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50rm 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Demployer dentification number Demployer D	Α	F	or the 2013 ca	lendar year, or tax year beginning , 2013, and ending		•	
Name change NATON ROUGE MERCHAIR TENNIS ASSOC Section Reconstruction Reconstruc	B			C Name of organization	D Employer	dentification number	
Recombation Number and interest for P 0 box, it must not delivered to sinet address) Recombation Recombati	F	=	_	BATON ROUGE WHEECHAIR TENNIS ASSOC	58-19	34935	
Control treatment	ľ	_	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone	number	
Applications prending BATON ROUGE Accrual Other (specify)		Te	erminated		(225) 276-5608		
Accinetion Method Scash Accrual Other (specify)		Ar	mended return	City or town, state or province, country, and ZIP or foreign postal code	F Group Fx	remotion	
Website: N / A			oplication pending				
Tax-exempl status (cinck only one)	G	Α	ccounting Meti	nod X Cash Accrual Other (specify) - H Check	► X if the	organization is not	
K Form of organization:	ı			71.			
Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total seasets (Part Lines (Lines (Line	J	Ta	ax-exempt status	$\frac{1}{2} \text{ (check only one)} - \frac{1}{2} 501(c)(3) \qquad 501(c)(1) \qquad \frac{1}{2} \text{ (insert no.)} \qquad 4947(a)(1) \text{ or} \qquad 527 \qquad \text{(Form.)}$	990, 990-EZ	, or 990-PF).	
assets (Parf II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments	K		_				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	A as	dd lines 5b, 6c ssets (Part II, c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	52,879.	
Check if the organization used Schedule O to respond to any question in this Part I 399, 448. 1 Contributions, girls, grants, and similar amounts received. 1 399, 448. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income. 4 5a Gross amount from sale of assets other than inventory 5a dross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses. 5b 5b 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a dross income from fundraising events (not including \$39,448. 5 a Gross income from fundraising events (not including \$39,448. 5 a Gross income from fundraising events (not including \$39,448. 5 a Gross income from fundraising events (not including \$39,448. 5 a Gross income from fundraising events (not including \$39,448. 5 a Gross income from fundraising events (not including \$39,448. 5 a Gross sales of inventory (subtract line 5b from line 5a). 6 b 13,431. 6 b 13,431. 6 c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 b 7 b 7 c 10 c	F	ari	t I Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the insti	ructions fo		
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Salaries, other compensation, and employee benefits 12 13 14 15 15 15 15 16 16 16 16	_	_	9 Total rev		. > 9	12,820.	
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20 Other changes in net assets of fund balances (explain in Schedule 0)	,	A '	שר בxcess oו	r (deficit) for the year (Subtract line 17 from line 9)	18	7 <u>,566.</u>	
20 Other changes in net assets of fund balances (explain in Schedule 0)	Ŋ	S .					
20 Other changes in net assets of fund balances (explain in Schedule 0)	T.	E .		• • •		<u> 27,966.</u>	
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	Б	_ <u>-</u> _			21		

