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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

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

Α	For the	2014 cal	lendar year, or tax yea	r beginning		, and	ending			
В	Check if a		C Name of organization		STRICT TENNIS			D Employe	r identifi	cation number
	Address c	hange	Doing business as					1		
\equiv		·	Number and street (or F	O box if mail is not deliv	rered to street address) Room/suite		73-108689	0	
_	Name cha	ange	3533 CHICKADEE L	ANE		_ L		E Telephone	number	<u> </u>
╝	initial retu	m	City or town		State	ZIP code		(580) 603-0	างอก	
\neg	Final return/	hetenimet	ENID		OK	73703-14	55	(000) 000 (7-100	
=			Foreign country name	Foreign prov	ince/state/county	Foreign pos	tal code]		
	Amended	return					_	G Gross rec	eipts \$	403,677
	Application	n pending	F Name and address of p	nncipal officer			H(a) is t	his a group return	for subord	dinates? Yes X No
			DWAYNE CAMPBEL	L 3533 CHICKADE	E LANE, ENID, O	OK 73703-145	55 н(ы аг	e all subordinat	es includ	ed? Yes No
	Tax-exemp	nt status	501(c)(3) X 501			a)(1) or 52	¬ '.,	"No," attach a li		
				(6) (7) (111	4947(3)(1) 01 32.				
J	Website	: ► non				·	H(c) G	roup exemption	number	<u> </u>
K	Form of or	ganization	X Corporation	Trust Association	Other ▶	LY	ear of form	ation	MS	tate of legal domicile OK
F	art I	Su	mmary							
-	1		escribe the organizati	on's mission or mo	st significant activ	rities To	promote	and develop	the gi	rowth of tennis
8		-	tate of Oklahoma		J		.			
ā										
9	2	Check ti	his box ▶ if the	organization discon	tinued its operation	ons or dispose	d of mor	e than 25%	of its n	et assets
ő	3		of voting members of				01 11101	C 11011 2070	3	10
ಹ	4		of independent voting			•	•		4	10
8	5		mber of individuals en	-	•	•		•	5	0
₹	6		mber of volunteers (e	• •	•	v, iii e za) .	•	•	6	
Activities & Governance	7a		related business reve	•	•	2			7a	0
_	b		elated business taxab	·	, ,			•	7b	0
	+ -	14Ct di ii	ciated business taxab		T	Prior Year	1.5	Current Year		
_	8	Contribu	t VIII, line 1h)		1 1101 1241	511	1,125			
를	9		n service revenue (Pa	· u	- 1111	2015	-	24	2,137	402,352
Revenue	10	Investm	ent income (Part VIII,				200			
2	11	Other re	evenue (Part VIII, colu	mn (A) lines 5 6d	ed on the and	110)	\ 		125	200
	12		enue—add lines 8 thro				 	24	2,994	403,677
	13		and similar amounts p				<u> </u>		1,000	1,000
	14		paid to or for membe	'					1,000	1,000
, 0	15		other compensation, e			ines 5_10)			- 6 1	0
EX Genses	16a		ional fundraising fees			1103 0-10).		· · · · · · · · · · · · · · · · · · ·	0	0
<u>_</u>	b		ndraising expenses (P			•	ه ا			
	17		xpenses (Part IX, colu				<u>-</u>	21	4,017	360,620
Signal of the state of the stat	18		penses Add lines 13-			line 25)	<u> </u>		5,017	361,620
	40		e less expenses. Sub			inie 23) .	<u> </u>		7,977	42,057
No. Asset of	8	11CVC11U	e leas expenses. Oub	add line to nonnin	16 12		Regin	ning of Curren		End of Year
a .	20	Total as	sets (Part X, line 16)						7,964	160,021
3	21		bilities (Part X, line 26	· · · ·		•	<u> </u>	• • • • • • • • • • • • • • • • • • • •	0	100,021
Ž,	22		ets or fund balances		m line 20			11	7,964	160,021
Э	art II		nature Block	<u></u>					7,00,1	100,021
			y, I declare that I have exam	ined this return, including	accompanying sched	ules and statemer	its, and to t	he best of my k	nowledge	
and	belief, it is	s true, come	ect, and complete Deplaration	on of preparer (other than	officer) is based on al	I information of wh	ich prepare	er has any know	ledge	L_4
Sign Sury Ample Turum 5/1/11										
	ere		Signature of officer					Date	,	,
116	, C		DWAGINE (An	nobell Tr	CASUREL					
			Type or print name and title							
		Prin	t/Type preparer's name	Pre	parer's signature		Da		г	PTIN
Pa		חת	ayne Campbell	D.,	ravne Camphell		_		Check self-empl	 ' 1
	eparer				rayne Campbell					
Us	se Only	, –		ounting Service, Inc				Firm's EIN		
			n's address ▶ 3533 CHI					Phone no	580-6	303-0490
Ma	y the IF	RS discus	ss this return with the	preparer shown abo	ove? (see instruct	tions)		•		X Yes No

