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Form **990**

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions

Return of Organization Exempt From Income Tax

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

 \blacktriangleright 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.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending B Check if applicable Address change Name
Address charge Name change
Address charge Name change Name change Initial return Final return Final return Final return Application pending DEANNA GARRETSON 2024 ARKANSAS VALLEY DRIVE, STE 302 LITTLE ROCK AR 722112 If "No." attach a list (see instructions) H(a) is this a group return for subordinates included? Yes If "No." attach a list (see instructions) H(b) Are all subordinates included? Yes If "No." attach a list (see instructions) H(c) Group exemption number P Amminded To PROMOTE AND DEVELOP THE GROWTH OF TENNIS. 2 Check this box P if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 34 6 Total number of votuniteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12
Name change
Name change Name change Number and street for P O box if mail is not delivered to street address) Room/suite E Telephone number S01 - 227 - 7611
This return' terminated LITTLE ROCK AR 72212 G G Gross receipts \$ 917, Application pending DEANNA GARRETSON 2024 ARKANSAS VALLEY DRIVE, STE 302 LITTLE ROCK AR 722112 LITTLE ROCK AR 72212 LITTLE ROCK AR 722112 LITTLE ROCK AR 7
Final return/ terminated LITTLE ROCK AR 72212 Amended return Application pending DEANNA GARRETSON 2024 ARKANSAS VALLEY DRIVE, STE 302 LITTLE ROCK AR 722112 If "No," attach a list (see instructions) Website WWW. ARKTENNIS. COM Form of organization To PROMOTE AND DEVELOP THE GROWTH OF TENNIS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) To Total unmer of individuals employed in calendar year 2015 (Part V, line 2a) To Total unmerlated business revenue from Part VIII, column (C), line 12 City or town, state or province, country and ZIP or foreign postal code LITTLE ROCK AR 72212 G Gross receipts \$ 917, H(a) Is this a group return for subordinates included? Yes If "No," attach a list (see instructions) H(b) Are all subordinates included? Yes If "No," attach a list (see instructions) H(c) Group exemption number H(c) Group exemption number Yes If "No," attach a list (see instructions) M State of legal domicide Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12
Amended return Application pending H(a) is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes If "No," attach a list (see instructions) H(c) Group exemption number H(c) Group exemption number Application pending Application pending Website WWW . ARKTENNIS . COM H(c) Group exemption number N(c)
Amended return Application pending P Name and address of principal officer DEANNA GARRETSON 2024 ARKANSAS VALLEY DRIVE STE 302 If "No," attach a list (see instructions) Yes LITTLE ROCK AR 722112 If "No," attach a list (see instructions) Yes LITTLE ROCK AR 722112 If "No," attach a list (see instructions)
Application pending DEANNA GARRETSON 2024 ARKANSAS VALLEY DRIVE, STE 302 LITTLE ROCK AR 722112 H(a) is this a group return for subordinates? Yes
2024 ARKANSAS VALLEY DRIVE, STE 302 LITTLE ROCK AR 722112 Tax-exempt status
LITTLE ROCK AR 722112 If "No." attach a list (see instructions) Website
Tax-exempt status 501(c)(3)
Website WWW.ARKTENNIS.COM H(c) Group exemption number Norm of organization X Corporation Trust Association Other L Year of formation 1969 M State of legal domicite Summary
Summary State of legal domicite Summary
Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9,
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7a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, line 34
Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 430 7 673
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
2 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1en (7 1 1 200) 7, 673 9,
2040
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2016 O 858,645 905, 13 Grants and similar amounts paid (Part IX, column (A), lines 1+3) 18,752 30,
13 Grants and similar amounts paid (Part IX, column (A), lines 1/3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 443,792 471,
16a Professional fundraising fees (Part IX, column (A), line 11e) h Total fundraising expenses (Part IX, column (D), line 25)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,058
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 366,054 426,
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 828,598 928,
20 047
1 TO TREVENIDE ICOS EXPENIDES CABRICAN INTO 12
001 000 011
第章 20 Total assets (Part X, line 16) 961,280 941, 第一 21 Total liabilities (Part X line 26) 10,218 20,
21 Total liabilities (Part X, line 26)
Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
10-6-16
Sign Supplying of officer Date
Sign V digitality of the control of
Here DEANNA GARRETSON EXECUTIVE DIRECTOR
Here DEANNA GARRETSON EXECUTIVE DIRECTOR Type or print name and title
Here DEANNA GARRETSON EXECUTIVE DIRECTOR
Here DEANNA GARRETSON EXECUTIVE DIRECTOR
Here DEANNA GARRETSON EXECUTIVE DIRECTOR
Paid DAVID CHAPPELL Preparer Use Only DEANNA GARRETSON Type or print name and title Pont/Type preparer's name Date Check if PTIN PONT/Type preparer's name DAVID CHAPPELL Firm's name
Paid DAVID CHAPPELL Preparer Firm's name DEANNA GARRETSON EXECUTIVE DIRECTOR EXECUTIVE DIRECTOR Date Check of PTIN PTIN PO57300 PO57300 Firm's name HOWLAND & NORRIS, CPA'S Firm's same PO57300

