

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



orm 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions DAA

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990 2014
Open to Public

| | Ear the 2014 a | | 4011101111000. | | | | | |
|-----------------------------|-----------------------------|---|--------------------|-----------------------|----------------------------|--|--|--|
| _ | | alendar year, or tax year beginning , and ending C Name of organization | | 5 5 | | | | |
| B | Check if applicable | - | | D Embloyer Ider | ntification number | | | |
| \sqcup | Address change | ARKANSAS TENNIS ASSOCIATION, INC. | | | | | | |
| \Box | Name change | Doing business as | _ | 23-7372183 | | | | |
| \equiv | Ť | Number and street (or P O box if mail is not delivered to street address) | Room/suite | E Telephone num | | | | |
| | Initial return | 2024 ARKANSAS VALLEY DRIVE, STE 302 | | 501-22 | 7-7611 | | | |
| | Final return/ terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| $\overline{}$ | | LITTLE ROCK AR 72212 | | G Gross receipts 5 | 864,347 | | | |
| · | Amended return | F Name and address of principal officer | | | | | | |
| Π. | Application pending | DEANNA GARRETSON | H(a) Is this a gro | up return for subord | mates? Yes X No | | | |
| | | | Why Are all out | | Yes No | | | |
| | | 2024 ARKANSAS VALLEY DRIVE, STE 302 | | ordinates included? | | | | |
| | | LITTLE ROCK AR 72201 | II "No," | attach a list (see ii | nstructions) | | | |
| 1 | Tax-exempt status | 501(c)(3) X 501(c) (4) ◄ (insert no) 4947(a)(1) or 527 | | | | | | |
| J | Website > W | ww.arktennis.com | H(c) Group exer | nption number | | | | |
| | Form of organization | | | 0.60 | State of legal domicile AR | | | |
| | | | Ear of Iorniacon | 1 111 | State of regardornicite | | | |
| | | ımmary | | | | | | |
| | | scribe the organization's mission or most significant activities | | | | | | |
| a. | d of | romote and develop the growth of tennis. | | | | | | |
| ဗ | 10 P | Tomote and develop one growen or comment. | | | | | | |
| Ē | | | | | | | | |
| Ĕ | | | | | | | | |
| ē | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| õ | 2 Check thi | s box ▶ 🔛 if the organization discontinued its operations or disposed of more than 25% i | of its net assets | | | | | |
| 0 | 3 Number of | of voting members of the governing body (Part VI, line 1a) | | 3 1 | .3 | | | |
| S | | of independent voting members of the governing body (Part VI, line 1b) | | | .3 | | | |
| Ę. | 1 | | | | | | | |
| Ξ | | iber of individuals employed in calendar year 2014 (Part V, line 2a) | | | 4 | | | |
| Activities & Governance | 6 Total num | ber of volunteers (estimate if necessary) | | 6 4 | .8 | | | |
| • | L | elated business revenue from Part VIII, column (C), line 12 | | 7a | 7,673 | | | |
| | | ated business taxable income from Form 990-T line 34 | | 7b | -50,599 | | | |
| | D Net unrei | ated business taxable income from Form 990-1, after 54 | Prior Yea | | Current Year | | | |
| | . | | | 0,523 | | | | |
| ē | 8 Contributi | ons and grants (Part VIII, line the VIII) | | | 247,182 | | | |
| Revenue | 9 Program | service revenue (Part VIII) in a 201 | 61 | 1,162 | 603,360 | | | |
| Š | 10 Investme | nt income (Part VIII, column (A), lines 3, 4 (And 7 dix) | | 822 | 430 | | | |
| ď | 11 Other rev | enue (Part VIII, column (A) புடுத் 5260, 8c, 9c, 10c, and 11e) | 1. | 0,672 | 7,673 | | | |
| ٠. د | | | | | | | | |
| <u>m</u> | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,179 | 858,645 | | | |
| | 13 Grants ar | nd similar amounts paid (Part IX column (A) lines 1–3) | | 9,256 | 18,752 | | | |
| | 14 Benefits r | paid to or for members (Part & Column (A), line 4) | | | 0 | | | |
| CANINES WAS THE | 1 | other compensation, employee benefits (Part IX, column (A), lines 5-10) | 45 | 6,471 | 443,792 | | | |
| ī, | 1 | · · · · · · · · · · · · · · · · · · · | | -/ | 0 | | | |
| CK. | | nal fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| - Š | b Total fund | Iraising expenses (Part IX, column (D), line 25) ▶ 46,985 | | | _ | | | |
| _现 | 17 Other exp | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 33: | 1,811 | 366,054 | | | |
| - | 1 | enses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 7,538 | 828,598 | | | |
| = | | less expenses Subtract line 18 from line 12 | | 5,641 | 30,047 | | | |
| Net Assets or Fund Balances | 19 Revenue | icos expenses Subtract inte 10 from line 12 | Beginning of Cur | | End of Year | | | |
| 13° | 00 : | | | 0,138 | | | | |
| Sse | ZU Total assi | ets (Part X, line 16) | | | 961,280 | | | |
| ξĔ | 21 Total liabi | lities (Part X, line 26) | | 9,894 | 10,218 | | | |
| ᆂ큔 | 22 Net asset | s or fund balances Subtract line 21 from line 20 | 910 | 0,244 | 951,062 | | | |
| P | art II Sig | gnature Block | | | | | | |
| | | | | | and halled the | | | |
| Ur | nder penalties of p | perjury, I declare that I have examined this return, including accompanying schedules and statement | is, and to the bes | st of my knowled | ge and bellet, it is | | | |
| | Je, correct, and co | implate Declaration of preparer (other than officer) is based on all information of which preparer ha | s any knowledge | | | | | |
| | | (Slaw Donot | | 1 11 | -/6-/5 | | | |
| Sig | ın F s | gnature of officer | | Date | | | | |
| _ | | Donne Compton EVECIN | מדת שמדי | ECTOD | | | | |
| He | | Deanna Garretson EXECUT | TAR DIK | ECTOR | | | | |
| | T | ype or print name and title | | | | | | |
| | Pnnt/Type | preparer's name Preparer's signature | Date | Check | IT PTIN | | | |
| Paid | d | Chappell David Mills CPA | 11/16 | /15 self-employe | d P00573009 | | | |
| | David | UCTITATION C MODDIC CDAIC / ' | | | - 1 2003/3003 | | | |
| | 1 1111/13 (101 | | F | ırm's EIN | | | | |
| use | Only | 401 W. CAPITOL, SUITE 501 | 1 | | | | | |
| | Firm's add | ress LITTLE ROCK, AR 72201 | _P | hone no 5 | 01-372-3112 | | | |
| May | | this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

