file a | a separate a | pplication for each return) | | | pt |
| Application | n | | Return | Application | | | Return |
| ls For | | | Code | Is For | | | Code |
| | or Form 990-EZ | | 01 | Form 990-T (corporation) | | | 07 |
| Form 990-E | | | 02 | Form 1041-A | | | 08 |
| | (individual) | | 03 | Form 4720 | | | 09 |
| Form 990-F | | * 409(a) truct) | 04 | Form 5227 Form 6069 | | | 10 |
| | 「(sec_401(a) o | | 06 | Form 8870 | | | 12 |
| <u>Form 990-1</u> | Γ (trust other tha | iii above) | 06 | 101111 0070 | | | |
| | | | | | | | |
| The books | are in the care of | > | | | | | |
| | | | | | | | |
| Telephon | e No 🕨 | | FAX No | • | | | <u></u> |
| • If the org | anization does i | not have an office or place of business | in the Unite | d States, check this box | | | ▶ □ |
| • If this is f | or a Group Reti | ırn, enter the organization's four digit (| | · · · · · · · · · · · · · · · · · · · | If this is | | |
| | group, check th | <u> </u> | the group, o | check this box | and attach | | |
| | | is of all members the extension is for | | | | | |
| | st an automatic | 3-month (6 months for a corporation r | | | | | |
| until | | , to file the exempt organization retui | rn for the org | ganization named above. The | e extension is | | |
| for the | organization's r | | | | | | |
| | calendar year | Or | | | | | |
| ▶ □ | tax year begin | ning , and ending | | | | | |
| 2 If the to | - | ing , and ending in line 1 is for less than 12 months, ch | ack resean | Initial return Fi | nal return | | |
| | change in accou | | CCK TEASUTT | Initial Teturit | nai retuin | | |
| | | Form 990-BL, 990-PF, 990-T, 4720, c | or 6069, ente | er the tentative tax. less any | | | |
| nonrefundable credits. See instructions | | | | , | 3a | \$ | |
| | | Form 990-PF, 990-T, 4720, or 6069, e | enter any ref | fundable credits and | | | |
| | | s made Include any prior year overpa | - | | 3b | \$ _ | |
| | | line 3b from line 3a Include your pay | | | | | |
| | | deral Tax Payment System) See instru | | | 3c | <u></u> | |
| | | make an electronic fund withdrawal wi | | 8868. see Form 8453-EO ar | nd Form 8879-EO fo | r pavmer | nt instructions |