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# 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)

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

Open to Public

| ÷ 7.                    |                    | ,  |                             | 1                             |
|-------------------------|--------------------|--|-----------------------------|-------------------------------|
| A                       | For th             | e 2012 calendar year, or tax year beginning and ending   |                             |                               |
| ,<br>B                  | Check if           | C Name of organization   | D Employer identific        | cation number                 |
| 를.                      | applicab           | le State of the st |                             |                               |
| Ħ                       | Addr               | SS AMIANMA LAUNI MENNITO ACCOUTAMIONI TNO  |                             |                               |
|                         | ichane<br>Name     |  | ⊢                           | 44.4550                       |
| 亳                       | chan               | Doing Business As  | 58-1                        | 414572                        |
|                         | lnıtıal<br>returr  |  | lite E Telephone numbe      | r                             |
| : 13                    | Term               | · · · · · · · · · · · · · · · · · · ·  |                             | 399-5788                      |
| 3 17                    | ated<br> Amer      | ded Total  |                             | 1,655,367.                    |
| 늗                       | —lreturr<br>∏Appli | , <u> </u>   | G Gross receipts \$         |                               |
| <u> 192</u>             | ition<br>pend      | AILANIA, GA 30326-3723   | H(a) Is this a group re     |                               |
| ζ.                      | pend               | F Name and address of principal officer:JOAN APPELBAUM   | for affiliates?             | Yes X No                      |
|                         |                    | SAME AS C ABOVE  | H(b) Are all affiliates inc | luded? Yes No                 |
| 1                       | Tay-ex             |  |                             | list. (see instructions)      |
|                         |                    | te: > WWW.ALTATENNIS.ORG   |                             | •                             |
|                         |                    |  | H(c) Group exemptio         | -                             |
|                         |                    |  | ear of formation: 1976 N    | State of legal domicile: GA   |
| P                       | art I              | Summary  |                             |                               |
| 4                       | 1                  | Briefly describe the organization's mission or most significant activities: SEE SCHE   | DULE O                      |                               |
| ဋ                       |                    | •  |                             |                               |
| ם                       |                    | Check this have No. 1 of the average stand discontinued to an evaluate or disconding   | are then OFOV of the mat on |                               |
| ē                       | 2                  | Check this box  If the organization discontinued its operations or disposed of m   |                             | _                             |
| ó                       | 3                  | Number of voting members of the governing body (Part VI, line 1a)  | . 3                         | 9                             |
| ক<br>ক                  | 4                  | Number of independent voting members of the governing body (Part VI, line 1b)  | 4                           | 9                             |
| Activities & Governance | 5                  | Total number of individuals employed in calendar year 2012 (Part V, line 2a)   | 5                           | 6                             |
| ≝                       | 6                  | Total number of volunteers (estimate if necessary)   | 6                           | 220                           |
| :≩                      |                    | •  | ·                           | 0.                            |
| ĕ                       |                    | Total unrelated business revenue from Part VIII, column (C), line 12   | . <u>7a</u>                 |                               |
|                         | b                  | Net unrelated business taxable income from Form 990-T, line 34   | 7b                          | <u>-70,250.</u>               |
|                         |                    |  | Prior Year                  | Current Year                  |
| ø.                      | 8                  | Contributions and grants (Part VIII, line 1h)  | 0.                          | 0.                            |
| Revenue                 | 9                  | Program service revenue (Part VIII, line 2g)   | 1,505,245.                  | 1,622,453.                    |
| ĕ                       | 140                | , , ,  |                             |                               |
| æ                       | 10                 | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 2,643.                      | 15,001.                       |
|                         | 11                 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 15,789.                     | 17,913.                       |
|                         | 12                 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,523,677.                  | <u>1,655,367.</u>             |
|                         | 13                 | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 100,000.                    | 103,136.                      |
| SE S                    | 14                 | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                          | 0.                            |
| ₹                       | 1                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 312,801.                    | 322,436.                      |
| ∵ ⊗ % دااا∆<br>Expenses | 15                 |  |                             |                               |
| ~ ~ ~                   | 16a                | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                          | 0.                            |
| `` <del>č</del>         | b                  | Total fundraising expenses (Part IX, column (D), line 25)  |                             |                               |
| <u>т</u> ш              | 17                 | Other expenses (Part IX, column (A), lines 11a 1.1d, 11f 24e)  | 1,227,484.                  | 1,279,339.                    |
| 7                       | 18                 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1,640,285.                  | 1,704,911.                    |
| <b>≠</b> = 2            |                    | Revenue less expenses. Subtract line 18 from line 12 2 2013  | -116,608.                   | -49,544.                      |
| 13 5                    | 19                 | revenue less expenses. Subtract line to from time 12 ½ 2013  |                             |                               |
| Balances                | <u>[</u>           | Carrier and the Control of the Contr | Beginning of Current Year   | End of Year                   |
| 325                     | 20                 | Total assets (Part X, line 16)   | 4,044,947.                  | <u>3,973,306.</u>             |
| . Z 0                   | 21                 | Total liabilities (Part X, line 26)  | 910,680.                    | 902,180.                      |
| Neth                    | 22                 | Net assets or fund balances. Subtract line 21 from line 20   | 3,134,267.                  | 3,071,126.                    |
|                         | art II             | Signature Block  |                             | <u> </u>                      |
| _                       |                    |  | lamanta and ta the best of  |                               |
|                         |                    | alties of perjury, I declare that I have examined this return, including accompanying schedules and sta  |                             | y knowledge and belief, it is |
| true                    | , corre            | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep   | arer has any knowledge.     |                               |
|                         |                    | Willia & Welle   | 7/2                         | C/13                          |
| Sig                     | n                  | Signature of officer   | Date                        |                               |
| _                       |                    | WILLIAM R WALKER TREASURE  | ø                           |                               |
| Her                     | re                 | Type or print name and title   |                             |                               |
|                         |                    |  |                             | <del></del>                   |
|                         |                    | Print/Type preparer's name Proparer's signature  | Date Check                  | PTIN                          |
| Paid                    | d                  | WILLIAM C. LANKFORD  | 7/24/13 ff self-employe     | ₽00577880                     |
|                         | -<br>parer         | Firm's name MOORE STEPHENS TILLER LLC  | - I - I                     | 58-0673524                    |
|                         | -                  |  | Firm's EIN                  | 30-00/3344                    |
| use                     | Only               | Firm's address 780 JOHNSON FERRY RD., STE. 325   |                             |                               |
|                         |                    | ATLANTA, GA 30342  | Phone no. 4                 | <u>04-256-1606</u>            |
| Ma                      | v the I            | RS discuss this return with the preparer shown above? (see instructions)   |                             | X Yes No                      |