| Form 990 (2014) | ARKANSAS TENNIS | ASSOCIATION, INC. | 23-7372183 | Page 2 |
|-----------------|---|--|----------------------------------|------------------------|
| | tatement of Program Ser | • | _ | |
| | | is a response or note to any line in | this Part III | |
| • | ibe the organization's mission | the growth of tennis. | | |
| 10 promo | oce and develop | one growen or centres. | | |
| | | | | |
| | | | | |
| - | • • | program services during the year which were | e not listed on the | |
| • | 90 or 990-EZ? | | | Yes X No |
| | cribe these new services on Sche | | | |
| 3 Did the organ | nization cease conducting, or mai | te significant changes in how it conducts, any | y program | Yes X No |
| | cnbe these changes on Schedule | 0 | | Tes IN |
| | | ccomplishments for each of its three largest | program services, as measured by | |
| | - | anizations are required to report the amount | | |
| • | enses, and revenue, if any, for ea | | | |
| | | | | |
| 4a (Code | | 533,423 including grants of \$ | 18,752) (Revenue \$ | 606, 0 30) |
| | ents and League | | | |
| | | nts and other tennis s | sports events | |
| in 2014. | • | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b (Code |)(Expenses \$ s & Conferences: | 3,223 including grants of \$ Expenses to attend \$ |) (Revenue \$ | 5,132) |
| | | al Meetings, United St | | |
| | | ing and AR Tennis Asso | | |
| | s in 2014. | - | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| _ | m services (Describe in Schedule \$ 25,739 inc | |) (Povenue S | 1 |
| (Expenses 9 | n service expenses | Studing grants of \$ 562,385 |) (Revenue \$ | |
| AA | ii dal vido dispolidos p | | | Form 990 (2014) |
| | | | | (2017) |

| | 1990 (2014) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183 | | F | age |
|----------|--|-----|-----|---------------|
| <u> </u> | art IV Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | [| 103 | '' |
| | complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 1 | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | İ | | |
| | Part III | 5 | X | ļ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | [] | | ĺ |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 1 | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | ļ | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 0 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 1 | | l |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | Ī |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| þ | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | 77 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| đ | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | . |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| T | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | x |] |
| 2- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 2a | | 420 | X | |
| L | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 12a | | - |
| þ | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 4a | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 140 | | - |
| Þ | fundraising, business, investment, and program service activities outside the United States, or aggregate | 1 1 | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | | - |
| - | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | '- | | |
| - | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 7 | Did the ergapization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

Form 990 (2014)

X

18

19

20a

20b

18

19

20a

Form 990 (2014) ARKANSAS TENNIS ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-------------|------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | <u>x</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | _ <u>X</u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | 1 | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | : |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | _ <u>X</u> |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | 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 | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | 1 | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | Ì | |
| | or IV, and Part V, line 1 | 34 | | <u> </u> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | ľ | v |
| | Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | _ X | |

