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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(3) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Florence Tennis Association

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 14035

City or town, state or country, and ZIP + 4

Florence

SC 29504

D Employer identification number

58-2339034

E Telephone number

(843) 661-7725

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,338.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part.

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	39,804.
	2 Program service revenue including government fees and contracts	2	13,535.
	3 Membership dues and assessments	3	3,488.
	4 Investment income	4	2.
	5a Gross amount from sale of assets other than inventory	5a	12,509.
	b Less: cost or other basis and sales expenses	5b	2,509.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.
	6 Gaming and fundraising events	6a	of contributions
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	56,829.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	360.
	13 Professional fees and other payments to independent contractors	14	4,666.
	14 Occupancy, rent, utilities, and maintenance	15	27.
	15 Printing, publications, postage, and shipping	16	57,864.
	16 Other expenses (describe in Schedule O)	17	62,917.
ASSETS	17 Total expenses. Add lines 10 through 16	18	-6,088.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	28,460.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	22,372.
	21 Net assets or fund balances at end of year Combine lines 18 through 20		

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

Form 990-EZ (2012)

48

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,460.	22,372.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	28,460.	22,372.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,460.	22,372.

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

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

What is the organization's primary exempt purpose? To promote tennis in the Florence area
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	<u>Sponsored 4 tournaments for the Florence area. Held events to promote interest in tennis for youth & adults.</u> <u>In total approx. 3131 people benefitted</u> (Grants \$ 3,516.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,792.
29	<u>Sponsored 5 tournaments for youth & held various junior development projects to promote interest among youth</u> <u>Approximately 887 benefitted</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	18,904.
30	<u>Supported various special projects in the community to promote tennis in general. This included supporting the local tennis center by providing equipment, on court support & refreshments for some special events. Approx 494 benefitted directly.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,853.
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	58,549.

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

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Yes No

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b Yes No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40a Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40c Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40f Yes No

41 List the states with which a copy of this return is filed ► South Carolina

42a The organization's books are in care of ► Rose Santiago-Toca Telephone no ► (843) 661-7725
Located at ► 3318 Saxon Drive Florence SC ZIP + 4 ► 29501 42b Yes No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If 'Yes,' enter the name of the foreign country ► 42c Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If 'Yes,' enter the name of the foreign country ► 42d Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
If 'No,' provide an explanation in Schedule O 44d Yes No

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a Yes No

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Yes No

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

46	Yes	No
		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

47	Yes	No

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

48	Yes	No

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

49a	Yes	No

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

49b	Yes	No

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

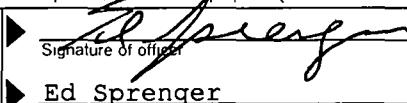
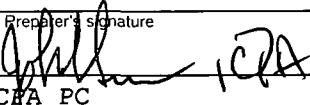
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

► Yes No

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

Sign Here	►  Signature of officer	02/18/14 Date			
	► Ed Sprenger Type or print name and title	Vice President			
Paid Preparer Use Only	Print/Type preparer's name John S. Turner	Preparer's signature  Date 02/18/14	Date 02/18/14	Check <input type="checkbox"/> if self employed	PTIN P00419449
	Firm's name ► John S. Turner CPA PC	Firm's EIN ► 58-2439046			
	Firm's address ► 2103 Fernleaf Lane Florence	SC 29501-5426	Phone no (843) 662-5581		

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Florence Tennis Association

Employer identification number

| 58-2339034

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

Other expenses (describe in Schedule O)

<u>Administrative</u>	<u>3,902.</u>
<u>Insurance</u>	<u>465.</u>
<u>Tournaments</u>	<u>30,032.</u>
<u>Tournament sponsorships</u>	<u>4,080.</u>
<u>Officials</u>	<u>4,775.</u>
<u>Prizes and awards</u>	<u>11,441.</u>
<u>Logo items for sale & awards</u>	<u>3,053.</u>
<u>Tournament travel</u>	<u>116.</u>
<u>Total</u>	<u><u>57,864.</u></u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-7

Description	Amount
Total Logo items purchased	5,562.
Total Logo items sold(see Lines 5 A & B)	-2,509.
Total	<u>3,053.</u>