orm 9	90 (2014)	OKLAHOMA DISTRICT TENNIS ASSOCIATION, INC	73-1086890	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	-	describe the organization's mission		
	To prom	ote and develop the growth of tennis in the State of Oklahoma		
2	Did the	organization undertake any significant program services during the year which were not listed on		
		r Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	П.,	
	services	s?	Yes	X No
4		e the organization's program service accomplishments for each of its three largest program service	es as measured by	
•	expense	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a I expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ 323,576 including grants of \$ 0) (Rever	nue \$ 400.	,112)
	The OD	TA organizes and conducts tennis leagues and tournaments for Adults and Juniors.		
41-	/O - d -			
4b	(Code) (Expenses \$ including grants of \$) (Rever	iue \$)
				·
				·
4c	(Code:) (Expenses \$ \text{including grants of \$ \text{) (Rever}	\$	
	(0000.	/ (Indianing grains of the) (Novel		/
4d	Other p	rogram services (Describe in Schedule O)		
	(Expen	ses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total or	ogram service expenses 323 576		

		73-1086890	Pa	age 3
Part	V 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,"		165	
•	complete Schedule A	. 1	\vdash	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C</i> ,			
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u>5</u>	-	X
	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? <i>If</i> "Yes," complete Schedule D, Part II	. 7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Y .
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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part			Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	. 11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," compless Schedule D, Parts XI and XII			х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	+	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	. 15	1	х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	. 16	 	х
17	Did the organization 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)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	1,4		U
20°	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 19 20a		X
	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20a		┝

73-1086890 Form 990 (2014) OKLAHOMA DISTRICT TENNIS ASSOCIATION, INC. Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 Χ 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . 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 Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I 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 . . . Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Χ 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 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part*

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

Х

37

Part V

Statements Regarding Other IRS Filings and Tax Compliance	_
Check if Schedule O contains a response or note to any line in this Part V	L

_				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a							
b		1b							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	7	ŀ					
	gaming (gambling) winnings to prize winners?		1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1							
	· · · · · · · · · · · · · · · · · · ·	2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		2b						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	•							
	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 A	ccounts							
	(FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he	"						
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	T						
-	gifts were not tax deductible?	0110 01	6b						
7	Organizations that may receive deductible contributions under section 170(c).		00						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds							
u	and services provided to the payor?	goods	7a		<u> </u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• •	7b		\vdash				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as.	···		┢				
·	required to file Form 8282?	43	7c	1					
d	•	7d	1						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		 ^				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		┢				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		+		\dagger				
Ū	sponsoring organization have excess business holdings at any time during the year?	d by the	8						
9	Sponsoring organizations maintaining donor advised funds.	•	۲		\vdash				
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	 	\vdash				
10	Section 501(c)(7) organizations. Enter		155	 					
а	· · · · · · ·	I0a							
b		10b	1		1				
11	Section 501(c)(12) organizations. Enter	1001	7	1	1				
	100 1	11a			1				
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	1					
-	·	11Ь	1	1					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
b		12b	1:	 	 				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1		1				
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		1.00	t^-	T				
b	Enter the amount of reserves the organization is required to maintain by the states in which								
_		ІЗ Ь							
С	· · · · · · · · · · · · · · · · · · ·	13c	1	ļ					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b	1	 ^`				
<u> </u>	195, 195 times a form 125 to report these payments in 196, provide an explanation in Schedul		11-70						