DAA

| ГΦ | Check if Schedule O contains a response or note to any line in this Part \ | , | | | | |
|-----|--|-------------|----------------|------------|-------|-------------|
| | Check it Schedule O contains a response of note to any line in this Fait V | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 16 | | 163 | NO |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | | | Í |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | رين. | | | | ł |
| · | reportable gaming (gambling) winnings to prize winners? | | | 1c | x | |
| 2a | | 1 1 | 1 | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 34 | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | <u> </u> | 2b | x | Ī |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | x | ĺ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | thority | | <u> </u> | | |
| - | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | | | 1 |
| | account)? | | | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc | counts | | | | ĺ |
| | (FBAR) | | | 1 | | İ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ın? | | 5b | | Х |
| 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 charitable contributions? | | | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | ог | | | | |
| | gifts were not tax deductible? | | | 6b | | ı |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ods | | | | 1 |
| | and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | | | 7c | | L |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | 1 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con- | tract? | | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | ? | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | 8899 a | s required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | n file a | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | ļ | | ŀ |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | 1 | l |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 1 1 | 1 | | ŧ | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | 1 | |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | <u> </u> | | 1 | |
| 11 | Section 501(c)(12) organizations. Enter | 1 1 | l | | ł | : |
| а | Gross income from members or shareholders | 11a | | | 1 | <u>:</u> |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | 1 | : |
| | against amounts due or received from them) | 11b | L _ | | 1 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 1 | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | L | | 1 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | : |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | 1 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | ا مما | 1 | |] | : |
| | the organization is licensed to issue qualified health plans | 13b | | | ŧ | |
| C | Enter the amount of reserves on hand | 13c | <u> </u> | 14a | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a 14b | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C | | | | - 990 | (2014) |
| DAA | | | | ruii | | (4014) |

20

DAA

Deanna Garretson

LITTLE ROCK

Form 990 (2014) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 13 1h Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a X The governing body? 8b X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official а 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

2024 AR VALLEY, STE 302

AR 72212

Form 990 (2014)

| Form 990 (201 | 4) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183 | Page |
|---------------|---|------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors | ıd |
| | Check if Schedule O contains a response or note to any line in this Part VII | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

| Check this box if neither the organ | nization nor any | relate | ed or | ganı | zatıo | n con | per | nsated any current officer, d | irector, or trustee | , |
|--|--|--------------------------------|---|--------------|---|--|--|---------------------------------|---------------------|--|
| (A) Name and Title | (B) Average hours per week (list any | bo | Position (do not check more than one loox, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | |
| | hours for related organizations below dotted (ine) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) BRAD PHELPS | 0.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | x | | | | o | o | o |
| (2) BOB WAGSTAFF | 0.00 | ^ | \vdash | Α. | | 1-+ | | | | |
| (1) DOD WIGOTIET | 0.00 | | | | İ | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (3) TAYLOR DODDS | | 1 | | | | | - | | . | |
| . , | 0.00 | | | | | 1 1 | | | | |
| DIRECTOR | 0.00 | X | l | | | | | 0 | 0 | o |
| (4) BOB LUCKY | | | | | | | | | | |
| | 0.00 | | | | i | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | | L | 1_1 | | 0 | 0 | 0 |
| (5) CRYSTAL NOBLE | | | | | | | | | | |
| | 0.00 | | | | | | | | _ | |
| VICE-PRESIDENT | 0.00 | X | - | X | <u> </u> | 1+ | | 0 | 0 | 0 |
| (6) SONYA COLEMAN | 0.00 | | | ļ | | | | | | |
| D.T.D.T.CMOD | 0.00 | | ĺ | ĺ | ľ | 1 1 | | | ^ | |
| DIRECTOR (7) JENNIFER TUCKER | 0.00 | X | _ | | ├ | ╀ | | 0 | 0 | 0 |
| (/) DENNIFER TOCKER | 0.00 | ļ | | |] | | | | | |
| VICE-PRESIDENT | 0.00 | x | | x | | | | o | 0 | 0 |
| (8) JOSEPH MURPHY | 0.00 | † | \vdash | - | _ | \vdash | | | | |
| (3,000,000,000,000,000,000,000,000,000,0 | 0.00 | (| l | | | 1 1 | | | | |
| DIRECTOR | 0.00 | X | | | | | | O | 0 | 0 |
| (9) GARY JONES | | | | | | | | | | |
| • | 0.00 | | | | | | | | | |
| VICE-PRESIDENT | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (10) STEVE DUFFEL | | | | | | | | | | |
| | 0.00 | | | | | | 1 | | | |
| DIRECTOR | 0.00 | X | | <u> </u> | | $\sqcup \bot$ | | 0 | 0 | 0 |
| (11) ELIZABETH MICHAE | | | | | | | | | | |
| | 0.00 | | | | | | | | | • |
| DIRECTOR | 0.00 | X | L | | $ldsymbol{ld}}}}}}$ | Ш | | 0 | 0 | 0 |
| DAA | | | | | | | | | | Form 990 (2014) |

| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one compensation from the organization | | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | | | | | | | |
|---|--|--|-----------------------|--|---|---------------------------------|-------------|-------------------------------|---|---|-----------------------------------|---------------|----------|
| | hours for related organizations below dotted line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (** 27.000 ********************************** | | organiza and rela organizal | tion ted | |
| (12) VANESSA ROPER | 0.00 | | | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | | | | 0 |
| (13) DEANNA GARRETSON | | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | x | | | | 73,540 | 0 | | | 1,9 | 32 |
| (14) | | | | | | | ! | | | | | | |
| (15) | | | - | | | | | | | | | | |
| (16) | | | | | | | | | | | | - | |
| (17) | | - | | | | | | | | | | | |
| (4.9) | | | _ | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| 1b Sub-total | <u> </u> | l | L | L | | Ь | • | 73,540 | | | | 1,9 | 32 |
| c Total from continuation shee | ets to Part VII, S | ectio | on A | | | | > | 73,540 | | | | 1,9 | 332 |
| d Total (add lines 1b and 1c) Total number of individuals (inc | cluding but not lin | | | ose | liste | abo | ve) | | 00,000 of | | | <u> </u> | <u> </u> |
| reportable compensation from | the organization | <u> </u> | 0 | | | | | | | | | Yes | No |
| 3 Did the organization list any for | | | | | | | | ee, or highest compensated | | | | | |
| employee on line 1a? If "Yes," of 4 For any individual listed on line | | | | | | | | and other compensation from | n the | | 3 | | X |
| organization and related organi | | | | | | | | | | } | 4 | 1 | x |
| individualDid any person listed on line 1a | | | | | | | | | lividual | | | | |
| for services rendered to the org | | s," c | ompí | ete S | Sche | <u>dule</u> | J fo | r such person | | | 5 | | <u> </u> |
| 1 Complete this table for your five | e highest comper | nsate | d ind | depe | nder | nt cor | ntrac | ctors that received more than | n \$100,000 of | | | | |
| compensation from the organiz | (A) business address | прег | <u>is</u> auc | יטו ווע | uie | Cale | liuai | Descript | (B) Iton of services | | Cor | (C) | |
| Name and | Dusiliess address | | | | | | | Descript | ion or services | | | репзанс | ··· |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | <u></u> | | | | | | | | | | - | |
| | | | | | | | - | | | | | · | |
| 2 Total number of independent or received more than \$100,000 or | ontractors (includ | ling t | out no | ot lim | nited | to th | ose | listed above) who | 0 | | | = | |
| DAA | . Joneportodilott | | | | | | | | | | Fom | 990 | (2014) |

INC.__ Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue (A) Total revenue Unrelated exempt excluded from tax business function under sections 512-514 revenue 1a Federated campaigns 1a 3,853 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 243,329 g Noncash contributions included in lines 1a-1f \$ 247,182 h Total. Add lines 1a-1f Program Service Revenue Busn Code 600,950 600,950 Tournament and league program h 2,410 2,410 Meetings and Conferences f All other program service revenue 603,360 Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, and other similar amounts) 430 430 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ▶ 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 13,375 returns and allowances 5,702 b Less cost of goods sold 7,673 7,673 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b C All other revenue Total. Add lines 11a-11d

858,645

603,360

430

7,673

Total revenue, See instructions

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon | | | e column (A) | |
|------|---|----------------|-----------------|------------------|-----------------|
| Do r | | (A) | (B) | (c) | (D) |
| | not include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | and domestic governments. See Part IV, line 21 | | | 1 | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals See Part IV, line 22 | 18,752 | 18,752 | 1 | , |
| 3 | Grants and other assistance to foreign | 10,732 | 10,732 | | |
| • | organizations, foreign governments, and foreign | | | Ţ | |
| | individuals See Part IV, lines 15 and 16 | | j | 1 | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 73,540 | 25,739 | 44 124 | 2 677 |
| | trustees, and key employees | 73,340 | 25,139 | 44,124 | 3,677 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 323,529 | 202 101 | CA 005 | 25 502 |
| 7 | Other salaries and wages | 323,529 | 223,181 | 64,825 | 35,523 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 6 000 | | 6 000 | <u></u> |
| 9 | Other employee benefits | 6,888 | | 6,888 | |
| 10 | Payroll taxes | 39,835 | 8,182 | 31,653 | |
| 11 | Fees for services (non-employees) | j | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 2,989 | 500 | 2,489 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | <u></u> |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | 1 | | | |
| | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 8,864 | 8,864 | | |
| 13 | Office expenses | 25,815 | 14,847 | 10,968 | |
| 14 | Information technology | 6,118 | 1,591 | 4,527 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 55,442 | 52,006 | 3,436 | |
| 17 | Travel | 5,189 | 3,223 | 1,086 | 880 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 15,117 | | 15,117 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 12,000 | | 12,000 | |
| 23 | Insurance | 3,295 | 960 | 2,335 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e 1f | 1 | | | |
| | line 24e amount exceeds 10% of line 25, column | # | | | |
| | (A) amount, list line 24e expenses on Schedule O) | 1 | | | |
| а | Tournament & League Progr | 144,220 | 142,817 | 1,403 | |
| b | Other Expenses | 41,275 | 34,297 | 73 | 6,905 |
| c | Repairs & maintenance | 20,127 | 13,910 | 6,217 | -1 |
| d | Supplies | 18,195 | 9,721 | 8,474 | |
| | All other expenses | 7,408 | 3,795 | 3,613 | |
| | Total functional expenses Add lines 1 through 24e | 828,598 | 562,385 | 219,228 | 46,985 |
| | 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) | | | | |
| DAA | | | | | Form 990 (2014) |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 184,840 312,122 Cash-non-interest bearing 377,685 377,262 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 40,000 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 300 300 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or <u>329,663</u> other basis Complete Part VI of Schedule D 10a 10b 251,957 89,705 77,706 b Less accumulated depreciation 10c Investments—publicly traded securities 11 11 227,608 193,890 12 Investments—other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 920,138 961,280 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 9,894 25 9,894 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 910,244 951,062 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 951,062 910,244 33 33 Total net assets or fund balances 920,138 961,280 34 Total liabilities and net assets/fund balances