Form **990** (2015)

Form 990 (2015) ARKANSAS TENNIS AS	SOCIATION, INC.	23-7372183	Page 2
Part III Statement of Program Service			X
Check if Schedule O contains a 1 Briefly describe the organization's mission	response or note to any line	in this Part III	
TO PROMOTE AND DEVELOP TH	E GROWTH OF TENNIS		
2 Did the organization undertake any significant pro	gram services during the year which w	vere not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Schedule 3 Did the organization cease conducting, or make s		any program	
services?	grimount orangeo in non it consecutor,		Yes 🗓 No
If "Yes," describe these changes on Schedule O			
4 Describe the organization's program service acco expenses Section 501(c)(3) and 501(c)(4) organi			
the total expenses, and revenue, if any, for each p	•	on grante and anosations to others,	
	4 750	20 662	E06 675
4a (Code) (Expenses \$ 56 TOURNAMENTS AND LEAGUE PR	4,750 including grants of \$ OGRAMS: SPONSORSH	30,663) (Revenue \$	596,675)
OFFICIATING OF TOURNAMENT			
IN 2015.			
4b (Code) (Expenses \$	3,962 including grants of \$) (Revenue \$	6,323)
MEETINGS & CONFERENCES: TENNIS ASSOCIATION ANNUAL	EXPENSES TO ATTEND MEETINGS UNITED		
ASSOCIATION ANNUAL MEETIN			
MEETINGS IN 2015.			
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O)		
(Expenses \$ 74,138 included)	ling grants of \$) (Revenue \$	
4e Total program service expenses ▶	642,850		Form 990 (2015)
DAA			FORM 200 (2015)

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Part IV	Checklist	of Required	Schedules

	31100Kilot of Addition			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Ĭ		
	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)		Ī	
	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? If "Yes," complete Schedule C,		İ	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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,"			
	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			
	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			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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			
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	
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	X	<u> </u>
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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)? If "Yes," complete Schedule D, Part X	11f	X	
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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		X
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u>-</u> -
	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	19	<u> </u>	X

	1990 (2015) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183	 		age 4
_ <u>P</u>	Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	100		1
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a			<u> </u>	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	
	through 24d and complete Schedule K If "No," go to line 25a	24a	1	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	l	1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	1
25a			 	!
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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?		Ì	
	If "Yes," complete Schedule L, Part I	25b		x
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			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
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	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,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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,"			T
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	ļ,	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ł
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
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,			
	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	1

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

X

14a

14b

13c

14a

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

DAA

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions 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 12 1a 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 12 1b 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 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a 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 X 8a The governing body? X 8b 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 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 X 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 15b Other officers or key employees of the organization 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 arrangement X 16a with a taxable entity during the year? b 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 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 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 DEANNA GARRETSON AR 72212 LITTLE ROCK

orm 990 (2015	ARKANSAS TE	NNIS ASSOCIATIO	ON, INC.	23-7372183	Page 7
Part VII	Compensation of Control		stees, Key Em	ployees, Highest Compensated	Employees, and
•	Check if Schedule C	O contains a response o	r note to any lin	e in this Part VII	
Section A.	Officers, Directors, Tru	ustees, Key Employees, and	Highest Compens	sated Employees	
a Complete the		quired to be listed Report comp	pensation for the ca	lendar year ending with or within the	
		t officers, directors, trustees (w (E), and (F) if no compensation		or organizations), regardless of amount of	
■ List all of	the organization's current	t kev employees if any. See in	structions for defini	tion 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