Part VI

Sect	ion A. Governing Body and Management				=-				
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 10	ַו						
	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.								
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 10	<u>)</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under t	he direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х				
6	Did the organization have members or stockholders?		6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint							
	one or more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u> </u>						
_	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaker	during	1						
•	the year by the following.	· caming							
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	100						
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	40.104	9		Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the	nternal Revenue		<u> </u>					
-	terr 211 Gildred (Time econom 2 requeste information about policide for required by the	mornar revenue	0000.	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive rise to conflicts?	12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	describe in Schedule O how this was done		12c	x					
13	Did the organization have a written whistleblower policy?		13		X				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and approv	al by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•	Ì						
а	The organization's CEO, Executive Director, or top management official		15a		Χ				
b	Other officers or key employees of the organization	•	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangi	ement							
	with a taxable entity during the year?	•	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg								
	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure			•					
17	List the states with which a copy of this Form 990 is required to be filed ► OK	·							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(c)(3)s onl	y)					
	available for public inspection_Indicate how you made these available. Check all that apply		-	•					
		olaın ın Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			nd					
	financial statements available to the public during the tax year	·	-						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•						
	Dwayne Campbell	(580) 603-049)						
	3533 Chickadee Lane, Epid, OK 73703-1455								

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Form	agn	(2014)	

OKLAHOMA DISTRICT TENNIS ASSOCIATION, INC.

31111 330 (2014)	ORDANOMA DISTRICT TENNIS ASSOCIATION, INC	10
Part VII	Compensation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated
-	Employees, and Independent Contractors	

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	(do not ch box, unles officer and		rson	is both or/truste	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Steve Henry	10 00		stee			nsated		:	:	
President	10 00	-	_	X	_	igsqcup				
(2) Lisa Minihan	2 00									
Immediate Past President	2 00		_	X		Ш				
(3) Bill Towler	5 00				1					
Vice President (Adults)	5 00		L	X						
(4) Scott Streller	5 00									
Vice President (Junoirs)	5 00	X		Х						
(5) Dwayne Campbell	15 00									-
Treasurer	15 00	Х	İ	Х		ll				
(6) Lisa Prince	5 00									
Secretary	5.00	Х		X						
(7) Vickie Gorton	2.00									
NW Quadrant	2.00	x		x						
(8) Phil Barnes	2.00									_
SW Quadrant	2 00									
(9) Melissa McCorkle	2 00									
NE Quadrant	2 00									
(10) Skip Griese	2 00	-			T	\Box				
SE Quadrant	2 00									
(11)										
(12)										
(13)										
(14)										