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	990-EZ (2013) BATON ROUGE WHE		<u>C</u>	58-	<u> 193</u>	4935 Page 2
<u>Par</u>	Balance Sheets (see the instruction used Scheduler) Check if the organization used Scheduler		on in this Part II			
<u></u>	Oneck if the organization asea defice	sie o to respond to drif queen		A) Beginning of year		(B) End of year
22	Cash, savings, and investments			27,966.		35,532.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			<u> 27,966.</u>	25	<u>35,532.</u>
26	Total liabilities (describe in Schedule O).			0.	26	<u> </u>
	Net assets or fund balances (line 27 of c			27,966.	27	35,532.
Par	Statement of Program Service A Check if the organization used Sche	ccomplishments (see the ins	structions for Part III)		(Regu	Expenses ired for section 501
What	is the organization's primary exempt purpose? NO			UNDATETON	(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service acc	omplishments for each of its th	ree largest program sen	vices, as		zations and section a)(1) trusts, optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	nanner, describe the services p h program title	provided, the number of i	persons	for oth	
28	PROMOTE THE GROWTH OF THE					
	IN THE COMMUNITY. HOST T	_ _				
	TOURNAMENT.				ļ	
	(Grants \$ 12,500.) If the	s amount includes foreign gran	nts, check here	····	28 a	45,313.
29						
					ł	
					ŀ	
	(Grants \$) If the	s amount includes foreign gran	nts, check here	· · · · · · · • <u> </u>	29 a	
30						
				-		
	(Grants S) If thi	s amount includes foreign gran	nts check here		30 a	
31	Other program services (describe in Sched				- J	· — — — —
٠.		s amount includes foreign gran			31 a	
32	Total program service expenses (add lin				32	45,313.
Par	tilV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one eve	n if not compensated —	see the	
	Check if the organization used Sche	edule O to respond to any ques	stion in this Part IV		· · ·	<u> </u>
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and deferi	90	(e) Estimated amount of other compensation
_	.,	position	(If not paid, enter -0-)	compensation		Other compensation
N∠A						
<u>N/A</u>		0.00	0.		0.	0.
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PAA		TCEA0040 44	1/27/13	L	1	Form 990-EZ (2013)
BAA		TEEA0812 1	1121113			rom 990-EZ (2013)

Par	the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in stion in this Part V			.
`	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the				
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year froi	n husiness activities	34		Х
35 8	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		х
1	of Yes, to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explan		35 b		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6	033(e) notice,			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		X
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		Х
37:	Enter amount of political expenditures, direct or indirect, as described in the instructions		*		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Did the organization file Form 1120-POL for this year?		37 b		
38 8	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplo	oyee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this	s return?	38 a		Х
•	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	*	. E	
39	Section 501(c)(7) organizations. Enter	4.86			
	Initiation fees and capital contributions included on line 9				35
	Gross receipts, included on line 9, for public use of club facilities	39 b			``` ***
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year		1, 20,4	2 %	acops.
	section 4911 ; section 4912 ; section 4955		,	** 1	>>
١	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 e transaction during the year or did it engage in an excess benefit transaction in a prior year that ha	xcess benefit s not been reported		-7	لــنــا
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
,	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization				
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	· · · <u> </u>	_ ` ` ` * *	. 1	* \$
'	by the organization	•	*	Ş	^
			- ;	i I	: 1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax		40		
	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41	a 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		40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T		40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T				
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed Louisiana The organization's books are in care of DAWN TREGRE	Telephone no ► (225)	791	-884	
41 42	A The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE	Telephone no ►(225) LAZIP+4 ► 70811	791		9
41 42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth	Telephone no ► (225) LA ZIP + 4 ► 7081	791	-884 Yes	9 No_
41 42	A The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE	Telephone no ► (225) LA ZIP + 4 ► 7081	791		9
41 42	a The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no ► (225) LA ZIP + 4 ► 7081	791		9 No_
41 42	a The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no ► (225) LA ZIP + 4 ► 7081	791		9 No_
41 42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791		9 No_
42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed Louisiana The organization's books are in care of DAWN_TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791 7		9 No X
42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791		9 No_
42:	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed Louisiana The organization's books are in care of DAWN_TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791 7		9 No X
42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791 7		9 No X
42	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791 7		9 No X
42	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finarc At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791. 42b		9 No X
41	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finarc At any time during the calendar year, did the organization maintain an office outside of the U.S.?— See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finarc 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	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791. 42b		9 No X
41 42 43	List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)?	791 7 42 b 42 c	Yes	9 X X
41 42 43	List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no \(\bigcirc (225) \\ \text{LA} \text{ZIP} + 4 \text{7081} \\ \text{re authority over a al account} \)? \(\) Incial Accounts. There \(\text{43} \) The e completed instead	791 7 42 b 42 c	Yes	No X
41 42 43 44	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana To organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial fryes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no \(\frac{225}{70817} \) LA ZIP + 4 \(\frac{70817}{70817} \) er authority over a al account)?	791 7 42 b 42 c	Yes	9 X X
41 42 43 43	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Localed at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no \(\textstyle \) (225) \(\textstyle \) LA \(\textstyle \) ZIP + 4 \(\textstyle \) 70817 er authority over a all account)?	791 7 42 b 42 c	Yes	9 X X -X -X -X -X X
41 42 43 44	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	Telephone no \(\textstyle \) (225) \(\textstyle \) LA \(\textstyle \) ZIP + 4 \(\textstyle \) 70817 er authority over a all account)?	791 7 42 b 42 c	Yes	9 X X No -X
41 42 43 44	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no \(\textstyle \) \(\textst	42 b 42 c 42 c	Yes	9 X X -X -X -X -X X
41 42 43 44	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be cold the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O	Telephone no \(\textstyle \) \(\textst	791 7 42 b 42 c	Yes	9
41 42 43 44 45	shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year Bold the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be of Form 990-EZ Bold the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be of Form 990-EZ Cold the organization receive any payments for indoor tanning services during the year? If Yes to line 44c, has the organization filed a Form 720 to report these payments? If Yes,' provide an explanation in Schedule O Bold the organization have a controlled entity of the organization within the meaning of section 512	Telephone no (225) LA ZIP + 4 70817 er authority over a al account)?	42 b 42 c 44 a 44 b 44 c	Yes	9 X X -X -X -X -X X
41 42 43 44 45	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filled Louisiana The organization's books are in care of DAWN TREGRE Located at 7247 PRESIDENT DRIVE BATON ROUGE At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be cold the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O	Telephone no (225) LA ZIP + 4 7081 er authority over a al account)? here 43 e completed instead st be completed (b)(13)? of section 512(b)(13)? If 'Yes,'	42 b 42 c 42 c	Yes	9