(A) Name and Title	(B) Average hours per week (list any	rage Position s per (do not check more than one box, unless person is both an any officer and a director/trustee)				s both a	เก	(D) Reportable compensation from the	(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	organization (W-2/1099-MISC)	(W-2/1099-WI3C)	organization and related organizations
(1) BRAD PHELPS										
	0.00									
VICE-PRESIDENT	0.00	X		X				0	0	
(2) BOB WAGSTAFF										-
` ′	0.00									
DIRECTOR	0.00	x						0	o	
(3) TAYLOR DODDS										
(5)	0.00	ŀ		ŀ						
DIRECTOR	0.00	X						o	0	(
(4) BOB LUCKY		1								
(,,====================================	0.00	1]				
DIRECTOR	0.00	x						0	0	(
(5) CRYSTAL NOBLE		 								
(6) 0212 2222	0.00		İ							
PRESIDENT	0.00	X		x				0	0	(
(6) JENNIFER TUCKER		†	t		 					
(0) 02111122211 20012211	0.00									
VICE-PRESIDENT	0.00	x		x		1 1		o	o	(
(7) JOSEPH MURPHY	0.00	+	\vdash			\Box				
(//OODELIN HORLINI	0.00									
DIRECTOR	0.00	x		ı				o	0	(
(8) GARY JONES		1		-	\vdash	+				
(0) GART COMES	0.00		1							
VICE-PRESIDENT	0.00	x		\mathbf{x}				o	O	(
(9) STEVE DUFFEL		+**	 		├	 				
(a) OTEAE DOLERE	0.00] [
DIRECTOR	0.00	x	1					o	O	(
(10) ELIZABETH MICHAE		+**	+-	\vdash	\vdash	+	-			
(10) ELIZABEIN MICHAE	0.00	1								
DIRECTOR	0.00	x			1			o	0	(
(11) VANESSA ROPER	0.00	+^	+	\vdash	 	┼╌┤		<u> </u>		
(II) VANESSA ROPER	0.00									
DIDECHOD	0.00	x						o	0	
DIRECTOR	0.00	<u> </u>	Ь	J	1	\perp		<u> </u>		Form 990 (201

Pa	rt VI	Statem Check	nent of Reve	nue Diconta	ııns a r	esponse o	r note to any line i	n this Part VIII		
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated cam Membership du Fundraising eve Related organia Government grants (All other contributions and similar amounts	ues ents zations contributions) s, gifts, grants, not included above	1a 1b 1c 1d 1e		4,948 288,345	***************************************		***************************************	
Cor	•	g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f					293,293			
Program Service Revenue	2a b		ENT AND LEAG		GRAM	Busn Code	596,675 6,323	596,675 6,323		
i.	c	122121101						•		
Ser	d									
am	е									
rog	f		am service rever	nue			600 000			
-	<u>g</u>	Total. Add line			untoroof		602,998	·		
	3	and other simil	ome (including o ar amounts) nvestment of tax			•	526			526
	5	Royalties	(ı) Real		(u) P	Personal				
	6a	Gross rents	(y rice.		(47.				-	
	b	Less rental exps							#	
	С	Rental inc or (loss)							-	
	d 7a	Net rental inco Gross amount from sales of assets	me or (loss) (i) Secunties		(11)	Other				
	b	other than inventory Less cost or other basis & sales exps								
	C	Gain or (loss)	L					1	:	
	đ	Net gain or (los								
Other Revenue	8a	(not including \$	reported on line 1c)							
Othe		Less direct ex		bĹ					ŧ	
•			(loss) from fund	-	vents				=	
	9a	See Part IV, line	om gaming activitie						1	
	h	Less direct ex		a b					1	
			(loss) from gam		ities	•				
	10a	Gross sales of returns and all	f inventory, less owances	a		20,246				
		Less cost of g		b L	nton.	11,086	9,160		9,160	
	С		(loss) from sale scellaneous Revenue	s or mive	ittory	Busn Code	3,200			
	11a									
	b									
:	С									
	d	All other reven								
	e	Total. Add line				>	905,977	602,998	9,160	526
	12	i otaj revenue	e. See instruction	ns			303,311	302,330		5 990 (0045)

Form 990 (2015)