		KLAHOMA DISTRICT TENN									73-108		P	age 8
Pa	art VII Section	on A. Officers, Directors, Tru				Pos	C) sition							
	(A) Name and title		(B) Average	(do not check more than of box, unless person is both						(D) Reportable	(E) Reportable	(F) Estimat		d
		hours per week (list any			dad	lirect	or/trus	tee)	compensation from	compensation from related	aı	mount of other	of	
		hours for	일	nst	Officer	<u>ê</u>	를	Former	the	organizations		npensa		
			related organizations	recto Tecto	튵	٩	뺽	Highest compensated employee	4	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizati	
			below dotted line)	្គី	8		oy e	l" ĝ					id relate anizatio	
			inie)	Individual trustee or director	ustee		"	ensa				l Oig	amzau	1113
					٦		ł	Ē						
(15)														
(40)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	-		-	<u> </u>	├	-					
(16)								1						
(17)					 		┢	†						
						L	L							
(18)			 											
(19)				-	_	⊢	┝		┢			\vdash		
7137.									1					
(20)														
					<u> </u>		┡	ļ <u> </u>				ļ		
(21)							İ							
(22)							\vdash		\vdash					
(23)														
		<u> </u>			-	-	-		_			 		
(24)							ļ							
(25)					<u> </u>									
												L		
1b	Sub-total				•				>	0				
C d	Total (add lines 1	nuation sheets to Part VII, S Ih and 1c)	ecuon A .	•	•			•		0				(
2		ndividuals (including but not lii	mited to those lis	ted a	bov	/e) v	vho	rece	ved			<u>. </u>		
		nsation from the organization				o								
_													Yes	No
3		on list any former officer, dire 1a? If "Yes," complete Scheo				loye	e, c	or hig	hes	t compensated		3		
4	· -	listed on line 1a, is the sum				an a	nd	othor		mponestion from	• •	-		X
•	•	and related organizations grea	•	•										
	indıvıdual		•									4		Х
5	Did any person lis	sted on line 1a receive or acc	rue compensatio	n froi	m a	ny u	ınre	lated	org	anızatıon or ındi	vidual			
		ered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	ch pe	rsor	<u>.</u>	. <u> </u>	5		Х
	tion B. Independe			-11			4	444			#400 000 of			
1		le for your five highest compe m the organization Report co										tax		
	year						,							
		(A)								(B)		(C		
		Name and business add	iress						ļ	Description of ser	vices	Comper	nsation	 ,
									\vdash					
														
														(
	Tatal count of	denendent sestes ()	d						L					(
2		ndependent contractors (inclu 100 of compensation from the	_		the	se l	uste	d abde م	-	who received				

Part VIII Statement of Revenue

		Check if Schedule O contains	a response or	note to any line in	this Part VIII		•	\square
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1a	Federated campaigns	<u>1a</u>					
E 5	b	Membership dues .	. 1b	1,125				
حَ ق	C	Fundraising events	. 1c	0				·
# 1	d	Related organizations .	1d	0				
S E	е	Government grants (contribution	s) . 1e	. 0				i
5 5	f	All other contributions, gifts, gran	_					1
호		similar amounts not included abo		· o				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	<u> </u>	0				
اتة ت	h	Total. Add lines 1a-1f			1,125			
				Business Code	.,,,,			
- E	2a	Adult-Tennis Programs		900099	149,032	149,032		
ě	b	Junior- Tennis Programs		900099	200,513	200,513		
8	c	Fees		900099	47,113	47,113		
2	ď	O		900099	5,694	5,694		
ν. E	e			00000	0	0,001		
Program Service Revenue	f	All other program service revenu	 I e .		0			
P	a			. •	402,352	·		1
	3	Investment income (including div						
		other similar amounts)		▶	200			
	4	Income from investment of tax-e	ceeds >	0				
	5	Royalties		▶	0			
			(i) Real	(ıı) Personai				
- 1	6a	Gross rents .						
- 1	b	Less rental expenses .						
	С	Rental income or (loss)		0				
ŀ	d	Net rental income or (loss) .		. >	o			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				,
		assets other than inventory	(0				
	b	Less ⁻ cost or other basis						
		and sales expenses .	(0				
	C	Gain or (loss)		0	_			
	d	Net gain or (loss)		▶	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	•	0				
E	b	Less direct expenses	b					
ō		Net income or (loss) from fundra	ising events.	•	0			1
		Gross income from gaming activ						
		See Part IV, line 19	a	o				
	b	Less direct expenses	b	0				į.
	С	Net income or (loss) from gamin	g activities	•	0			
		Gross sales of inventory, less	-					1
		returns and allowances	а	o				
	b	Less cost of goods sold	b	0				
		Net income or (loss) from sales of	of inventory		0			
		Miscellaneous Revenue		Business Code				
	11a	Other Income			0			
	b				0			_
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d .		•	0			
	42	Total revenue See instructions		-	403 677	402.252		T