| Part III   Statement of Program Service Accomplishments  |               | 990 (2012) ATLANTA LAWN TENNIS ASSOCIATION, INC. 58-1414572 Page 2   |
|--|---------------|--|
| Briefly doscribe the organization's mission:   SEE SCHEDULE O  | Pa            |  |
| SEE SCHEDULE 0    Dear the organization undertake any syndicant program services during the year which were not listed on the prior from 990 or 990-E2?   Tives, "describe these new services on Schedule 0.   Dear the prior from 990 or 990-E2?   Tives, "describe these changes on Schedule 0.   Dear the prior from 990 or 990-E2?   Tives, "describe the organization cease and counting, or make significant changes in how it conducts, any program services?   Tives   No.   If "ves," describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s) and 501(s) (s) and 501(s) and 501(s) (s) and 501(s) and 501(s) and 501(s) and 501(s) and 501(s) and |               | Check if Schedule O contains a response to any question in this Part III                                     |
| the prior Form 990 or 990-E27  If Yes, 'describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves X No If Yes,' describe these changes on Schedule O.  Describe the organization by program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service persons.  1, 634, 353.)  AMATEUT TENNIS IS PROMOTED THROUGH SCHEDULING COMPETITIVE EVENTS FOR MORE THAN 80,000 PARTICIPANTS.  | 1             |  |
| the prior Form 990 or 990-E27  If Yes, 'describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves X No If Yes,' describe these changes on Schedule O.  Describe the organization by program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service persons.  1, 634, 353.)  AMATEUT TENNIS IS PROMOTED THROUGH SCHEDULING COMPETITIVE EVENTS FOR MORE THAN 80,000 PARTICIPANTS.  |               |  |
| 3 Dot the organization coase conducting, or make significant changes in how it conducts, any program services?   | 2             | the prior Form 990 or 990-EZ?  |
| 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversure, if aim, for each program service reported.  4a (cose   | 3             | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| Revenue   Amount   Revenue   Reve  | 4             | -  |
| 4a (code   ) (Expenses 1 1,468,052 . moluding grants of 103,136.) (Inserture 1,634,353.)  AMATEUR TERNIS IS PROMOTED THROUGH SCHEDULING COMPETITIVE EVENTS FOR MORE THAN 80,000 PARTICIPANTS.  4b (code   ) (Expenses 5   moluding grants of 5   ) (Inserture 5   )  4c (code   ) (Expenses 5   moluding grants of 5   ) (Inserture 5   )  4d Other program services (Describe in Schedule O)  (Expenses 1   moluding grants of 5   ) (Inserture 5   )  (Expenses 2   moluding grants of 5   ) (Inserture 5   )  (Expenses 2   moluding grants of 5   ) (Inserture 5   )  (Expenses 2   moluding grants of 5   ) (Inserture 5   )  (Expenses 3   moluding grants of 5   ) (Inserture 5   )  (Expenses 4   Total Program service expenses 5   1, 468, 052 .   |               |  |
| AMATEUR TENNIS IS PROMOTED THROUGH SCHEDULING COMPETITIVE EVENTS FOR MORE THAN 80,000 PARTICIPANTS.  4b (Code) (Expenses s   | 4a            |  |
| 46 (Code) (Expenses S  |               |  |
| 4c (Code) (Expenses \$   |               | MORE THAN 80,000 PARTICIPANTS.   |
| 4c (Code) (Expenses \$   |               |  |
| 4c (Code) (Expenses \$   |               |  |
| 4c (Code) (Expenses \$   |               |  |
| 4c (Code) (Expenses \$   |               | <del></del>  |
| 4c (Code) (Expenses \$   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   | 4b            | (Code) (Expenses \$) (Revenue \$)  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   |               |  |
| 4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses \$ 1,468,052.   | 4c            | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  |               |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 1,468,052.  | _             |  |
| 4e Total program service expenses ► 1,468,052.   | 4d            | Other program services (Describe in Schedule O)  |
|  | <del></del> - |  |
| FIRM SMOTH A   | <u>4e</u>     |  |

Form **990** (2012)

20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

ATLANTA LAWN TENNIS ASSOCIATION, INC. Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No 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 X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 Х Schedule K. If "No", go to line 25 24a 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 X 25a 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 X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 X 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X. 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Form 990 (2012)

N/A

Х

35b

36

37

36

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

O12) ATLANTA LAWN TENNIS ASSOCIATION,
Statements Regarding Other IRS Filings and Tax Compliance

|        | Check if Schedule O contains a response to any question in this Part V  |          |      |           |
|--------|---|----------|------|-----------|
|        |   |          | Yes  | No        |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37  |          |      |           |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |          |      |           |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |          |      |           |
|        | (gambling) winnings to prize winners?   | 1c       | _ X  |           |
| 2a     | 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 2a 6  |          |      |           |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       | Х    |           |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          |      |           |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |      | X         |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b       |      |           |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |          |      |           |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |      | _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_       |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |      | X         |
| C      | 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 chantable 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).   |          |      |           |
|        | 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       |      | <u> X</u> |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |      |           |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |          |      |           |
|        | to file Form 8282?  | 7c       |      | <u> </u>  |
|        | If "Yes," indicate the number of Forms 8282 filed during the year   | _        |      | 37        |
| _      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |      | X         |
| f<br>- | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       | BT / | X         |
| 9      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       | N/   |           |
| 8      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       | N/   | <u>~</u>  |
| 0      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |          |      |           |
| 9      | Sponsoring organizations maintaining donor advised funds.   | 8        |      |           |
|        | Did the organization make any taxable distributions under section 4966?  N/A  | 9a       |      |           |
|        | Did the organization make a distribution to a donor, donor advisor, or related person?  N/A   | 9a<br>9b |      |           |
| 10     | Section 501(c)(7) organizations. Enter:   | 30       | -    |           |
|        | Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a  | . ]      |      |           |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |          |      |           |
| 11     | Section 501(c)(12) organizations. Enter   |          |      |           |
| а      | Gross income from members or shareholders N/A 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      |      |           |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b   |          |      |           |
| 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?  N/A   | 13a      |      |           |
|        | Note. See the instructions for additional information the organization must report on Schedule O.   |          |      | _         |
| b      | 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  |          |      |           |
| С      | Enter the amount of reserves on hand  |          |      |           |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |      | X         |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b      |      |           |
|        |   | Form     | 990  | (2012)    |

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          |  |  |  |  |  |  |
|------------|---|----------|----------------|------------|--|--|--|--|--|--|
| Sec        | tion 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 1a 5  |          |                |            |  |  |  |  |  |  |
|            | If there are material differences in voting rights among members of the governing body, or if the governing   |          | ļ              |            |  |  |  |  |  |  |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.   |          |                |            |  |  |  |  |  |  |
| 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 any other  |          |                |            |  |  |  |  |  |  |
|            | officer, director, trustee, or key employee?  |          |                |            |  |  |  |  |  |  |
| 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        |                | Х          |  |  |  |  |  |  |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |                | X          |  |  |  |  |  |  |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |                | X          |  |  |  |  |  |  |
| 6          | Did the organization have members or stockholders?  | 6        |                | _X         |  |  |  |  |  |  |
| 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       |                | Х          |  |  |  |  |  |  |
| 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       |                | X          |  |  |  |  |  |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | :        |                |            |  |  |  |  |  |  |
| а          | The governing body?   | 8a       | X              |            |  |  |  |  |  |  |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b       | X              |            |  |  |  |  |  |  |
| 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        |                | X          |  |  |  |  |  |  |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |                |            |  |  |  |  |  |  |
|            |   |          | Yes            | No         |  |  |  |  |  |  |
| 10a        | Did the organization have local chapters, branches, or affiliates?  | _10a     |                | <u>X</u>   |  |  |  |  |  |  |
| 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      |                |            |  |  |  |  |  |  |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      |                | X          |  |  |  |  |  |  |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |                | :          |  |  |  |  |  |  |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | Х              |            |  |  |  |  |  |  |
| þ          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      |                | <u>X</u> _ |  |  |  |  |  |  |
| C          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          | 77             |            |  |  |  |  |  |  |
|            | in Schedule O how this was done   | 12c      | _X_            | 4,7        |  |  |  |  |  |  |
| 13         | Did the organization have a written whistleblower policy?   | 13       |                | X          |  |  |  |  |  |  |
| 14         | Did the organization have a written document retention and destruction policy?  | 14       |                | X          |  |  |  |  |  |  |
| 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?   |          |                | <b>.</b>   |  |  |  |  |  |  |
| a          | The organization's CEO, Executive Director, or top management official  | 15a      |                | X          |  |  |  |  |  |  |
| b          | Other officers or key employees of the organization   | 15b      |                | ^          |  |  |  |  |  |  |
| 16-        | 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 |          |                |            |  |  |  |  |  |  |
| ioa        | taxable entity during the year?   | 40-      |                | x          |  |  |  |  |  |  |
| h          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  | 16a      |                | _^         |  |  |  |  |  |  |
| J          | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |          |                |            |  |  |  |  |  |  |
|            | exempt status with respect to such arrangements?  | 465      |                |            |  |  |  |  |  |  |
| Sec        | tion C. Disclosure  | 16b      |                |            |  |  |  |  |  |  |
| <u> 17</u> | List the states with which a copy of this Form 990 is required to be filed ▶GA  |          |                |            |  |  |  |  |  |  |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)  | n collab |                |            |  |  |  |  |  |  |
| 10         | for public inspection. Indicate how you made these available. Check all that apply  | avallat  | i <del>C</del> |            |  |  |  |  |  |  |
|            | Own website Another's website X Upon request Other (explain in Schedule O)  |          |                |            |  |  |  |  |  |  |
| 10         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar   | الله الم | and!           |            |  |  |  |  |  |  |
| 19         |   | u finaf  | icial          |            |  |  |  |  |  |  |
| 20         | 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 organization.                    | <b>-</b> |                |            |  |  |  |  |  |  |
| 20         | RANDY WALKER, TREASURER - 770-399-5788  | uon. 🕨   |                |            |  |  |  |  |  |  |
|            | 6849 PEACHTREE DUNWOODY ROAD, ATLANTA, GA 30328-5723  |          |                | _          |  |  |  |  |  |  |
| 232006     | VIS I DIGHT TOWN COLI NOW, ATHMIN, GA 30320-3123  |          |                |            |  |  |  |  |  |  |