| orm | 990 (2014) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183 | | | | Pa | ge 12 | | |
|-----|---|----|-----------|-------------------|-------------|--------------|--|--|
| | rt XI Reconciliation of Net Assets | | | | | _ | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | 44 | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 645 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | <u>598</u> | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | _ | 30,047 910,244 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | | |
| 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 | | _ | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | İ | ł | | | | | |
| | 33, column (B)) | 10 | | 9 | <u>51,</u> | 062 | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | | 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 | | | | | ŀ | | |
| | Schedule O | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | | | |
| | reviewed 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 | X | ļ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | ļ | | |
| | separate basis, consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | |
| | Schedule O | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | | | |
| | | | | For | m 99 | 0 (2014) | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

| • ; | Section 501(c)(4), (5), or (6) organiza | ations Complete Part III | | | | | | | |
|--|---|--------------------------------|--------------------------------|-------------------------|---|---|--|--|--|
| | ne of organization | | | | | tification number | | | |
| <u>. </u> | | S TENNIS ASSO | | | 23-7372183 | | | | |
| Pa | | | ot under section 501(| | n 527 organizatio | <u>n</u> | | | |
| 1 | Provide a description of the organi | zation's direct and indirect p | political campaign activities | ın Part IV | | | | | |
| 2 | Political expenditures | | | | ▶ \$ | | | | |
| 3 | Volunteer hours | | | | | | | | |
| Pa | irt I-B Complete if the or | rganization is exemp | ot under section 501(| c)(3). | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | Enter the amount of any excise tax | cincurred by the organization | on under section 4955 | | ▶ \$ | | | | |
| 2 | Enter the amount of any excise tax | k incurred by organization m | nanagers under section 495 | 5 | ▶ \$ | | | | |
| 3 | If the organization incurred a section | on 4955 tax, did it file Form | 4720 for this year? | | | Yes No | | | |
| 4a | Was a correction made? | | | | | Yes No | | | |
| b | If "Yes," describe in Part IV | | · | | · | | | | |
| Pa | art I-C Complete if the or | rganization is exemp | ot under section 501(| c), except secti | on 501(c)(3). | | | | |
| 1 | Enter the amount directly expende | d by the filing organization f | for section 527 exempt func | tion | | | | | |
| | activities | | | | ▶ \$ | | | | |
| 2 | Enter the amount of the filing organ | nization's funds contributed | to other organizations for se | ection | | | | | |
| | 527 exempt function activities | | | | ▶ \$ | | | | |
| 3 | Total exempt function expenditures | s Add lines 1 and 2 Enter I | here and on Form 1120-PO | L, | | | | | |
| | line 17b | | | | ▶ \$ | | | | |
| 4 | 4 Did the filing organization file Form 1120-POL for this year? | | | | | | | | |
| 5 | Enter the names, addresses and e | employer identification numb | per (EIN) of all section 527 p | olitical organizations | to which the filing | | | | |
| | organization made payments. For | each organization listed, en | ter the amount paid from the | e filing organization's | funds Also enter | | | | |
| | the amount of political contribution: | s received that were promp | tly and directly delivered to | a separate political oi | rganization, such | | | | |
| | as a separate segregated fund or a | a political action committee | (PAC) If additional space is | needed, provide info | ormation in Part IV | | | | |
| | (a) Name | | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| | | ſ | | I | | I | | | |