Form 9	90-EZ	Z (2013)	BATON	ROUGE	WHEECH	AIR TEN	NIS A	ssoc				58-1	93493	35	P	age 4
· 46 D	Old the	ornaniza	ition enga	ne directi	ly or indirectl	v in politica	al campa	ion activitie	s on be	ehalf of or in	oppositio	nn to			Yes	No
с	andida	ates for p	ublic office	? If Yes,	complete S	chedule C,							<u></u>	46	200	Х
(Pant		All sect	tion 501(s 50 and	c)(3) or 51.	anization rganization ed Schedule	ns must a						-				. \Box
47 [and the	0.0000170	tion ongo	no in lobb	ying activitie	e or have a	caction	501/h) alac	tion in	effect during	n the tay i	vear? If 'Ves	,		Yes	No
					····									47		X
		_			cribed in sect									48		X
		-		-	sfers to an e: n a section 5	•			-					49 a		X
50 C	Comple	ete this ta	ble for the	organiza	ation's five his re than \$100	ghest comp	ensated	employees	(other	than officer	s, directo	rs, trustees a	and key	<u> </u>	1	
		(a) Name an	id title of each	employee		per wee	rage hours k devoted position	(c) Re (For	portable o ms W-2/1	compensation 099-MISC)	contribute benefit pla	ealth benefits, ons to employee ans, and deferred mpensation		Estimated ther comp		
N/A N/A					-	0.00				0.			o.	-	•	0.
			-										7.			
		<u>. </u>				 										
						1						- <u>-</u>				
						-										
						-										
51 (Compl	ete this ta	ble for the	organiza	aid over \$10 ation's five hi n. If there is r	ghest comp	ensated	ındepende	nt contr	actors who	each rec	eived more t	han \$10	0,000 o	f	
		a) Name and	business add	ress of each	n independent co	ntractor				(b) Type	of service			(c) Comp	ensation	
NONE	<u> </u>	-					-									
							- -					-			-	
								_								
												-				
				- 				- – –								
										<u>-</u> -		-				
d 7	Total n	number of	other inde	pendent	contractors of	each receivi	ng over	\$100,000 ·					<u> </u>			
	charita	able trusts	must atta	ch a com	edule A? Not pleted Sched	dule A	· · · · ·			· · · · · ·		<u> </u>	. , , •	XYes		No
Under pe	enalties rect, and	of perjury, I od d complete D	declare that I I Declaration of	nave examin preparer (ot	ned this return, In ther than officer) i	cluding accomp is based on all i	anying sch information	edules and state of which prepa	ements, a rer has a	and to the best ny knowledge	of my knowle	edge and belief,	ıt is			
Sign		Signatu	re of officer	LOW	GN_						Date	49114		<u> </u>		
Here		DAWI Type or	N TREG							 	TREAS	URER	.			
		Print/Type p	reparer's nam	ne		Preparer's si	gnature		·	Date		Check I if	PTIN			
Paid Prepai	rer	Firm's name	- N	on-	Paid	Pr	epa	arer	<u> </u>	<u> </u>		self-employed	<u> </u>			
Use O	161	Firm's addre										Firm's EIN	<u> </u>			
May th) IDS	discuss t	thic return	with the	preparer sho	un abouo?	Soo inch	ructions				Phone no		Yes		No
	16 1110	uiacuaa l		*************	preparer silo								F	orm 990	<u> 닏</u>	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number