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

Check if Schedule O contains a response to any question 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.

| <b>(A)</b><br>Name and Title                   | (B) Average hours per week   | box<br>offi                    | not c  | Pos<br>heck<br>ss pe | more<br>rson | on one on one on one on is both an octor/trustee) |        | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other  |
|--|--|--------------------------------|--|----------------------|--------------|---|--------|--|--|--|
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee                            | Officer              | Key employee | Highest compensated employee                      | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) KEITH WOOD                                 | 1.00   |                                |  |                      |              |   |        |  |  |  |
| CHAIRMAN                                       |  | X                              | <u> </u>   | X                    | _            |   | _      | 750.                                   | 0.                                       | 0  |
| (2) DIANE BARKER                               | 1.00   | 1                              |  |                      |              | •   |        |  | _  |  |
| PRESIDENT                                      |  | X                              |  | X                    | _            |   |        | 1,950.                                 | 0.                                       | 0  |
| (3) DORIAN JEFFERSON                           | 1.00   | <b>∤</b>                       |  |                      |              |   |        |  | •  | •  |
| FIRST VICE PRESIDENT                           | 1 00   | X                              | -  | X                    |              |   |        | 900.                                   | 0.                                       | 0  |
| (4) RANDY WALKER                               | 1.00   |                                |  | ٠,                   |              |   |        | 000                                    | 0  | 0  |
| TREASURER                                      | 1.00   | Х                              |  | X                    | _            | <u> </u>  | -      | 900.                                   | 0.                                       | 0  |
| (5) PEGGY ARMSTRONG                            | 1.00   | X                              |  |                      |              | 1   |        | 900.                                   | 0.                                       | 0  |
| ALTA FOUNDATION PRESIDENT (6) WILLIAM SAUNDERS | 1.00   | ^                              | -  | -                    | <del> </del> | <del>                                     </del>  | -      | 900.                                   | U•                                       | 0  |
| DIRECTOR                                       | 1.00   | x                              |  |                      |              |   |        | 675.                                   | 0.                                       | 0  |
| (7) LOU LEWIS                                  | 1.00   | 1                              | <del>                                     </del> | ┢                    |              | <del> </del>                                      |        | 0,5.                                   |  |  |
| DIRECTOR                                       | 2100   | x                              |  | •                    |              | ľ   |        | 450.                                   | 0.                                       | 0  |
| (8) JOAN APPELBAUM                             | 1.00   |                                |  |                      |              |   |        |  |  |  |
| DIRECTOR PAST PRESIDENT                        |  | X                              |  | ŀ                    |              |   |        | 825.                                   | 0.                                       | 0  |
| (9) JERRY NIEMEYER                             | 1.00   |                                |  |                      |              |   |        |  |  |  |
| DIRECTOR, PAST PRESIDENT                       |  | X                              |  |                      |              | L   |        | 975.                                   | 0.                                       | 0  |
|  |  |                                |  |                      |              |   |        |  |  |  |
|  |  |                                |  |                      |              |   |        |  |  |  |
|  |  |                                |  |                      |              |   |        |  |  |  |
|  |  |                                |  |                      |              |   |        |  |  |  |
| <del></del>                                    |  |                                |  |                      |              | $\vdash$  | -      |  |  |  |
|  |  |                                |  |                      | _            | <u> </u>  |        |  |  |  |
|  |  |                                |  |                      |              |   |        |  |  |  |
|  |  |                                |  |                      |              |   |        |  |  |  |
|  |  |                                | -  |                      |              |   |        |  |  |  |
|  |  | _                              | _  |                      |              |   |        |  |  |  |
|  |  | ł                              | 1  |                      |              |   |        |  |  |  |

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Form 990 (2012)

| <u> </u>   |          |          | Check if Schedule O cont   |                    | to any guestion | in this Part VIII |  |   |   |
|--|----------|----------|--|--------------------|-----------------|-------------------|--|---|---|
|  |          |          | Crieck if Scriedule O Com  | ans a response     | to any question | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats sta  | 1 :      | a        | Federated campaigns  | 1a                 |                 |                   |  |   |   |
| ir a   | _        |          | Membership dues  | 1b                 |                 |                   |  |   |   |
| S, G   | (        | С        | Fundraising events   | 1c                 |                 |                   |  |   |   |
| a Tit  | (        | d        | Related organizations  | 1d                 |                 |                   |  |   |   |
| ž,Ē  | (        | е        | Government grants (contribut   | tions) 1e          |                 |                   |  |   |   |
| i Sign   | 1        | f        | All other contributions, gifts, gran   | its, and           |                 |                   | 1                                      |   |   |
| 章美   |          |          | similar amounts not included abo   | ve 1f              |                 |                   |  |   |   |
| Contributions, Gifts, Grants and Other Similar Amounts |          | g        | Noncash contributions included in lines  | 1a-1f \$           |                 |                   |  |   |   |
| <u>2 g</u>   | <u> </u> | h_       | Total. Add lines 1a-1f   |                    | ▶               |                   |  |   |   |
|  |          |          |  | _                  | Business Code   |                   |  |   |   |
| ဋ  | 2 8      |          | MEMBERSHIP DUES  |                    | 900099          | 1,619,243.        | 1,619,243.                             |   |   |
| e S  | ı        | b        | TOURNAMENT FEES  | <u> </u>           | 900099          | 3,210.            | 3,210.                                 |   |   |
| S E  |          | C        |  |                    |                 |                   |  |   |   |
| gra  | ·        | d        |  |                    | -               |                   |  | <del></del>                             | -   |
| Program Service<br>Revenue                             |          | e        | All allows are a second as a s |                    |                 |                   |  | <del></del>                             |   |
|  | 1        |          | All other program service reve   | enue .             | <u></u>         | 1,622,453.        |  | <del></del>                             |   |
|  | 3        | <u>q</u> | Total, Add lines 2a-2f Investment income (including  | duudanda intar     |                 | 1,022,455.        |  |   |   |
|  | "        |          | other similar amounts)   | dividerids, litter | est, and        | 15,001.           |  |   | 15,001.   |
|  | 4        |          | Income from investment of ta   | x-exempt bond      | nroceeds        | 13,001.           |  |   | 13,001.   |
|  | 5        |          | Royalties  | x exempt bond      | proceeds -      | 6,013.            |  |   | 6,013.  |
|  |          |          | ,  | (i) Real           | (ii) Personal   | 0,0233            |  |   | 0,0200  |
|  | 6 :      | а        | Gross rents  | (7 . 155.          | 177. 5.55.15.   |                   |  |   |   |
|  |          |          | Less rental expenses   |                    |                 | 1                 |  |   |   |
|  |          |          | Rental income or (loss)  |                    |                 |                   |  |   |   |
|  |          |          | Net rental income or (loss)  |                    | <b>•</b>        |                   |  |   |   |
|  | 7 :      | а        | Gross amount from sales of   | (ı) Securities     | (II) Other      |                   |  |   |   |
|  |          |          | assets other than inventory  |                    |                 | ]                 |  |   |   |
|  | ı        | b        | Less: cost or other basis  |                    |                 |                   |  |   |   |
|  |          |          | and sales expenses   |                    |                 |                   |  |   |   |
|  | ,        | С        | Gain or (loss)   |                    |                 |                   |  |   |   |
|  | (        | ď        | Net gain or (loss)   |                    |                 |                   |  |   |   |
| ē  | 8 8      | а        | Gross income from fundraisin   | g events (not      |                 |                   |  |   |   |
| enr  |          |          | including \$   | of                 |                 |                   |  |   |   |
| ě  |          |          | contributions reported on line   | 1c). See           | 1               |                   |  |   |   |
| Other Revenu   |          |          | Part IV, line 18   | а                  | ·               |                   |  |   |   |
| ₽  | ı        |          | Less direct expenses   | b                  | ·               |                   |  |   |   |
|  | ı        |          | Net income or (loss) from fund   | =                  |                 |                   | <del>   </del>                         |   |   |
|  | 9 6      | а        | Gross income from gaming ac  |                    | Ì               |                   |  |   |   |
|  |          |          | Part IV, line 19   | а                  |                 |                   |  |   |   |
|  | 1        |          | Less direct expenses   | b<br>b             | ·               |                   |  |   |   |
|  |          |          | Net income or (loss) from gam<br>Gross sales of inventory, less  | _                  |                 |                   | <b>-</b>                               |   |   |
|  | 10 6     | a        | and allowances   |                    |                 |                   |  |   |   |
|  | ١,       | h        | Less: cost of goods sold   | a<br>b             |                 |                   |  |   |   |
|  |          |          | Net income or (loss) from sale   | _                  | 'L              |                   |  |   |   |
|  | <u>`</u> | <u> </u> | Miscellaneous Revenu   |                    | Business Code   |                   |  | -                                       |   |
|  | 11 :     | a        | OTHER REVENUE  |                    | 900099          | 11,900.           | 11,900.                                |   |   |
|  | _        | b        |  |                    | 300055          | 11/5000           |  |   |   |
|  |          | c        |  | _                  |                 |                   |  | <del></del>                             |   |
|  | ,        | _        | All other revenue  |                    |                 |                   |  | <del></del>                             |   |
|  |          |          | Total. Add lines 11a-11d   | •                  | <b></b>         | 11,900.           |  |   |   |
| _  | 12       | _        | Total revenue See instructions.  |                    |                 | 1,655,367.        | 1,634,353.                             | 0.                                      | 21,014.   |
| 23200<br>12-10   |          |          |  | <del></del>        | <del></del>     |                   |  |   | Form <b>990</b> (2012)  |