Part IX

Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			column (A)	
	ot include amounts reported on lines 6b, b, 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				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	20 662	20, 662	•	
	individuals See Part IV, line 22	30,663	30,663		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,	74,170	25,959	44,502	3,709
6	trustees, and key employees Compensation not included above, to disqualified	74,170	23,333	11/302	3,.03
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	351,889	250,173	62,825	38,891
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,563	625	10,938	
10	Payroll taxes	33,781	7,801	25,980	
11	Fees for services (non-employees)		•		
а					
b	Legal				
С	Accounting	10,101	2,488	7,613	
d	Lobbying				- -
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,012	1,012		
13	Office expenses	21,486	10,182	11,304	
14	Information technology	5,986	795	5,191	
15	Royalties		45 554	0.854	
16	Occupancy	51,308	47,554	3,754	F07
17	Travel	5,329	3,962	860	507
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	07 225		27 225	
19	Conferences, conventions, and meetings	27,335		27,335	
20	Interest			-	
21	Payments to affiliates	12,000		12,000	
22	Depreciation, depletion, and amortization	4,194	1,000	3,194	
23	Insurance	7,133	1,000	3,131	···
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If	<u>{</u>		•	
	line 24e amount exceeds 10% of line 25, column	<u> </u>		-	
	(A) amount, list line 24e expenses on Schedule O)	į			
а		163,000	161,033	1,967	
a b	OTHER EXPENSES	84,303	77,152	2,200	4,951
C	REPAIRS & MAINTENANCE	21,355	14,325	7,030	
d	SUPPLIES	11,764	3,727	8,037	
	All other expenses	7,447	4,399	3,048	
25	Total functional expenses Add lines 1 through 24e	928,686	642,850	237,778	48,058
26	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 (2015

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 312,122 182,706 1 Cash-non-interest bearing 330,718 377,262 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 300 300 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 329,663 other basis Complete Part VI of Schedule D 10a 263,957 77,706 65,706 10b 10c b Less accumulated depreciation 171,546 11 11 Investments—publicly traded securities 193,890 12 190,730 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 961,280 941,706 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 10,218 20,590 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 10,218 20,590 26 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. 921,116 951,062 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 921,116 951,062 Total net assets or fund balances 33 33 941,706 961,280 Total liabilities and net assets/fund balances

orm	990 (2015) ARKANSAS TENNIS ASSOCIATION, INC. 23-7372183				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				977
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>686</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>709</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u>062</u>
5	Net unrealized gains (losses) on investments	5			·7,:	<u>237</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10_		92	21,	<u>116</u>
Рa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	ļ	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					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u> _	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ŀ]	
	separate basis, consolidated basis, or both			- 1	-	
	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?		ļ	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					Ŧ
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?		<u> </u> _	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		1	3b		I

Form **990** (2015)

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

2015

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," on 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," on 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," on 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

• 5	ection 501(c)(4), (5), or (6) organizations Complete Part III								
Name	of organization			Employer identi					
	ARKANSAS TENNIS ASSO			23-73721					
Pai	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	527 organizatio	<u>1</u>				
1	Provide a description of the organization's direct and indirect	political campaign activities in	Part IV						
2	Political expenditures			▶ \$					
3	Volunteer hours								
Pa	t I-B Complete if the organization is exem	pt under section 501(c)	(3).						
1	Enter the amount of any excise tax incurred by the organization			▶ \$					
2	Enter the amount of any excise tax incurred by organization	•		▶ \$	O. O.				
3	If the organization incurred a section 4955 tax, did it file Forn	n 4720 for this year?			Yes No				
	Was a correction made?				Yes No				
	If "Yes," describe in Part IV	-4		- F04/a\/2\					
Pa	t I-C Complete if the organization is exem			n 501(c)(s).					
1	Enter the amount directly expended by the filing organization	for section 527 exempt function	n	▶ €					
_	activities		·	▶ \$					
2	Enter the amount of the filing organization's funds contribute	d to other organizations for sec	lion	▶ \$					
_	527 exempt function activities	. h		▶ 3					
3									
	line 17b			▶ \$	Yes No				
4	Did the filing organization file Form 1120-POL for this year?			a which the filing	ies ito				
5	Enter the names, addresses and employer identification num								
	organization made payments For each organization listed, e	•							
	the amount of political contributions received that were prom								
	as a separate segregated fund or a political action committee		i		(e) Amount of political				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and				
				funds If none, enter -0-	promptly and directly				
					delivered to a separate political organization of				
					none, enter -0-				
(4)									
(1)									
(2)									
(2)									
(3)									
(0)									
(4)									
/									
(5)									
. ,									
(6)									
				i	i				