| Sche | dule C (Form 990 or 990-EZ) 2014 ARK | NSAS TENNIS | S ASSOCIATION | ON, INC. | 23-737218 | 3 Page 2 | | | |
|------|--|-----------------------------|----------------------------|-----------------|------------------------|----------------|--|--|--|
| Pa | rt II-A Complete if the organ | ization is exemp | t under section 5 | 01(c)(3) and | filed Form 5768 (ele | | | | |
| | section 501(h)). | | | | · | | | | |
| Δ (| Check ▶ ☐ if the filing organiza | tion belongs to ar | affiliated group (a | ind list in Par | IV each affiliated gro | oup member's | | | |
| | name, address, EIN | I, expenses, and s | share of excess lol | bbying expen | ditures) | | | | |
| 3 (| Check 🕨 🦳 if the filing organiza | tion checked box | A and "limited con | trol" provision | is apply | | | | |
| | Limits on Le | obbying Expendi | tures | | (a) Filing | (b) Affiliated | | | |
| | (The term "expenditures | " means amounts | paid or incurred.) | | organization's totals | group totals | | | |
| 1a | Total lobbying expenditures to influence p | ublic opinion (grass ro | ots lobbying) | Ļ | | | | | |
| b | Total lobbying expenditures to influence a | legislative body (direc | t lobbying) | L | | | | | |
| С | Total lobbying expenditures (add lines 1a | and 1b) | | Ļ | | | | | |
| đ | Other exempt purpose expenditures | | | <u> </u> | | | | | |
| е | Total exempt purpose expenditures (add | ines 1c and 1d) | | <u> </u> | | | | | |
| f | Lobbying nontaxable amount. Enter the a | mount from the following | ng table in both | | | | | | |
| _ | columns | | | | | | | | |
| - | If the amount on line 1e, column (a) or (b) i | s: The lobbying no | ntaxable amount is | | 1 | | | | |
| - | Not over \$500,000 | 20% of the amou | nt on line 1e | | 1 | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15 | % of the excess over \$50 | 0,000 | 1 | | | | |
| ļ | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10 | % of the excess over \$1,0 | 1 | | | | | |
| - | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% | of the excess over \$1,50 | 00,000 | 1 | | | | |
| | Over \$17,000,000 | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% | • | | - | | | | | |
| ħ | h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less | s, enter -0- | | L | l | | | | |
| j | If there is an amount other than zero on e | ither line 1h or line 1i, o | did the organization file | Form 4720 | | | | | |
| | reporting section 4911 tax for this year? | | | | | Yes No | | | |
| | | 4-Year Averag | ing Period Under s | section 501(h) | | | | | |
| | (Some organizations that ma | · · | | • | | nns below. | | | |
| _ | | See the separate | instructions for line | es 2a through | 2f.) | | | | |
| | | _obbying Expendit | ures During 4-Year | Averaging Pe | eriod | | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total | | | |
| | | | | | | | | | |
| 2a | Lobbying nontaxable amount | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | |
| С | Total lobbying expenditures | | | | | | | | |
| d | Grassroots nontaxable amount | | | | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2014

- political expenses for which the section 527(f) tax was paid).
- a Current year
- b Carryover from last year
- c Total
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

2a

2b 2c

3

5

Schedule C (Form 990 or 990-EZ) 2014 ARKANSAS TENNIS ASSOCIATION, INC.

23-7372183

Page 4

Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Employer identification number

Open to Public Inspection

| A | RKANSAS TENNIS ASSOCIATION, INC. | 2 | 23-7 | 372183 |
|--------|---|---|-----------|--------------------------------|
| _ | Organizations Maintaining Donor Advised Funds Complete If the organization answered "Yes" to Forn | or Other Similar Funds or Acc | | |
| | | (a) Donor advised funds | (t |) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of 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 a | ssets held in donor advised | | |
| | funds are the organization's property, subject to the organization's exclusive | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing | that grant funds can be used | | |
| | only for charitable purposes and not for the benefit of the donor or donor adv | · | | |
| | conferring impermissible private benefit? | | | Yes No |
| P | ert II Conservation Easements. | | | |
| | Complete if the organization answered "Yes" to Forn | n 990, Part IV, line 7 | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that | at apply) | | |
| | Preservation of land for public use (e.g., recreation or education) | Preservation of a historically importai | nt land a | area |
| | Protection of natural habitat | Preservation of a certified historic str | ucture | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation | contribution in the form of a conservation | | |
| | easement on the last day of the tax year | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| C | Number of conservation easements on a certified historic structure included | n (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, an | d not on a | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, extinguis | shed, or terminated by the organization du | ring the | |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to conservation easement is located | d ▶ | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring | , inspection, handling of | | |
| | violations, and enforcement of the conservation easements it holds? | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing co | nservation easements during the year | | |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conser | vation easements during the year | | |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the rec | quirements of section 170(h)(4)(B)(i) | | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in | its revenue and expense statement, and | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organi | zation's financial statements that describe | s the | |
| | organization's accounting for conservation easements | | | |
| Pa | organizations Maintaining Collections of Art, His Complete if the organization answered "Yes" to Form | | iilar A | ssets. |
| 10 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to re | | choot | |
| ıa | works of art, historical treasures, or other similar assets held for public exhibit | | | |
| | public service, provide, in Part XIII, the text of the footnote to its financial state | | 01 | |
| h | If the organization elected, as permitted under SFAS 116 (ASC 958), to report | | eet | |
| | works of art, historical treasures, or other similar assets held for public exhibit | | | |
| | public service, provide the following amounts relating to these items | , Jacobson, or recourse in faither differ | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | • | \$ |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treasures, or other | similar assets for financial dain, provide th | ie – | ▼ |
| ۲. | following amounts required to be reported under SFAS 116 (ASC 958) relating | | | |
| | Revenue included in Form 990, Part VIII, line 1 | g 10 11000 normo | • | S |
| a h | Assets included in Form 990, Part X | | • | \$ |
| | | | | |