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 (C) Management and (B) (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 103,136 103,136 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, 8,325 8,325 trustees, and 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) 244,853. 80,268. 164,585. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,106 2,657 5,449 <u>27,905</u>. 13,609 41,514. Other employee benefits 10 Payroll taxes 19,638. 6,438 13,200. Fees for services (non-employees): Management Legal b 17,395 17,395 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 17,523 17,523 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 43,253 43,253 13 Office expenses 168,229 168,229 Information technology 14 Royalties 15 74,629 74,629 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 64,844 64,844 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 362,884 362,884 22 Depreciation, depletion, and amortization 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.) 450,326 450,326 LEAGUE PLAY **PUBLICATIONS** 70,250 70,250 TOURNAMENTS 10,006. 10,006. C All other expenses 1,704,911. 1,468,052. 0. Total functional expenses Add lines 1 through 24e 236,859 25 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 if following SOP 98-2 (ASC 958-720)

| Part X  | Balance Sheet   |                          |     |                    |
|---|---|--------------------------|-----|--------------------|
|   | Check if Schedule O contains a response to any question in this Part X            |                          |     |                    |
|   |   | (A)<br>Beginning of year |     | (B)<br>End of year |
| 1   | Cash · non-interest-bearing   | 694,043.                 | 1   | 789,537            |
| 2   | Savings and temporary cash investments  | 1,640,107.               | 2   | 1,789,782          |
| 3   | Pledges and grants receivable, net  |                          | 3   |                    |
| 4   | Accounts receivable, net  | 756.                     | 4   |                    |
| 5   | Loans and other receivables from current and former officers, directors,          |                          |     |                    |
|   | trustees, key employees, and highest compensated employees Complete               |                          |     |                    |
| 1   | Part II of Schedule L   |                          | 5   |                    |
| 6   | Loans and other receivables from other disqualified persons (as defined under     |                          |     |                    |
| "   | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                          |     |                    |
|   | employers and sponsoring organizations of section 501(c)(9) voluntary             |                          |     |                    |
|   | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                          | 6   |                    |
| ş 7   | Notes and loans receivable, net   | <del></del>              | 7   |                    |
| Assets 8  | Inventories for sale or use   |                          | 8   |                    |
| 9   | Prepaid expenses and deferred charges   | 71,625.                  | 9   | 56,340             |
|   | Land, buildings, and equipment, cost or other                                     | 71,023.                  |     | 30/310             |
| 100   | basis. Complete Part VI of Schedule D 10a 3,418,391.                              |                          |     |                    |
| ь   |   | 1,638,416.               | 10c | 1,325,070          |
| 11  | Investments - publicly traded securities  |                          | 11  |                    |
| 12  | Investments other securities See Part IV, line 11                                 |                          | 12  |                    |
| 13  | Investments - program-related. See Part IV, line 11                               |                          | 13  |                    |
| 14  | Intangible assets   |                          | 14  |                    |
| 15  | Other assets. See Part IV, line 11  | · -                      | 15  | 12,577             |
| 16  | Total assets. Add lines 1 through 15 (must equal line 34)                         | 4,044,947.               | 16  | 3,973,306          |
| 17  | Accounts payable and accrued expenses   | 8,063.                   | 17  | 16,315             |
| 18  | Grants payable  | <u>,,,,,,,, .</u>        | 18  |                    |
| 19  | Deferred revenue  | 802,617.                 | 19  | 785,865            |
| 20  | Tax-exempt bond liabilities   |                          | 20  |                    |
| 1   | Escrow or custodial account liability. Complete Part IV of Schedule D             |                          | 21  |                    |
| <u>#</u>   22   | Loans and other payables to current and former officers, directors, trustees,     | <del></del>              |     |                    |
| Liabilities 23  | key employees, highest compensated employees, and disqualified persons.           |                          |     |                    |
| <b>=</b>  | Complete Part II of Schedule L  |                          | 22  |                    |
| 23  | Secured mortgages and notes payable to unrelated third parties                    |                          | 23  |                    |
| 24  | Unsecured notes and loans payable to unrelated third parties                      |                          | 24  |                    |
| 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 .  | 100,000.                 |     | 100,000            |
| 26  | Total liabilities. Add lines 17 through 25  | 910,680.                 | 26  | 902,180            |
|   | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  |                          |     |                    |
| ဖွ  | complete lines 27 through 29, and lines 33 and 34.                                |                          |     |                    |
| ତ୍ର   27  | Unrestricted net assets .   | 3,134,267.               | 27  | 3,071,126          |
| ਲੁੱ   28  | Temporarily restricted net assets   |                          | 28  |                    |
| <u>5</u> 29   | Permanently restricted net assets   |                          | 29  |                    |
| 훈   | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐               |                          |     |                    |
| 5   | and complete lines 30 through 34.   |                          |     |                    |
| \$   30   | Capital stock or trust principal, or current funds                                |                          | 30  |                    |
| ğ 31  | Paid-in or capital surplus, or land, building, or equipment fund                  |                          | 31  |                    |
| Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Retained earnings, endowment, accumulated income, or other funds                  |                          | 32  |                    |
| Ž   33  | Total net assets or fund balances   | <u>3,134,267.</u>        | 33  | 3,071,126          |
| 34  | Total liabilities and net assets/fund balances                                    | 4,044,947.               | 34  | <u>3,973,306</u>   |