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 ARKANS	SAS TENNIS	ASSOCIATIO	N, INC.	23-7	372183	Page 2						
Part II-A Complete if the organiza section 501(h)).					5768 (electi	on under						
A Check ► if the filing organization name, address, EIN, e	xpenses, and s	hare of excess lob	bying exper	ıdıtures).	liated group	member's						
Limits on Lobl (The term "expenditures" m	ying Expendit	ures		(a) Filing		(b) Affiliated group totals						
1a Total lobbying expenditures to influence publi												
b Total lobbying expenditures to influence a leg		* *:										
c Total lobbying expenditures (add lines 1a and 1b)												
d Other exempt purpose expenditures												
e Total exempt purpose expenditures (add lines 1c and 1d)												
f Lobbying nontaxable amount Enter the amount from the following table in both												
columns												
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:												
Not over \$500,000	1											
Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000												
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000												
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000												
Over \$17,000,000 \$1,000,000												
g Grassroots nontaxable amount (enter 25% of line 1f)												
h Subtract line 1g from line 1a If zero or less, enter -0-												
i Subtract line 1f from line 1c If zero or less, e	i Subtract line 1¢ from line 1c. If zero or less, enter -0-											
j If there is an amount other than zero on eithe	r line 1h or line 1i, d	lid the organization file	Form 4720									
reporting section 4911 tax for this year?						Yes No						
	4-Year Averag	ing Period Under s	ection 501(h)								
(Some organizations that made					five columns	below.						
		nstructions for line				_						
Ļo	obying Expendit	ures During 4-Year	Averaging F	Period								
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 201	4	(d) 2015	(e) Total						
2a Lobbying nontaxable amount												
b Lobbying ceiling amount			1									
(150% of line 2a, column(e))			<u> </u>									
c Total lobbying expenditures												
d Grassroots nontaxable amount												
e Grassroots ceiling amount			I									
(150% of line 2d, column (e))												

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2015 ARKANSAS TENNIS ASSOCIATION, INC. 23-73	7218	3		1	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Form	5768			
		(a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	No		Amo	unt	
	Tiption of the lobbying activity.	110			uiit	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		ļ.			
С	Media advertisements?					
d	Mailings to members, legislators, or the public?	<u> </u>				
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i	Other activities?					
j	Total Add lines 1c through 1i		<u> </u>			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or se	ction			
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_	X	↓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I) Par	HI-A,	line 3	3, is	
	answered "Yes."	- 				
1	Dues, assessments and similar amounts from members	1	<u></u>			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		ĺ			
	political expenses for which the section 527(f) tax was paid).		1			
	Current year	2a	 			
þ	Carryover from last year	2b	 			
С		2c	 			·
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	 			
4	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		1			
	and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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

Part IV 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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Employer identification number

Open to Public

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

Inspection

A	RKANSAS TENNIS ASSOCIATION, INC.	2	3-73	372183
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	ds or Other Similar Funds or Acco		
		(a) Donor advised funds	(b) 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	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
₽₽	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically importar	it land a	area
	Protection of natural habitat	Preservation of a certified historic stru	ıcture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	3	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	,		2b	
С			2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	s, and not on a	.	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization du	ring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easeme	nts auri	ng the year
_	A	and anfarance concentration assuments of	urina th	20 1/005
7	Amount of expenses incurred in monitoring, inspecting, handling of violat \$\black\$\$\$\$	ions, and enforcing conservation easements c	uring tr	ie year
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
U	and section 170(h)(4)(B)(ii)?	e requirements of section 17 o(1)(1)(1)(1)(1)		Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, and		
3	balance sheet, and include, if applicable, the text of the footnote to the or		s the	
	organization's accounting for conservation easements	•		
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sim	ilar A	ssets.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not			
	works of art, historical treasures, or other similar assets held for public ex		of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r			
	works of art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherance	of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on 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 o		ne	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items.		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