| TITLE | 00) 2014 · ARKANSAS ganizations Maintainin | | | | | 372183 Similar Asset | Page 2 |
|------------------------|---|--------------------------------|--------------------------|-------------------------------|--------------|-------------------------|-----------------------|
| 3 Using the orga | nization's acquisition, accessions (check all that apply) | | | | | | is (continued) |
| a Public exhi | bition | d e | Loan or exchang Other | e programs | | | |
| _ | ription of the organization's co | llections and evolain | how they further th | na organization's s | vemnt nurne | nee in Part | |
| XIII | inpuon of the organization 3 cc | are explain | now they laterer a | ic organization s c | xempt purpt | ose iiii ait | |
| | r, did the organization solicit o | r receive donations of | art, historical trea | sures, or other sir | nılar | | |
| | old to raise funds rather than to | | | | | | Yes No |
| | row and Custodial Ar | | | | | | |
| Cor | nplete if the organizatio | n answered "Yes | " to Form 990, | Part IV, line 9 | , or report | ted an amoun | t on Form |
| 990 |), Part X, line 21 | | | | | | |
| 1a Is the organization | tion an agent, trustee, custodi | an or other intermedia | iry for contribution | s or other assets i | not | _ | |
| included on Fo | rm 990, Part X? | | | | | | Yes No |
| b If "Yes," explair | the arrangement in Part XIII | and complete the follo | wing table | | | | |
| | | | | | | | Amount |
| c Beginning bala | | | | | | 1c | |
| d Additions during | | | | | | 1d | |
| e Distributions du | • • | | | | | 1e | |
| f Ending balance | | | | | | 1f | |
| • | ation include an amount on Fe | · · | • | | • | | ∐ Yes ∐ No |
| | the arrangement in Part XIII | Check here if the exp | nanation has beer | provided in Part | AIII | | |
| | nplete if the organizatio | n answered "Ves | " to Form 990 | Part IV line 1 | n | | |
| | inplete if the organizatio | (a) Current year | (b) Pnor year | (c) Two ye | | (d) Three years bac | k (e) Four years back |
| 1a Beginning of ye | ar halanoo | (u) Carronk year | (b) Hor your | (0) (110) | aro bdok | (d) Thick years buc | (a) i cai years back |
| b Contributions | rai balance | | | - | | | |
| | earnings, gains, and | | | | | · | |
| losses | . Carrings, gains, and | | ľ | | | | |
| d Grants or scho | larshins | | | | | | |
| | ures for facilities and | | | | | | - |
| programs | arco for facilities and | | | | | | |
| f Administrative | expenses | | | | | <u>-</u> | |
| g End of year bal | · | | | | | | |
| • | mated percentage of the curr | ent year end balance | (line 1g, column (| a)) held as | | | |
| a Board designat | ed or quasi-endowment | % | | | | | |
| b Permanent end | flowment ▶ % | | | | | | |
| c Temporarily res | stricted endowment > | % | | | | | |
| The percentage | es in lines 2a, 2b, and 2c shou | ld equal 100% | | | | | |
| 3a Are there endo | wment funds not in the posses | ssion of the organizati | on that are held a | nd administered fo | or the | | |
| organization by | | | | | | | Yes No |
| (i) unrelated of | organizations | | | | | | 3a(i) |
| (ii) related org | | | | | | | 3a(ii) |
| ` ' |), are the related organizations | • | | | | | 3b |
| | t XIII the intended uses of the | | ment funds | | | | |
| | d, Buildings, and Equ | | | Doort IV / June 4 | 4- 0 5 | · 000 D | V 5 40 |
| | nplete if the organizatio | | | | | | |
| Des | scription of property | (a) Cost or other (investment) | 1 ' ' | ost or other basis (other) | | cumulated reciation | (d) Book value |
| 4-1 | | (mivestment) | | (outer) | uep | · Joanni | |
| 1a Land | | | | 135,229 | h | 76,735 | 58,494 |
| b Buildings | rovomente | | | 200,229 | | | |
| c Leasehold impr | overnents | | | 194,434 | | 175,222 | 19,212 |
| d Equipment e Other | | | | | <u> </u> | | |
| | rough 1e (Column (d) must e | gual Form 990. Part) | (, column (B), line | 10c) | · | > | 77,706 |
| | 2 - /= = =:::: /=> :::== : | • | | | | | |

| Part VII | Investments—Other Securities. | CIATION, INC. | 23-7372183 | Page |
|-----------------|--|-------------------------|---|-------------|
| | Complete if the organization answered "Yes" to | Form 990, Part IV, line | 11b See Form 990, Part X, line 12 | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) Financial d | | | | |
| - | ld equity interests | | | |
| | PI CD | 193,890 | Market | |
| . , | RRILL LYNCH CDs | | Cost | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, col (B) line 12) ▶ | 193,890 | | |
| Part VIII | Investments—Program Related. | | | |
| | Complete if the organization answered "Yes" to | Form 990, Part IV, line | 11c. See Form 990, Part X, line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) | | | | |
| (2) | | | | |
| _(3) | | | | |
| _(4) | | | | |
| (5) | | | | |
| _(6) | | | | |
| _(7) | | | | |
| _(8) | | | | |
| _(9) | · | | | |
| | (b) must equal Form 990, Part X, col (B) line 13) ▶ | | _ _ | |
| Part IX | Other Assets. Complete if the organization answered "Yes" to | Form 990, Part IV, line | 11d See Form 990, Part X, line 15 | |
| | (a) Description | | (b) Book v | value |
| _(1) | | | | |
| _(2) | | | | |
| _(3) | | | | |
| _(4) | | | | |
| _(5) | | | | |
| _(6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| _(9) | (1) march and Farm 000 Part V and (10) has 45 | | | |
| Part X | (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. | | | |
| FAILA | Complete if the organization answered "Yes" to line 25 | Form 990, Part IV, line | 11e or 11f See Form 990, Part X, | |
| 1. | (a) Description of liability | (b) Book value | ······································ | ····· |
| | ncome taxes | | | |
| | ned Revenue | 5,581 | | |
| | ll Liabilities | 4,637 | | |
| (4) | | | | |
| (5) | | | | |
| _(6) | | | | |
| (7) | | | | |
| _(8) | | | | |
| (9) | | | | |
| Total. (Column | (b) must equal Form 990, Part X, col. (B) line 25) ▶ | 10,218 | | |