Form **990** (2012)

|    | n 990 (2012) ATLANTA LAWN TENNIS ASSOCIATION, INC.   | 58-14                                 | <u> 14572</u> | Pa         | ge <b>12</b> |
|----|--|---------------------------------------|---------------|------------|--------------|
| Pa | rt XI Reconciliation of Net Assets   |                                       |               |            |              |
|    | Check if Schedule O contains a response to any question in this Part XI  |                                       |               |            |              |
|    |  | 1 1                                   |               |            |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1                                     | 1,65          |            |              |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2                                     | <u>1,70</u>   |            |              |
| 3  | Revenue less expenses Subtract line 2 from line 1  | 3                                     |               |            | 44.          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                        | 4                                     | 3,13          |            |              |
| 5  | Net unrealized gains (losses) on investments   | 5                                     |               | <u>3,5</u> | <u>97.</u>   |
| 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                                     |               |            | 0.           |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,               |                                       |               |            |              |
|    | column (B))  | 10                                    | 3,07          | 1.1        | 26.          |
| Pa | rt XII Financial Statements and Reporting  |                                       |               |            |              |
|    | Check if Schedule O contains a response to any question in this Part XII   |                                       |               |            | $\mathbf{x}$ |
|    |  |                                       |               | Yes        | No           |
| 1  | Accounting method used to prepare the Form 990. Cash X Accrual Other   |                                       |               |            |              |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu     | ile O                                 |               |            |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                  |                                       | 2a            |            | х            |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review    | ed on a                               |               |            |              |
|    | separate basis, consolidated basis, or both:   |                                       |               |            |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |                                       |               |            |              |
| b  | Were the organization's financial statements audited by an independent accountant?                               |                                       | 2b            | х          |              |
| _  | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepai    | ate hasis                             |               |            |              |
|    | consolidated basis, or both:   | ato basis,                            |               |            |              |
|    | Separate basis X Consolidated basis Both consolidated and 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?                   | ine audit,                            |               | X          |              |
|    | ·  | · · · · · · · · · · · · · · · · · · · | . 2c          | Λ          | <del></del>  |
| 2- | If the organization changed either its oversight process or selection process during the tax year, explain in Se |                                       |               |            |              |
| Jä | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the  | Single Auait                          |               |            | 7.7          |
|    | Act and OMB Circular A-133?  |                                       | 3a            |            | <u>X</u>     |
| D  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re- | quired audit                          |               |            |              |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                         |                                       | 3h            |            |              |

Form **990** (2012)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

ATLANTA LAWN TENNIS ASSOCIATION, INC.

Employer identification number 58-1414572

| Pa | rt I Organizations Maintaining Donor Advise                          |  | or Accounts. Complete if the                  |
|----|--|--|---|
|    | organization answered "Yes" to Form 990, Part IV, line               |  | ·   |
|    |  | (a) Donor advised funds  | (b) Funds and other accounts                  |
| 1  | Total number at end of year  |  |   |
| 2  | Aggregate contributions to (during year)                             |  |   |
| 3  | Aggregate grants from (during year)                                  |  |   |
| 4  | Aggregate value at end of year                                       |  |   |
| 5  | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advis  | ed funds                                      |
| Ŭ  | are the organization's property, subject to the organization's       | •  | Yes No  |
| 6  | Did the organization inform all grantees, donors, and donor a        |  | *   |
| •  | for chantable purposes and not for the benefit of the donor of       | • •  | •   |
|    | impermissible private benefit?                                       | a delice devices, or for any exiter purposes   | Yes No  |
| Pa | rt II Conservation Easements. Complete if the org                    | nanization answered "Yes" to Form 990. P   |   |
| 1  | Purpose(s) of conservation easements held by the organization        | ·  |   |
| •  | Preservation of land for public use (e.g., recreation or e           | · — ; · · · · · · · · · · · · · · · · ·  | torically important land area                 |
|    | Protection of natural habitat  | Preservation of a certi  |   |
|    | Preservation of open space   |  |   |
| 2  | Complete lines 2a through 2d if the organization held a qualif       | fied conservation contribution in the form   | of a conservation easement on the last        |
| _  | day of the tax year.   | iod delibertation delimination in the form   | or a comportation caccinonic on the lack      |
|    |  |  | Held at the End of the Tax Year               |
| а  | Total number of conservation easements                               |  | 2a  |
| b  | Total acreage restricted by conservation easements                   |  | 2b  |
| c  | Number of conservation easements on a certified historic str         | ucture included in (a)   | 2c  |
| d  |  | * *  |   |
| _  | listed in the National Register                                      |  | 2d  |
| 3  | Number of conservation easements modified, transferred, rel          | eased, extinguished, or terminated by the  |   |
| Ū  | year >   | , o  | organization colonig the talk                 |
| 4  | Number of states where property subject to conservation ea           | sement is located  |   |
| 5  | Does the organization have a written policy regarding the per        |  |   |
| -  | violations, and enforcement of the conservation easements in         | The state of the s | Yes No  |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting,         | •  |   |
| 7  | Amount of expenses incurred in monitoring, inspecting, and           | -  |   |
| 8  | Does each conservation easement reported on line 2(d) above          | -  |   |
| _  | and section 170(h)(4)(B)(ii)?  | , , ,  | Yes No  |
| 9  | In Part XIII, describe how the organization reports conservati       | on easements in its revenue and expense  | statement, and balance sheet, and             |
|    | include, if applicable, the text of the footnote to the organization |  |   |
|    | conservation easements.  |  |   |
| Pa | rt III Organizations Maintaining Collections or                      | f Art, Historical Treasures, or O  | ther Similar Assets.                          |
|    | Complete if the organization answered "Yes" to Form                  | 990, Part IV, line 8.  |   |
| 1a | If the organization elected, as permitted under SFAS 116 (AS         | C 958), not to report in its revenue statem  | nent and balance sheet works of art,          |
|    | historical treasures, or other similar assets held for public ext    | nibition, education, or research in furtherar  | nce of public service, provide, in Part XIII, |
|    | the text of the footnote to its financial statements that descri     | bes these items  |   |
| b  | If the organization elected, as permitted under SFAS 116 (AS         |  | and balance sheet works of art, historical    |
|    | treasures, or other similar assets held for public exhibition, ed    | ,,   | ·   |
|    | relating to these items:   | ,  |   |
|    | (i) Revenues included in Form 990, Part VIII, line 1                 |  | <b>▶</b> \$                                   |
|    | (ii) Assets included in Form 990, Part X                             | •  | ► \$<br>► \$                                  |
| 2  | If the organization received or held works of art, historical trea   | asures, or other similar assets for financial  |   |
| -  | the following amounts required to be reported under SFAS 1           |  | - American                                    |
| а  | Revenues included in Form 990, Part VIII, line 1                     |  | <b>&gt;</b> \$                                |
|    | Assets included in Form 990, Part X                                  |  | <b>&gt;</b> \$                                |
| _  |  |  | · · — — — — — — — — — — — — — — — — — —       |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