BATO		ROUGE WHEECHA							58-19				
Part	ı	Reason for Publ	ic Charity Status	(All organizations r	nust co	mplete	this p	art.) S	<u>ee instr</u>	uctions	<u>s.</u>		
The o				is: (For lines 1 through 1									
1				tion of churches describe	ed in sec	tion 17	0(b)(1)(A)(i).					
2	П	A school described in a	section 170(b)(1)(A)(i	i). (Attach Schedule E.)									
3	П	A hospital or a coopera	ative hospital service o	rganization described in	section	170(b)(1)(A)(iii)						
4		A medical research org	ganization operated in	conjunction with a hosp	ital descr	ribed in a	section 1	70(Ь)(1)(A)(iii).	Enter the	e hospital's		
		name, city, and state:				- 			- <u></u> -				
5	Ш	170(b)(1)(A)(iv). (Con	nplete Part II.)	college or university ow					al unit de	escribed	ın section		
6				rnmental unit described									
7		in section 170(b)(1)(A	(Complete Part	stantial part of its suppo		governr	nental ur	iit or froi	m the ge	neral pul	blic describe	ea	
8	Ц			b)(1)(A)(vi). (Complete									
9	X	from activities related investment income and June 30, 1975. See se	to its exempt functions d unrelated business to ection 509(a)(2). (Corr		ceptions, tion 511	and (2) tax) fron	no more n busines	than 33 ses acc	-1/3% of	its supp	ort from gro	SS	
10	Ш			lusively to test for public									
11		more publicly supporte	ed organizations descri	lusively for the benefit of bed in section 509(a)(1) and complete lines 116) or section	on 509(a	functions i)(2). See	of, or ca sectio	arry out t n 509(a)	he purpo (3). Cheo	oses of one ck the box th	or nat	
		a Type I b	Type II c	Type III - Function	ally integ	rated	d	י ∏ ו	ype III -	Non-fu	nctionally in	tegrate	d
е		By checking this boy	I certify that the organi managers and other th	zation is not controlled d an one or more publicly	lirectly or supporte	ındırect ed organ	ly by one izations	or more describe	e disqual ed in sect	ified per tion 509(sons (a)(1) or		
f		If the organization reci	eived a written determi	nation from the IRS that	ıs a Typ	e I, Type	ll or Ty	oe III su	pporting	organıza	ition,		
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntribution	n from a	ny of the	followin	g person	s?			
Ū		_										Yes	No
		below, the gove	rning body of the supp	trols, either alone or toge orted organization?							. 11 g (i)		
		(ii) A family member	r of a person describe	d ın (ı) above?							. 11 g (ii)		
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	₽?						11 g (iii)		
h				upported organization(s							' <u></u>	1	
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organiza column (I) your go docur	ation in) listed in verning	(v) Did you the organiz column (l) suppo	ation in of your	(vi) Is organiza colum organized U S	ition in I	(vii) Amount sup		tary
					Yes	No	Yes	No	Yes	No			
(A)					_		ļ						
		· · · · · · · · · · · · · · · · · · ·											
(B)					-								
\- /-					ļ							_	
(C)								-					
(C)													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sect	ion A. Public Support					_ _		
Caler begin	dar year (or fiscal year ining in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge						i	
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	\$	` ` `	,	,	,		
6	Public support. Subtract line 5 from line 4	······································	· ·					
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	٠		* * *	\$ × ^			
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			L	12	
	First five years. If the Form 990 is organization, check this box and s	top here						▶ 🔲