2d

4a 4b

Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

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

d Other (Describe in Part XIII)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

e Add lines 2a through 2d

3 Subtract line 2e from line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4. Part X. line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part X - FIN 48 Footnote

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED, OR EXPECTED TO BE CLAIMED, ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTANINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON EXAMPLES OF TAX POSITIONS INCLUDE THE TECHNICAL MERITS OF THE POSITION. THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE ALL TAX RETURNS FROM 2011 FORWARD ARE OPEN YEAR ENDED DECEMBER 31, 2014.

7,509

828,598

828,598

3

4c

5

Schedule D (Form 990) 2014 ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183

Page 5

Part XIII Supplemental Information (continued)

AND SUBJECT TO EXAMINATION.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

COST OF GOODS SOLD

7,509

Part XII, Line 2d - Expense Amounts Included in Financials - Other

COST OF GOODS SOLD

\$

7,509

| 5 |
|----|
| ā |
| ш. |
| ო |
| ~ |
| ₹ |
| ù |
| ~ |
| Ċ |
| × |
| × |
| 9 |
| - |
| _ |
| _ |
| 3 |
| Ø |
| Υ. |
| 2 |
| ς. |
| ٤, |
| × |
| స |
| • |
| |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

| 2014 | Open to Public | inspection |
|------|----------------|------------|
| | | |

OMB No 1545-0047

Employer identification number 23-7372183 ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

| | ARKANSAS TENNIS ASSOCIATION, INC. | 5047/6/ 67 | |
|---|--|------------------|-----|
| g | Part i General Information on Grants and Assistance | | Ì |
| - | 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 criteria used to award the grants or assistance? | \$8. \ | 2 |
| 7 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | : | |

| 2. Describe in Part IV the organization's procedures for monitoring the use or grain tains in the organization. | irt if Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, | Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed |
|---|---|--|
| 7 7 | Par | |

| | (a) Name and address of organization | (P) EIN | (c) IRC | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
|-----------|--------------------------------------|---------|--------------------------|--------------------|--------------------|--------------------------------|---------------------|----------------------|
| • | or government | · · | section if applicable | grant | cash assistance | (book, rimy, appraisal, other) | non-cash assistance | or assistance |
| £ | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | | | | | |
| (6) | | | | | | | | i I |
| | | | | | | | | |
| 4 | | | | | | | | |

<u>(S</u>

9

| (2) | | , | | | |
|---|----------------------------|------------------|-----|--|------------|
| (8) | | | | | |
| (6) | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the 3. Enter total number of other organizations listed in the line 1 table. | anizations listed in table | the line 1 table | ole | | A A |

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

Schedule I (Form 990) (2014)

23-7372183 Schedule I (Form 990) (2014) ARKANSAS TENNIS ASSOCIATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

| r art III carl be duplicated II additional space is receed | ווווטוומו פסמכר ופ ווככמכמ | | | | |
|--|----------------------------|--------------------------|-------------------------|--------------------------------|---|
| (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (e) Method of valuation (book, (f) Description of non-cash assistance |
| | recipients | cash grant | non-cash assistance | FMV, appraisal, other) | |
| | | | | | • |
| 1 Athletic scholarships | 5 | 18,752 | | | |
| | | | | | • |
| 7 | | | | | |
| က | | | | | |
| 4 | | | | | |
| · | | | | | |
| vo | | | | | |
| | | | | | |
| 9 | | | | | |
| 1 | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | rovide the information rec | quired in Part I, line 2 | , Part III, column (b), | and any other additional in | formation |
| ı | | | | | |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

All grants of the organization are of an immaterial nature, therefore,

special monitoring procedures are not deemed necessary.

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

ARKANSAS TENNIS ASSOCIATION, INC.

Employer identification number 23-7372183

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The executive director is provided a copy of the form 990, which is reviewed and signed by the president. There is no formal review process of the form 990 by the board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Association makes their governing documents and financial statements available to the general public on request, by writing or visiting the association's office.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

COST OF GOODS SOLD

\$ 7,509

COST OF GOODS SOLD

-7,509 \$