	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other or	ganızations must co	omplete column (A)	
	Check if Schedule O contains a response or note to				🗍
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	domestic governments See Part IV, line 21	1,000	1,000		
2	Grants and other assistance to domestic	_			
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16.	0	·		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0		··· ·· · · · · · · · · · · · · · · · ·	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	o	:		
9	Other employee benefits	0	· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	0			
11	Fees for services (non-employees)		· · · -· · · · · · · · · · · · · · · ·		
''a	Management	27,723		27,723	
b	Legal .	0		21,125	.
c	Accounting	1,000		1,000	
d	Lobbying	0		1,000	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				·
9	(A) amount, list line 11g expenses on Schedule O)	ol			
12	Advertising and promotion .	0			······································
13	Office expenses	3,182		3.182	· · · · - · · · · · · · · · · · · · ·
14	Information technology	0		*,1.5=	
15	Royalties	0			
16	Occupancy	0			
17	Travel	6,139		6,139	· ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	C
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	İ			
	(A) amount, list line 24e expenses on Schedule O.)				
a	Tennis Hall of Fame	7,191	7,191		
b	Adult League Expenses	133,754	133,754		
C	Junior Tennis Expenses	156,575	156,575		
d	Umpire Fees & Expenses	25,056	25,056		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	361,620	323,576	38,044	
26	Joint costs. Complete this line only if the	l			
	organization reported in column (B) joint costs	l			
	from a combined educational campaign and		ļ	1	
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720) If				
			1	1	

	_	Check if Schedule O contains a response or note to any line in this Pa	art X		
	_		(A)		(B)
	_		Beginning of year		End of year
	1	Cash—non-interest-bearing	17,896	1	57,647
	2	Savings and temporary cash investments	100,068		100,134
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	- 0	4	2,240
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	1		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
881	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a	_ 0		
	b	Less: accumulated depreciation . 10b	0 0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	117,964	16	160,021
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities	-	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ab		disqualified persons Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	. 0
-		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 a	ind		
ë		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
Balances	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC958), check here	nd		1
Net Assets or Fund		complete lines 30 through 34.	na		
	20				
	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	•	30	
	31 32	Retained earnings, endowment, accumulated income, or other funds	447.004	31	400.004
	33	Total net assets or fund balances	117,964		160,021
	34	Total liabilities and net assets/fund balances	117,964		160,021
	<u> </u>	rotal navinties and het assets/fund balances	. 117,964	34	160,021

. 0.111 2	ORLAHOMA DISTRICT TENNIS ASSOCIATION, INC.	73	- 1000090	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		403	,677
2	Total expenses (must equal Part IX, column (A), line 25)	2		361	,620
3	Revenue less expenses. Subtract line 2 from line 1	3		42	,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		117	,964
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10		160	,021
Part	· · ·			-	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>	<u>i_</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ [- 1	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	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				1
	reviewed on a separate basis, consolidated basis, or both			1	İ
	Separate basis Consolidated basis Both consolidated and separate basis				-
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				}
	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				1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			ł	
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		Х
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.		. Зь		

Form **990** (2014)

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.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Inspection Employer identification number

OKLAHOMA DISTRICT TENNIS ASSOCIATION, INC.	[73-1086890
Form 990, Part VI, Section Section A, Line 6 Membership categories are Sectional Association	J
Direct Member Clubs and Organizations, Organization Members, Individual Members, and Hor	norary
Members as provided in the Bylaws of the United States Tennis Association. Individual Membe	rs
are to be residents of Oklahoma. Schools, Associations, and Clubs, are required to have an	
office physically located within Oklahoma	
Form 990, Part VI, Section Section A, Line 8b. Each committee has the authority to act as	
described in Artilce VI Committees Each reports monthly to the Board of their activities	
	•••••
······································	

Schedule O (Form 990 or 990-EZ) (2014)	Page Z
Name of the organization	Employer identification number
OKLAHOMA DISTRICT TENNIS ASSOCIATION, INC	73-1086890
	- -