Sec	tion C. Computation of Pu	blic Support F	ercentage			- ·	 -	
	Public support percentage for 201							<u>%</u> %
	Public support percentage from 20					_	-	
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and the nization	ne line 14 is 33-1/3	% or more, cl	heck tl	his box
b	33-1/3% support test – 2012. If t and stop here. The organization	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, o	check t	this box
17 a	10%-facts-and-circumstances to or more, and if the organization mete the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part I\	/ how	
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV anization	/ how :	the ▶ □
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see inst	ruction	ns ▶ 🗍
RAA					Sch	edule A (For	m 990	or 990-FZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support		·					
	lar year (or fiscal yr beginning in) 🕨 📗	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include	0.	0.	0.	0.		0.	0.
	any 'unusual grants.')				<u> </u>			<u> </u>
	sions, merchandise sold or						}	
	services performed, or facilities							
	furnished in any activity that is related to the organization's						ł	
	tax-exempt purpose				0.			0.
	Gross receipts from activities that are not an unrelated trade or business under section 513					-	Ì	
4	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf							
5	The value of services or facilities furnished by a							
	governmental unit to the							
	organization without charge				. <u></u>			
	Total. Add lines 1 through 5	0.	0.	0.	0.		0.	0.
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
h	Amounts included on lines 2							
_	and 3 received from other than							
	disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13							
	for the year							
c	Add lines 7a and 7b						Ī	
8	Public support (Subtract line		«; »»	, , , , , , , , ,	% % ·			
	7c from line 6.)	* . * · · · · · ·	. 44 37	/ *,	~ <u>}</u> ^^	, *, .		0.
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	}	(f) Total
9	Amounts from line 6	0.	0.	0.	0.		0.	0.
10 a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable	h		·	_	·		·
_	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b							
	Net income from unrelated business	├ ─ ·· ·						
11	activities not included in line 10b,							
	whether or not the business is							
	regularly carried on						-	
12	Other income. Do not include gain or loss from the sale of							
	čapital assets (Explain in						-	
40	Part IV.)	0.			0.		0.	0.
	Total Support. (Add ins 9,10c, 11 and 12)		0.	0.		ion 501(a)(2)		
14	First five years. If the Form 990 is organization, check this box and s	top here		nira, iourin, or iiiin				▶ 🔲
	tion C. Computation of Pu	DIIC Support P	ercentage	1 (5)		т	45 1	0
15	Public support percentage for 201						15	
16	Public support percentage from 20				<u> </u>		16	_
<u>Sec</u>	tion D. Computation of Inv							
17	Investment income percentage for						17	- 8
18	Investment income percentage from						18	ક
19 a	33-1/3% support tests — 2013. II	the organization di	d not check the bo	ox on line 14, and I	ine 15 is more that	n 33-1/3%, ai	nd line	17
	is not more than 33-1/3%, check t		_					
b	33-1/3% support tests — 2012. If time 18 is not more than 33-1/3%,	f the organization di	d not check a box	on line 14 or line r ganization gualifie	19a, and line 16 is s as a publicly sup	more than 33	5-1/3% Izatioi	o, and
20	Private foundation. If the organiz							
ZU	r rivate touriuation. Il the organiz	anon dia not check	a box off lifte 14,	יים, טו ופט, נוופנו	DOX BIIU 366 I			