|              |   | LAWN TENN                             |             |                |   |              |            |            | <u>414572</u> |              |
|--------------|---|---------------------------------------|-------------|----------------|---|--------------|------------|------------|---------------|--------------|
| Pa           | rt III   Organizations Maintaining C                    | <del></del>                           |             |                |   |              |            |            |               |              |
| 3            | Using the organization's acquisition, access            | on, and other record                  | ds, chec    | k any of the   | following that                                    | at are a sig | gnificant  | use of its | s collection  | items        |
|              | (check all that apply)                                  |                                       | <u></u>     |                |   |              |            |            |               |              |
| а            | Public exhibition                                       | •                                     |             |                | hange progr                                       |              |            |            |               |              |
| b            | Scholarly research                                      | •                                     | e           | Other          |   |              |            |            |               |              |
| C            | Preservation for future generations                     |                                       |             |                |   |              |            |            |               |              |
| 4            | Provide a description of the organization's co          |                                       |             |                |   |              |            | ose in Pa  | art XIII.     |              |
| 5            | During the year, did the organization solicit of        |                                       |             |                |   | er sımılar   | assets     | _          | <b>–</b>      |              |
| [De          | to be sold to raise funds rather than to be m           |                                       |             |                |   |              |            |            | Yes           | No_          |
| Pal          | reported an amount on Form 990, Pa                      | •                                     | lete if the | organizatio    | n answered  | "Yes" to i   | orm 990    | , Part IV  | , line 9, or  |              |
|              | · · · · · · · · · · · · · · · · · · ·                   | · · · · · · · · · · · · · · · · · · · |             |                |   |              |            |            |               |              |
| та           | Is the organization an agent, trustee, custod           | ian or other interme                  | diary for   | contribution   | is or other as                                    | ssets not    | inciuaea   | Г          |               | □ No         |
|              | on Form 990, Part X?                                    |                                       |             |                | ••  |              |            | L.         | Yes           | □ No         |
| D            | If "Yes," explain the arrangement in Part XIII          | and complete the fo                   | ollowing    | table:         |   |              |            |            |               |              |
| _            | Decimaling holenge                                      |                                       |             |                |   |              | 4.         |            | Amount        |              |
| ب<br>د       | Beginning balance                                       |                                       |             |                |   |              | 1c         |            |               |              |
| a            | Additions during the year Distributions during the year |                                       |             |                |   |              | 1d<br>1e   |            |               |              |
| •            | Ending balance  |                                       |             |                |   | • •          | 1f         |            |               |              |
| )<br>29      | Did the organization include an amount on F             | orm 990. Part Y. line                 | 212         | -              | •   |              |            | Г          | Yes           | □ No         |
| Za<br>h      | If "Yes," explain the arrangement in Part XIII          |                                       |             | nn has heen    | nrovided in                                       | Part XIII    |            | _          | 163           | ""           |
| Pai          |   |                                       |             |                |   |              | 0.         |            |               |              |
|              |   | (a) Current year                      |             | nor year       | (c) Two yea                                       |              |            | ears back  | (e) Four y    | ears back    |
| 1a           | Beginning of year balance                               | (4)                                   |             | 7.5.           | 107   | ,            |            |            | (5)           |              |
| b            | Contributions   |                                       |             |                |   |              |            |            |               |              |
| c            | Net investment earnings, gains, and losses              |                                       |             |                |   |              |            |            |               |              |
| d            | Grants or scholarships                                  |                                       |             |                |   |              |            |            |               |              |
| е            | Other expenditures for facilities                       |                                       |             |                |   |              |            |            |               |              |
|              | and programs  |                                       |             |                |   |              |            |            |               |              |
| f            | Administrative expenses                                 |                                       |             |                |   |              | •          |            |               |              |
| g            | End of year balance                                     |                                       |             |                |   |              |            |            |               |              |
| 2            | Provide the estimated percentage of the cur             | rent year end baland                  | ce (line 1  | g, column (a   | a)) held as:                                      |              |            |            |               |              |
| а            | Board designated or quasi-endowment                     |                                       | %           |                |   |              |            |            |               |              |
| b            | Permanent endowment >                                   | %                                     |             |                |   |              |            |            |               |              |
| С            | Temporarily restricted endowment ▶                      | %                                     |             |                |   |              |            |            |               |              |
|              | The percentages in lines 2a, 2b, and 2c should          | ıld equal 100%.                       |             |                |   |              |            |            |               |              |
| За           | Are there endowment funds not in the posses             | ssion of the organiz                  | ation tha   | at are held a  | ind administe                                     | ered for th  | ne organiz | zation     | _             |              |
|              | by <sup>.</sup>   |                                       |             |                |   |              |            |            | Y             | res No       |
|              | (i) unrelated organizations                             |                                       |             |                |   |              |            |            | 3a(i)         |              |
|              | (ii) related organizations                              |                                       |             |                |   |              |            |            | 3a(ii)        |              |
| b            | If "Yes" to 3a(ii), are the related organizations       | s listed as required o                | on Sched    | dule R?        |   |              |            |            | 3b            |              |
| 4            | Describe in Part XIII the intended uses of the          |                                       |             |                |   |              |            |            |               |              |
| Pai          | t VI Land, Buildings, and Equipm                        | nent. See Form 990                    | 0, Part X   | , line 10      |   |              |            |            |               |              |
|              | Description of property                                 | (a) Cost or o                         | 1           | 1              | or other  |              | cumulate   | ed         | (d) Book      | value        |
|              |   | basis (investi                        | ment)       |                | (other)   | dep          | reciation  |            |               |              |
|              | Land  |                                       |             |                | 0,000.  | <u>.</u>     |            |            |               | ,000.        |
|              | Buildings   |                                       |             | 83             | 9,450.  | 4            | .09,9      | 08.        | 429           | ,542.        |
|              | Leasehold improvements                                  |                                       |             |                | 0 050   |              | 50 5       |            |               |              |
|              | Equipment   |                                       |             |                | 9,070.  |              | 52,1       |            |               | <u>,902.</u> |
|              | Other   |                                       |             |                | 9,871.  | 1,4          | 31,2       | 45.        |               | <u>,626.</u> |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must e           | qual Form 990, Part                   | X, colur    | nn (B), line 1 | <u>10(c).)                                   </u> |              |            |            | 1,325         | <u>,070.</u> |

Schedule D (Form 990) 2012

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | . Cost or end-of-year market value |
|--|----------------|-------------------------|------------------------------------|
| I) Financial derivatives   |                |                         |                                    |
| ) Closely-held equity interests                                      |                |                         |                                    |
| 3) Other   |                |                         |                                    |
| (A)  | - <u>.</u>     |                         |                                    |
| (B)  | -              |                         |                                    |
| (C)  | <del>.</del>   |                         |                                    |
| (D)  |                |                         |                                    |
| (E)  |                |                         |                                    |
| (F)  |                |                         |                                    |
| (G)  |                |                         |                                    |
| (H)  |                |                         | . <u>.</u> .                       |
| (1)  |                |                         |                                    |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)      |                |                         |                                    |
| Part VIII Investments - Program Related. Sec                         |                |                         |                                    |
| (a) Description of investment type                                   | (b) Book value | (c) Method of valuation | Cost or end-of-year market value   |
| (1)  |                |                         |                                    |
| (2)  |                |                         |                                    |
| (3)  |                |                         |                                    |
| (4)  | ••             |                         |                                    |
| (5)  |                |                         |                                    |
| (6)  |                |                         |                                    |
| (7)  |                |                         |                                    |
| (8)  |                |                         |                                    |
| (9)  |                |                         | <del></del>                        |
| (10)   | <del> </del>   |                         |                                    |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)      |                | <u> </u>                |                                    |
| Part IX Other Assets. See Form 990, Part X, line 1                   |                |                         |                                    |
| (a) L  | Description    |                         | (b) Book value                     |
| (1)  |                |                         |                                    |
| (2)  |                |                         |                                    |
| (3)  |                |                         |                                    |
| (4)  |                |                         |                                    |
| (5)  |                |                         |                                    |
| (6)  |                |                         |                                    |
| (7)  |                |                         |                                    |
| (8)  |                |                         |                                    |
| (9)  |                |                         |                                    |
| (10)   |                |                         |                                    |
| otal. (Column (b) must equal Form 990, Part X, col (B) line          |                |                         | <u> </u>                           |
| Part X Other Liabilities. See Form 990, Part X, III                  | ne 25.         | #ND 1 1                 |                                    |
| (a) Description of liability   |                | (b) Book value          |                                    |
| (1) Federal income taxes   |                |                         |                                    |
| (2) DUE TO RELATED PARTY   |                | 100,000.                |                                    |
| (3)  |                |                         |                                    |
| (4)  |                |                         |                                    |
| (5)  |                |                         |                                    |
| (6)  |                |                         |                                    |
| (7)  |                |                         |                                    |
|  |                |                         |                                    |
| (8)  |                |                         |                                    |
|  |                |                         |                                    |
| (8)<br>(9)   |                |                         |                                    |
| (8)  |                |                         |                                    |

