990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2018

Department of the Treasury

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public,

Open to Public Inspection

mile	nai never	nue Service	GO to www.irs.gov/Form990E2 10		- Intermet	1011: 1	ハ				
_		ne 2018 calendar year, or tax year beginning , 2018, and ending				, 20					
							Employer identification number				
図	Address c	Greater Baton Rouge Community Tennis Association Inc					72-1428131				
	Name cha	Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Tel					elephone number				
$\overline{}$	Initial retu	retum 22935 Sunnyside Lane						225-405-9193			
☴	Amended	City or town, s	state or province, country, and ZIP or fore	gn postal code	,	F Gro	roup Exemption				
=		on pending Zachary, LA	70791			Nun	umber ▶				
G	Account	ting Method:	☐ Accrual Other (specify) ►		н	Check	► ✓ if	the organization is not			
1 1	Website	e: ► www.batonrougeto	ennis.com	-				ich Schedule B			
J 1	ax-exen	npt status (check only one) -	- □ 501(c)(3) ☑ 501(c) ( 4 ) ◀ (	insert no ) 4947(a)(1) o	r □527	(Form 9	90, 990	-EZ, or 990-PF).			
		organization.		ociation Other							
		-	determine gross receipts. If gross re	eceipts are \$200,000 or r	nore, or if total	assets					
(Pa	rt II, col	umn (B)) are \$500,000 or m	ore, file Form 990 instead of Form 9	90-EZ			<b>▶</b> s	97,878			
E	art I	Revenue, Expense	es, and Changes in Net Ass	ets or Fund Balanc	es (see the	instru	ctions				
			ation used Schedule:@:to-resp		•						
_	1		ants, and similar amounts receiv	<del>/ ==   -   -   -   -   -   -   -   -   - </del>	in this raint	<u> </u>	1	9,695			
	2		ue including government fees an		~		2	9, <u>0</u> 93 88,183			
	3	Membership dues and		2020 1	ハン・		3	00, 103			
	4	Investment income	1-1	2020	( )		4				
	5a	Grace amount from co	le of assets other than inventory		, <b></b> ,		<del></del>				
	1 -	Loce: cost or other bas	sis and sales expenses	UT 5b			1				
	b	Less. Cost of Other bas	ors and sales expenses		L						
	C		un or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	_	oss income from gaming (attach Schedule G if greater than								
ō	a										
Revenue	_	•	ncome from fundraising events (not including \$ of contributions								
Š	b		is reported on line 1) (attach Sc		Contribution	ıs					
Œ		_	ome and contributions exceeds		ı						
	_	-		·	<u> </u>						
	C	•	from gaming and fundraising eve			h 4 0 - 0 +					
	d	line 6c)	rom gaming and fundraising evi	ents (add lines ba and	ob and sui	otract	<u> </u>				
	l _	•					6d				
	7a		y, less returns and allowances								
	þ	Less: cost of goods so			<u> </u>		<del> </del> -				
	_c		om sales of inventory (Subtract I	•			7c				
	8	Other revenue (describ					8				
	9		es 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · · · · · · · · · · · · · · · · ·	· · · ·	<u> </u>	9	97,878			
	10		ounts paid (list in Schedule O)				10	9,075			
	11	•	members				11				
šes	12		nsation, and employee benefits				12				
ë	13		other payments to independent of				13	40,769			
Expenses	14	• • • • • • • • • • • • • • • • • • • •	es, and maintenance				14	1,006			
Ш	.0		postage, and shipping				15	989			
	16		ibe in Schedule O)				16	38,814			
_	17	Total expenses. Add I	ines 10 through 16	<u> </u>	<u> </u>	<u>, Þ</u>	17	90,653			
ध	18		he year (Subtract line 17 from lin				18	7,2 <u>25</u>			
sse	19		lances at beginning of year (from								
A		·	orted on prior year's return) .				19	<u>83,008</u>			
Net Assets	20	•	ssets or fund balances (explain i	•			20				
_	21	Net assets or fund bala	ances at end of year. Combine lii	nes 18 through 20 .	<u></u>	. ▶	21	90,233			
Fo	Paper	work Reduction Act Notic	e, see the separate instructions.	Cat	No 10642I			Form <b>990-EZ</b> (2018)			