		TENNIS ASS				23-7372			Page 2
Pa	rt III Organizations Maintainin							(continued)	<u> </u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records,	check any of th	e following	g that are a s	significant use o	f its		
а	Public exhibition	d 🗌	Loan or exchar	nge progra	ams				
b	Scholarly research		Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they further	the orgar	nization's exe	mpt purpose in	Part		
5	During the year, did the organization solicit o	r receive donations of	art, historical tre	easures, c	or other similar	ar			
-	assets to be sold to raise funds rather than to							Yes	No
Pa	rt IV Escrow and Custodial Ar								
	Complete if the organization 990, Part X, line 21		on Form 99	0, Part	IV, line 9,	or reported	an amount o	on Form	
10	Is the organization an agent, trustee, custod	an or other intermedia	n, for contribute	one or oth	or accete no	·			
ıa	included on Form 990, Part X?	an or other intermedia	Ty for Continuum	oris or our	ei assets 110	•		Yes	□ No
	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table						
U	ii res, explain the arrangement in Fart Ain	and complete the long	wing table					Amount	
_	Beginning balance						1c		
							1d		
a	Additions during the year Distributions during the year						1e		
•	• •						1f		
f 2a	Ending balance Did the organization include an amount on F	orm 000 Part Y line 2	1 for escrow o	r custodia	l account liat	nlity2		Yes	No
	If "Yes," explain the arrangement in Part XIII								H
_	ert V Endowment Funds.	Check here it the exp	nanation has be	ch provid	Ca on rait x				
1 0	Complete if the organization	on answered "Yes'	on Form 99	0 Part	IV line 10)			
	Complete ii the organization	(a) Current year	(b) Prior ye	1	(c) Two years		Three years back	(e) Four year	ars back
10	Regioning of year balance	(d) contain your	(2) / 5		(0) 10) 5	(=,		1	
	Beginning of year balance Contributions								·
b	Net investment earnings, gains, and							1	
·	losses								
٨	Grants or scholarships								-
	Other expenditures for facilities and			-					
-	·					i			
	programs Administrative expenses			-					
	End of year balance								
9 2	Provide the estimated percentage of the cur	rent year end halance	(line 1a columi	n (a)) held	l as				
	Board designated or quasi-endowment	%	(iiiic 1g, colailii	ir (a)) ricia	. 45				
b	Permanent endowment > %								
_	Temporarily restricted endowment ▶	, %							
·	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		on that are held	and adm	ninistered for	the			
-	organization by	, 55, 51, 51, 51, 51, 51, 51, 51, 51, 51						Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the								
Ps	ert VI Land, Buildings, and Equ				-				
• •	Complete if the organization		on Form 99	90. Part	IV, line 11	la See Forn	n 990, Part I	X, line 10	
	Description of property	(a) Cost or other	i i	b) Cost or oth		(c) Accumula		(d) Book valu	ie
	· · · · ·	(investment)	l i	(other))	depreciation	on _		
12	Land								
	Buildings			13	35,229	8	4,126	51	,103
C	Leasehold improvements	<u> </u>							
d	Equipment			19	4,434	17	9,831	14	, 603
	Other								
	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), l	ine 10c)			•	65	,706
		·							

Schedule D (F	form 990) 2015 ARKANSAS TENNIS ASSOC	CIATION, INC.	23-7372183	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	
(4) Empressel			Cost or end-of-year	market value
(1) Financial (
	eld equity interests	190,730	MARKET	
(A)		130,730	THE COLUMN THE COLUMN	
(B)				
(C)				
(D)			<u> </u>	
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, coi_(B) line 12)▶	190,730		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4) (5)				
(6)				
(7)				· · · ·
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d See Form 990, Pa	rt X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			· · · · · ·	
(8)				·
	n (b) must equal Form 990, Part X, col. (B) line 15.)		—	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f See Form 9	90, Part X,
	line 25.			, .
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		J	1	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

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

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 SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE

TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE

POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX

BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE

MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50%

4c

5

928,686

Part XIII Supplemental Information (continued)

LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2015. ALL TAX RETURNS FROM 2012 FORWARD ARE OPEN AND SUBJECT TO EXAMINATION.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER \$ 11,086 COST OF GOODS SOLD

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER \$ 11,086 COST OF GOODS SOLD

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

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

INC.

ARKANSAS TENNIS ASSOCIATION

2
7
20

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

23-7372183

ĝ (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part !! Part! Ξ 3 **₹** 3 9 3 8 6 3

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

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

Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 ATHLE	1 ATHLETIC SCHOLARSHIPS	6	30,663			
2						
က						
4						
w						
9						
7						
Part IV	Supplemental Information. Provide the information		urred in Part I, line 2	, Part III, column (b),	equired in Part I, line 2, Part III, column (b), and any other additional information	formation

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.

OMB No 1545-0047
2015

Open to Public

Department of the Treasury internal Revenue Service 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.

s.gov/form990. Inspection
Employer Identification number

Name of the organization

ARKANSAS TENNIS ASSOCIATION, INC.

23-7372183

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
OTHER EXPENSES TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS.

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 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD \$ 11,086

COST OF GOODS SOLD \$ -11,086