		(Form 990 or 990-EZ) 2013	BATON	ROUGE	WHEECHAIR	TENNIS	ASSOC	58-1934935	Page 4
Part	IV	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Pro	ovide the complete	explanations this part for	required any addit	by Part II, ional infor	line 10; Part II, line 17a mation.	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

lame o	me of the organization Employer identification number							
BAT(ON ROUGE WHEECHAIR TEN						58-193493	5
Part	POITH 330-EZ IIIEIS ale HOLTEQU	ured to complete	e this part.					
1	Indicate whether the organization rai	sed funds throu	gh any of t	he followin	ng activities. Check all the	at apply.		
а	Mail solicitations			е	Solicitation of non-go	overnme	ent grants	
b	Internet and email solicitations			f	Solicitation of govern	nment gi	rants	
С	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations			•	<u> </u>			
	Did the organization have a written of employees listed in Form 990, Part \	r oral agreemer	nt with any	individual	(including officers, directors	ors, trusi	tees or key	Yes No
ь	If Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities						
(i)	Name and address of individual	(ii) Activity	(iii) Did fi	undraiser	(iv) Gross receipts		ount paid to	(vi) Amount paid to
	or entity (fundraiser)		have custor of contri	dy or control butions?	from activity	fundra	etained by) liser listed in olumn (i)	(or retained by) organization
			Yes	No			<u>. </u>	
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2			1			-		
3								
4								
5								
6			ļ!					
7								
8								
9								
10								
Total	List all states in which the organizati		,- ,,,	· > -				
3	List all states in which the organizati or licensing	on is registered	or licensed	d to solicit (contributions or has been	notified	it is exempt from	n registration
			-					
								
							_	
						-		
		_ _				- -	- 	
								
					-			
					- 			

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			(event type)	(event type)	NONE (total number)	through column (c)
E V		_				
REVENUE	1	Gross receipts				
E	2	Less. Charitable contributions				
	_3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPEZSES	8	Entertainment				
N S E	9	Other direct expenses		_ 		
S	10	Direct expense summary Add lines 4 through				
Dar	11 +* 1118	Net income summary Subtract line 10 from Gaming. Complete if the organizati	on answered 'Yes'	to Form 990 Part IV	/ line 19 or reporte	d more than
r _é ai	r.111\$	\$15,000 on Form 990-EZ, line 6a.	on answered Tes	10 1 01111 000, 1 art 11	, mie 10, or reporte	a more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
E	2	Cash prizes				
DIRESECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes %	Yes %	
	7_	Direct-expense-summaryAdd-lines-2-throu	gh-5-ın column-(d)	~, ~, ~,~,	, 	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		
	ls th	er the state(s) in which the organization operate organization licensed to operate gaming adds,' explain	ctivities in each of these	states?		
		re any of the organization's gaming licenses res,' explain		erminated during the tax		

ocne	dule G (Form 990 of 990-E2) 2013 BATON ROUGE WHEECHAIR TENNIS ASSOC 30-1934933	ı ugo v
11	Does the organization operate gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity operated in:	
	The organization's facility	ક
	An outside facility	용
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address	
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	□No
	of Yes,' enter the amount of gaming revenue received by the organization \$ \\$ and the amount	
	of gaming revenue retained by the third party $\qquad \qquad	
c	If 'Yes,' enter name and address of the third party:	
	Name •	
	Address	
16	Gaming manager information.	
	Name •	
	Gaming manager compensation \$	
	Description of services provided	. – – – -
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
F > **	organization's own exempt activities during the tax year \$	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
_		
-		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Department of the Treasury Internat Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instruction at www.irs.gov/form990.	ns is	Inspection
Name of the organization		Employer Identificat	ion number
	DECUATE MENNIC ACCOC	58-1934935	
BATON ROUGE WH	EECHAIR TENNIS ASSOC	100 1004000	<u>′</u>
			
	.	-	
			-
		 -	-
		-	

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)	
ADVERTISING	276.
BANK CHARGES	1.
GIFTS	433.
INSURANCE	1,365.
LEGAL & PROFESSIONAL	2,503.
OFFICE SUPPLIES	302.
POSTAGE	18.
UNIFORMS	356.
Total	5,254.