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Pa		Balance Sheets (see the instructions f			0 - 4 11		<u>—</u>
		Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year	<u> </u>	
22	Cash	, savings, and investments		}	83,008	22	· · · · · · · · · · · · · · · · · · ·
23		and buildings			83,008	23	90,233
24		r assets (describe in Schedule O)				24	<del></del>
25		l assets			83,008		90,233
26		I liabilities (describe in Schedule O)				26	00,200
27		assets or fund balances (line 27 of column	(B) must agree with	n line 21)	83,008	27	90,233
Par		Statement of Program Service Accom			Part III)		
		Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🗸	//	Expenses
Wha	t is the (	organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as m	neasure	e organization's program service accomplis d by expenses. In a clear and concise m refited, and other relevant information for ea	anner, describe the				anizations, optional for ers)
28	League	Tennis - GBRCTA provides the opportunity to	participate in tennis	leagues for resider	ts in the Greater		
		Rouge area. We have in excess of 2,200 men a					
							į
	(Grants	) If this amount	ıncludes foreign gra	nts, check here .	<u> ▶ □</u>	28	81,578
29		- GBRCTA provides grants to local tennis tou					
		Rouge area. Major support goes to the Baton			nich holds a		ĺ
		nent for wheel chair players each year drawin					
20	(Grants	s \$ 9,075) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	298	9,075
30				•••••••••••			
	(Grants	s.\$ ) If this amount	ıncludes foreign gra	nts check here	▶ □	302	
31		program services (describe in Schedule O)				-	
	(Grants	· ·	includes foreign gra	nts, check here	▶ 🗆	318	3
32	Total p	program service expenses (add lines 28a t				32	90,653
Par		List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to ar			<u></u>	<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	- [ ]	Estimated amount of other compensation
Lisa	Scalise				)		
Presi	ident		16		)	0	0
	Martine						_
	<u>Presidei</u> than Mit		8		<u> </u>	٠	
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Part				<u>ugo                                    </u>
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		٧ .	
` 00	Did the association appears to a second activity and associated to the second activity.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			_
250	change on Schedule O. See instructions	34		
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			2.50
h	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>√</b>
39	Section 501(c)(7) organizations. Enter:			• .
а	Initiation fees and capital contributions included on line 9			u .
b	Gross receipts, included on line 9, for public use of club facilities	1 :		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 -		. ;
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-		٠. ا
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		<del></del>	نسنا
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		./
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
•	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		,	-
	40c reimbursed by the organization		٠,	31
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ None			
42a		225) 40	5-919	3
	Located at ► 22935 Sunnyside Lane, Zachary, LA ZIP + 4 ►	707		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b	か (弦)	<u>√</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	T   720		
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. )	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	$\overline{-}$
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ક્ષ્	
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			4
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<u> </u>	

Page	4

•							Yes	No		
46 C	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities of	n behalf of	or in opposit	ion 🎉	( Table 10.7)			
, to	o candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46	3	<b>1</b>		
Part V	Section 501(c)(3) Organization	s Only								
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and c	omplete the	e tables	for lin	ies		
	50 and 51.									
	Check if the organization used Sc	hedule O to respond	to any question in	this Part V	١			. $\square$		
	<del></del>			·		·	Yes	No		
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax									
у	year? If "Yes," complete Schedule C, Part II									
48 !	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an exempt non-charitable related organization?									
	f "Yes," was the related organization a se					. 49	b			
<b>50</b> C	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key									
е	employees) who each received more than	n \$100,000 of comper	nsation from the orga	anızatıon. If	there is none	e, enter "	'None.'	"		
		(b) Average	(c) Reportable	(d) Heal	th benefits,	-				
	(a) Name and title of each employee	hours per week	compensation	benefit plans and deferred			e) Estimated amount of other compensation			
		devoted to position	(Forms W-2/1099-MISC)		ensation	Olifici oc	mpensa			
	·····				ļ					
		1								
			:							
f T	otal number of other employees paid ov	er \$100,000	. ▶							
<b>51</b> C	Complete this table for the organization	's five highest compe	ensated independent	t contracto	rs who each	receive	d more	e thar		
\$	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."							
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	VICE	(c)	Compensa	ation			
			(-, -,,,		ļ <u>'-</u>					
		<u> </u>								
	· · · · · · · · · · · · · · · · · · ·									
	•••••									
					<u> </u>					
	Total number of other independent contra			· •						
	Old the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	anizations		. —				
	completed Schedule A					. <b>►</b>		No		
Under pen	alties of perjury, I declare that I have examined this	return, including accompan	ying schedules and statem	ents, and to the	ne best of my kn	owledge ar	nd belief,	, it is		
	ct, and complete Deglaration of preparer other than	Onicery is based oil all INIC	amation of which preparer	inas ariy KriUW		<del></del> _				
Sian						20				
Sign	Signafure of Afficer / O Date									
Here	Rodhey Terral, Treasurer									
	Type or print name and title	Proporer's suggestions		ate		PTIN				
Paid	Pnnt/Type preparer's name	Preparer's signature	ا	alu	Check	ıf				
Prepar	[				self-employ	/ea				
Use O			·-		rm's EIN ▶					
May tho	Firm's address ► IRS discuss this return with the prepare	r shown above? See :	netructions	PI	none no	► □ Va		Mc		

## 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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Greater Baton Rouge Community Tennis Association Inc	72-1428131
Part I - Line 16 - Other Expenses	
\$645 · Accounting Software Fees	
\$11,862 - Advertising/Promotional	
\$5,425 · Awards/Prizes	
\$6,210 - Sectional/Nationals Stipends	
\$6,117 - Board, Officer Meetings	······································
\$8,555 - League Events	
Part III - What is the organization's primary exempt purpose? The purpose of the Greater Baton Rou	uge Community Tennis Association is to
promote the development of tennis as a means of healthful recreation and physical fitness for all Gr	eater Baton Rouge area residents, and to
cooperate with the United States Tennis Association and other associations in the pursuit of these a	aims.
······	······································