232053 12-10-12

|               | dule D (Form 990) 2012 ATLANTA LAWN TENNIS ASSOCIA   |                        |        | 1414572 F           | ⊃age <b>4</b> |
|---------------|--|------------------------|--------|---------------------|---------------|
| Pai           | t XI Reconciliation of Revenue per Audited Financial Statemer                                  | nts With Revenue per R | etur   | n                   |               |
| 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                             |                        |        |                     |               |
| а             | Net unrealized gains on investments  | 2a                     | 1      |                     |               |
| b             | Donated services and use of facilities   | 2b                     | 1      |                     |               |
| C             | Recoveries of prior year grants .  | 2c                     | 1      |                     |               |
| ď             | Other (Describe in Part XIII )   | 2d                     | -      |                     |               |
| e             | 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                            | 1 1                    |        |                     |               |
| а             | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a                     | 1      |                     |               |
| b             | Other (Describe in Part XIII.)   | 4b                     | ļ      |                     |               |
| 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            | t XII Reconciliation of Expenses per Audited Financial Stateme                                 | ents With Expenses per | Retu   | um                  |               |
| 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 1                    | Ì      |                     |               |
| а             | Donated services and use of facilities   | 2a                     | 1      |                     |               |
| b             | Prior year adjustments   | 2b                     |        |                     |               |
| C             | Other losses   | 2c                     | 4      |                     |               |
| 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:                             | 1 1                    |        |                     |               |
| а             | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a                     |        |                     |               |
| þ             | Other (Describe in Part XIII )   | 4b                     |        |                     |               |
| C             | Add lines 4a and 4b  |                        | 4c     |                     |               |
| 5             | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)                |                        | 5      | L                   |               |
| $\overline{}$ | t XIII Supplemental Information  |                        |        |                     |               |
|               | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, |                        |        | 2b; Part V, line 4; | Part          |
|               | e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to       |                        |        |                     |               |
| PAI           | RT X, LINE 2: FIN 48 (ASC 740) FOOTNOTE FRO  | M AUDIT: "ALTA'        | S      |                     |               |
|               |  |                        |        |                     |               |
| <u>IAM</u>    | NAGEMENT HAS ANALYZED THE TAX POSITIONS TAK  | EN BY ALTA, AND        | ) HA   | S CONCLUI           | ED            |
|               |  |                        |        |                     | _             |
| T.H.          | AT, AS OF DECEMBER 31, 2012, THERE ARE NO U  | NCERTAIN POSITI        | ONS    | TAKEN OF            | <u> </u>      |
|               |  |                        | D.T.T. | T. (OD              |               |
| EXI           | PECTED TO BE TAKEN THAT WOULD REQUIRE RECOG  | NITION OF A LIA        | BIT    | ITY (OR             |               |
|               | THE AREA COLORED IN MUSE STRANGER COMMENT  | nama II                |        |                     |               |
| ASS           | SET) OR DISCLOSURE IN THE FINANCIAL STATEME  | INTS.                  |        |                     |               |
|               |  |                        |        |                     |               |
|               |  | · · <u>-</u>           |        |                     |               |
|               |  |                        |        |                     |               |
|               |  | <del></del> -          |        |                     |               |

Schedule D (Form 990) 2012

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

OMB No 1545-0047 2012

Open to Public

Inspection

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

Grants and Other Assistance to Organizations,

Schedule I (Form 990) (2012) % ⊠ **Employer identification number** 58-1414572 FOSTER AMATEUR SPORTS COMPETITION IN TENNIS (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 103,136 INC. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ATLANTA LAWN TENNIS ASSOCIATION (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 58-1630835 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 6849 PEACHTREE DUNWOODY ROAD or government ATLANTA, GA 30328-5723 ALTA FOUNDATION, INC. Name of the organization Part Part

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 58-1414572 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance ATLANTA LAWN TENNIS ASSOCIATION, INC. 20 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part III Part IV

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

ATLANTA LAWN TENNIS ASSOCIATION, INC.

Employer identification number 58 - 1414572

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |
|--|
| TO PROMOTE HEALTH, CHARACTER, SPORTSMANSHIP, AND RESPONSIBLE   |
| CITIZENSHIP THROUGH THE GAME OF TENNIS. ADDITIONALLY TO SUPPORT  |
| AMATEUR ATHLETES, PROVIDE PROGRAMS FOR THE DISADVANTAGED AND THE   |
| PHYSICALLY AND MENTALLY CHALLENGED, AND TO PROVIDE INNER-CITY YOUTH NEW  |
| OPPORTUNITIES FOR THE FUTURE.  |
|  |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |
| TO PROMOTE HEALTH, CHARACTER, SPORTSMANSHIP, AND RESPONSIBLE   |
| CITIZENSHIP THROUGH THE GAME OF TENNIS. ADDITIONALLY TO SUPPORT  |
| AMATEUR ATHLETES, PROVIDE PROGRAMS FOR THE DISADVANTAGED AND THE   |
| PHYSICALLY AND MENTALLY CHALLENGED, AND TO PROVIDE INNER-CITY YOUTH NEW  |
| OPPORTUNITIES FOR THE FUTURE.  |
|  |
| FORM 990, PART VI, SECTION A, LINE 6: AS A 501(C)(4) ORGANIZATION, ALTA  |
| HAS MEMBERS WHO PAY DUES TO JOIN THE ASSOCIATION AND PLAY TENNIS WITHIN ITS  |
| LEAGUES.   |
|  |
| FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE   |
| TREASURER AND THE ORGANIZATION'S OFFICER MANAGER, AS PERSONS FAMILIAR WITH   |
| THE FINANCIALS AND THE FORM 990 REQUIREMENTS, PER THE REQUEST OF THE BOARD   |
| OF DIRECTORS.  |
|  |
| FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES ARE  |
| BOUND BY A WRITTEN "CODE OF CONDUCT" THAT THEY MUST SIGN WHEN THEY ARE   |
| HIRED OR JOIN THE BOARD. UPON SUSPICION OF THE POLICY'S VIOLATION, THE   |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)  Schedule O (Form 990 or 990-EZ) (2012) |

SCHEDULE R (Form 990)
Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

OMB No. 1545-0047
2012
Open to Public
Inspection

Open to Puk Inspection

Employer identification number 58-1414572

Department of the Treasury
Internal Revenue Service
Name of the organization

ATLANTA LAWN TENNIS ASSOCIATION, INC.

Direct controlling entity Ξ End-of-year assets **e** Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II

| חוששוויל שווחוש מחוווים ווים ושי אפשו /            |                         |   |                               |                                       |                               |  |                |
|--|-------------------------|---|-------------------------------|---------------------------------------|-------------------------------|--|----------------|
| (a) Name, address, and EIN of related organization | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? | (b)(13)        |
|  |                         |   |                               | 501(c)(3))                            |                               | Yes  | N <sub>o</sub> |
| ALTA FOUNDATION, INC 58-1630835                    |                         |   |                               |                                       |                               |  |                |
| 6849 PEACHTREE DUNWOODY ROAD                       | FOSTER AMATEUR SPORTS   |   |                               |                                       |                               |  |                |
| ATLANTA GA 30328-5723                              | COMPENTITION IN TENNIS  | GEORGIA                                       | 501(C)(3)                     | LINE 11A, I                           |                               |  | ×              |
|  |                         |   |                               | ,                                     |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  | 1                       |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               |  |                |
|  |                         |   |                               |                                       |                               | _  |                |

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

58-1414572

Page 2

Schedule R (Form 990) 2012 ATLANTA LAWN TENNIS ASSOCIATION, IN

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 24 Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 232162 12-10-12 Part IV

Page 3

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Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Yes Ē 두 9 뭐 19 (d) Method of determining amount involved <u>1</u> ပ္ 5 <u>0</u> \* 19 두 ¥ 우 ÷ 5 ÷ Ξ = 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 103,136 (c) Amount involved (b)
Transaction type (a-s) 25 Performance of services or membership or fundraising solicitations for related organization(s) ф m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) INC Dividends from related organization(s) (1) ALTA FOUNDATION, 232163 12-10-12 <u>ම</u> <u>ම</u> **3** 9 

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

|  | (k) .<br>sentage              | ərship   |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      | • |          | , |              |
|--|-------------------------------|--|---|------|---|---|------|---|---|------|---|---|------|---|--------------|------|-------|------|-------|------|---|----------|---|--------------|
|  | "Perce                        | own  |   | _    |   |   |      |   |   |      | _ |   |      | _ | L            |      |       |      |       | <br> |   | <u> </u> |   | <br>         |
|  | (j)<br>ieneral o              | Partner?<br>Yes No   | _ | <br> |   | _ | <br> | , |   |      |   | 1 | <br> |   | <br>$\vdash$ | <br> | <br>- | <br> | -     | <br> |   |          |   | <br>_        |
|  | (i)<br>Code V-UBI             | Allocations? of Schedule K-1 partner? Ownership (Form 1065) Yes No |   |      |   |   |      |   |   |      |   |   |      |   |              |      | <br>; |      |       |      |   |          |   |              |
| ŀ  | (h)<br>Spropor-<br>Donate     | allocations? 0   |   |      | - |   | <br> |   |   | <br> |   |   |      |   |              |      |       |      |       | _    |   |          |   |              |
| L  | Disp C                        | alloca<br>Yes  |   | <br> |   |   |      |   | _ |      |   | 4 |      |   |              |      |       |      | <br>+ |      |   | -        |   | <br>$\dashv$ |
|  | (g)<br>Share of               | end-of-year<br>assets  |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |
|  | O)                            | total<br>income  |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          | • |              |
| ŀ  | Are all partners sec 501(CR3) | Yes No   |   | <br> | _ |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |
| stment partnersnips  | (d) Predominant income        | excluded from tax ongs? under section 512-514)   Yes   No          |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |
| ISION IOT CORTAIN INVO   | (c)<br>Legal domicile         | (state or foreign country)   |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |
| ructions regarding excit   | (b)<br>Primary activity       |  |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |
| inat was not a related organization. See instructions regarding excusion for certain investment partnersings | (a) Name, address, and EIN    | of entity  |   |      |   |   |      |   |   |      |   |   |      |   |              |      |       |      |       |      |   |          |   |              |

Schedule R (Form 990) 2012

| Schedule R (Form 990) 2012 ATLANTA LAWN TENNIS ASSOCIATION, INC. 58-1414572 Page 5  Part VII Supplemental Information |
|---|
| Complete this part to provide additional information for responses to questions on Schedule R (see instructions)      |
| SCHEDULE R, PART V, LINE M:   |
| THE ATLANTA LAWN TENNIS ASSOCIATION, INC. SHARES OFFICE SPACE AND   |
| EQUIPMENT WITH THE ALTA FOUNDATION, INC. WHICH FILES A SEPARATE FORM  |
| 990 AND IS THE 501(C)(3) FUNDRAISING ARM FOR ALTA. NO TRANSFERS OF  |
| FUNDS FOR THE USE OF THESE ASSETS IS RECOGNIZED BETWEEN THE TWO   |
| ENTITIES.   |
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#### Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| •  | are filing for an Automatic 3-Month Extension, comple  | -                       |  |                              |                                       | ► LXJ        |  |  |  |  |  |  |  |
|--|--|-------------------------|--|------------------------------|---------------------------------------|--------------|--|--|--|--|--|--|--|
|  | are filing for an Additional (Not Automatic) 3-Month Ex  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| Do not<br>Electro                        | complete Part II unless you have already been granted a<br>nic filing (e-file) . You can electronically file Form 8868 if y  | an automa<br>/ou need a | atic 3-month extension on a previous a 3-month automatic extension of tin      | sly filed Fo<br>ne to file ( | orm 8868.<br>6 months for a co        | rporation    |  |  |  |  |  |  |  |
|  | to file Form 990-T), or an additional (not automatic) 3-moi  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| of time                                  | to file any of the forms listed in Part I or Part II with the exc  | ception of              | Form 8870, Information Return for  | Transfers                    | Associated With (                     | Certain      |  |  |  |  |  |  |  |
| Persona                                  | al Benefit Contracts, which must be sent to the IRS in pap   | er format               | (see instructions). For more details of  | on the ele                   | ctronic filing of thi                 | s form,      |  |  |  |  |  |  |  |
|  | w irs gov/efile and click on e-file for Charities & Nonprofits   |                         |  |                              | <u></u>                               | ·            |  |  |  |  |  |  |  |
| Part                                     |  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| A corpo                                  | ration required to file Form 990-T and requesting an autor   | natic 6-mo              | onth extension - check this box and  | complete                     |                                       | <u></u>      |  |  |  |  |  |  |  |
| Part I or                                | ·  |                         |  |                              | 1                                     |              |  |  |  |  |  |  |  |
|  | r corporations (including 1120-C filers), partnerships, REM<br>come tax returns.   | ICs, and t              | rusts must use Form 7004 to reques<br>   | t an exter                   | nsion of time                         |              |  |  |  |  |  |  |  |
| Type or                                  |  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| print                                    | nt ATLANTA LAWN TENNIS ASSOCIATION, INC.   |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| File by the                              | Alternative and a series and a series at the |                         | <del>`</del>   | Social se                    | ecurity number (SS                    |              |  |  |  |  |  |  |  |
| due date to<br>filing your<br>return Ses | gyow   6849 PEACHTREE DUNWOODY ROAD  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| Instruction                              |  | oreign add              | ress, see instructions.  |                              |                                       |              |  |  |  |  |  |  |  |
|  |  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| Enter th                                 | e Return code for the return that this application is for (file  | a separa                | te application for each return)  |                              |                                       | 0 1          |  |  |  |  |  |  |  |
| Applica                                  | tion   | Return                  | Application  |                              |                                       | Return       |  |  |  |  |  |  |  |
| ls For                                   |  | Code                    | Is For   |                              |                                       | Code         |  |  |  |  |  |  |  |
| Form 99                                  | 0 or Form 990-EZ   | 01                      | Form 990-T (corporation)   |                              |                                       | 07           |  |  |  |  |  |  |  |
| Form 99                                  | 0-BL   | 02                      | Form 1041-A  |                              |                                       | 08           |  |  |  |  |  |  |  |
| Form 47                                  | 20 (individual)  | 03                      | Form 4720  |                              |                                       | 09           |  |  |  |  |  |  |  |
| Form 99                                  | 0-PF   | 04                      | Form 5227  |                              |                                       | 10           |  |  |  |  |  |  |  |
| Form 99                                  | 0-T (sec. 401(a) or 408(a) trust)  | 05                      | Form 6069  |                              | <del> </del>                          | 11           |  |  |  |  |  |  |  |
| orm 99                                   | 0-T (trust other than above)   | 06                      | Form 8870  |                              | <del></del>                           | 12           |  |  |  |  |  |  |  |
|  | RANDY WALKER,  |                         |  | . ~.                         | 20220 55                              |              |  |  |  |  |  |  |  |
|  | books are in the care of $\triangleright$ 6849 PEACHTREE   | DUNW                    |  | A, GA                        | 30328-57                              | 23           |  |  |  |  |  |  |  |
|  | hone No. ► 770-399-5788  |                         | FAX No. ►  |                              | <del></del> .                         | _            |  |  |  |  |  |  |  |
|  | organization does not have an office or place of business  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
|  | is for a Group Return, enter the organization's four digit (   |                         |  |                              | • .                                   |              |  |  |  |  |  |  |  |
| oox 🕨                                    | . If it is for part of the group, check this box   |                         |  |                              | ers the extension                     | is for.      |  |  |  |  |  |  |  |
| 1 1 re                                   | equest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt   |                         | to file Form 990-1) extension of time<br>tion return for the organization name |                              | The extension                         |              |  |  |  |  |  |  |  |
|  | or the organization's return for.       X       calendar year       2012       or  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
|  | tax year beginning   | , an                    | d ending   |                              |                                       |              |  |  |  |  |  |  |  |
| •  |  |                         |  |                              | <del></del>                           |              |  |  |  |  |  |  |  |
| 2  ft                                    | he tax year entered in line 1 is for less than 12 months, cl   | heck reaso              | on: Initial return 🔲 f   | inal retur                   | n                                     |              |  |  |  |  |  |  |  |
|  | Change in accounting period  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
| 32 If t                                  | his application is for Form 990-BL, 990-PF, 990-T, 4720, c   | x 6069 er               | nter the tentative tay less any  | <del></del>                  | <del></del>                           |              |  |  |  |  |  |  |  |
|  | nrefundable credits. See instructions  | ,, 0003, CI             | The die terrative tax, iess any  | 3a                           | \$                                    | 0.           |  |  |  |  |  |  |  |
|  | his application is for Form 990-PF, 990-T, 4720, or 6069,  | enter any               | refundable credits and   |                              | · · · · · · · · · · · · · · · · · · · |              |  |  |  |  |  |  |  |
|  | mated tax payments made Include any prior year overp   |                         |  | 3b                           | \$                                    | 0.           |  |  |  |  |  |  |  |
|  | lance due. Subtract line 3b from line 3a. Include your pa  |                         |  |                              |                                       |              |  |  |  |  |  |  |  |
|  | using EFTPS (Electronic Federal Tax Payment System). S   |                         |  | 3c                           | \$                                    | 0.           |  |  |  |  |  |  |  |
|  | If you are going to make an electronic fund withdrawal w   |                         |  |                              | EO for payment in                     | structions.  |  |  |  |  |  |  |  |
|  | or Privacy Act and Paperwork Reduction Act Notice,   |                         |  |                              |                                       | Rev. 1-2013) |  |  |  |  |  |  |  |

223841 01-21-13