DLN: 93493213017040 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable SOUTHERN TENNIS ASSOCIATION INC □ Address change 58-1190935 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 5685 SPALDING DRIVE NE ☐ Amended return (770) 368-8200 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code PEACHTREE CORNERS, GA $\,\,$ 30092 G Gross receipts \$ 20,040,817 Name and address of principal officer H(a) Is this a group return for JOHN CALLEN ☐Yes **☑**No subordinates? 5685 SPALDING DRIVE NE H(b) Are all subordinates PEACHTREE CORNERS, GA 30092 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SOUTHERN USTA COM L Year of formation 1968 M State of legal domicile GA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS Activities & Governance 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 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) 6 250 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,975,513 9,315,127 Ravenua 3,109,939 9 Program service revenue (Part VIII, line 2g) . 3,028,159 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 365,088 713,361 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 615 12,368,760 13,139,042 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,278,051 6,557,848 **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) 2,506,612 2,578,349 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,410,996 2,468,000 11,195,659 11,604,197 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,173,101 1,534,845 Net Assets or Fund Balances Beginning of Current Year End of Year 18,969,093 22,202,198 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,381,779 1,584,850 22 Net assets or fund balances Subtract line 21 from line 20 . 17,587,314 20,617,348 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 Signature of officer Sign Here JOHN CALLEN EXECUTIVE DIRECTOR & COO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-07-23 P00319916 Paid self-employed Firm's name ► CARR RIGGS & INGRAM LLC Firm's EIN ► 72-1396621 Preparer Use Only Firm's address ▶ 4004 SUMMIT BLVD NE SUITE 800 Phone no (770) 394-8000 ATLANTA, GA 30319 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

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Pa	rt III Statem	ent of Program So	ervice Accomplis	hments		
	Check if	Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly describe	the organization's miss	sion			
		ELOPMENT OF TENNIS AIR PLAY AND HIGH S			N AND PHYSICAL FITNESS, AS WEL	L AS, TO ESTABLISH AND
2	3	tion undertake any sig 90 or 990-EZ?	. 3	· '	which were not listed on	□Yes ☑No
		e these new services o				Lifes Life
3	•	tion cease conducting,		changes in how it cor	ducts any program	
_	services?	e these changes on Sc				☐ Yes ☑ No
4	Describe the org Section 501(c)(3	anızatıon's program se	ervice accomplishmer lizations are required	to report the amoun	ee largest program services, as mea t of grants and allocations to others	
4a	(Code See Additional Dat) (Expenses \$	8,285,455	including grants of \$	6,557,848) (Revenue \$	2,607,264)
4b	(Code See Additional Dat) (Expenses \$	1,398,011	ıncluding grants of \$) (Revenue \$	109,279)
4c	(Code See Additional Dat) (Expenses \$	851,422	including grants of \$) (Revenue \$	394,011)
	(Code) (Expenses \$	•	ıncludıng grants of \$	0) (Revenue \$	0)
	ANNUAL YEARBOO PLAYING TENNIS	K PROMOTING TENNIS BO	TH INSIDE THE MEMBER	RSHIP AND EXTERNALLY	TO THE PUBLIC, BY COMMUNICATING TH	HE HEALTHFUL BENEFITS OF
4d		services (Describe in S	•		0.1/0	
	(Expenses \$	18,389	including grants of	•	0) (Revenue \$	0)
4e	Total program	service expenses >	10,553,2	77		Form 990 (2019)

Form 990 (2019)							
Pa	THIV 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," complete Schedule A	1		No			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No			
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? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5	Yes				
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 2	6		No			
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		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No			
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		No			

Nο

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12a

12b

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14a

14b

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20a

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Yes

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Yes

Yes

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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 Yes 11d

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

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

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 1? If "Yes," complete Schedule I, Parts I and II

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

15

17

19

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
	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		No
	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	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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	36		
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.		,,	

Check if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

Yes

Yes

Yes (2019)

No

38

1c

60

0

1a

1b

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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 instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country	4a		No
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
Ба b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
-	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines
Se	ction 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 11]		
	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 11			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 organization's exempt status with respect to such arrangements?			
C -		16b		
<u>5e</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
	GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 books and records ►JOHN CALLEN - EXECUTIVE DIRECTOR & COO 5685 SPALDING DRIVE NE PEACHTREE CORNERS, GA 30092 (770) 36	8-8200	ı	

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

- 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)
- organization and any related organizations • List all of the organization's former officers, key employees, or 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

Part VII

See instructions for the order in which to list the	persons above									
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t ch unle ficei	ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) BONNIE VANDEGRIFT PRESIDENT & CEO	25 00 0 00	Х		х				0	0	0
(2) RANDY JACKSON EXECUTIVE VICE PRESIDENT	1 00 0 00	×		x				0	0	0
(3) DREW MEYERS VICE PRESIDENT	1 00	×		x				0	0	0
(4) TED REESE VICE PRESIDENT	0 00	х		×				0	0	0
(5) BRETT SCHWARTZ VICE PRESIDENT	1 00 0 00	×		х				0	0	0
(6) MARCY HIRSHBERG SECRETARY	1 00	х		х				0	0	0
(7) JOHN HERRING TREASURER	1 00 0 00	Х		х				0	0	0
(8) BETH HOPKINS DIRECTOR-AT-LARGE	1 00 0 00	Х						0	0	0
(9) BILL MCGUGIN DIRECTOR-AT-LARGE	1 00 0 00	Х						0	0	0
(10) DAVE NEUHART DIRECTOR-AT-LARGE	1 00 0 00	Х						0	0	0
(11) DEREK WHITE USTA DELEGATE	1 00 0 00	Х						0	0	0
(12) JOHN CALLEN EXECUTIVE DIRECTOR & COO	40 00			х				218,443	0	89,209
										Form 990 (2019)

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and title (C) (**D**) Reportable (**F**) Estimated (B) (E) Reportable

Name and title	Average hours per week (list any hours		ne bo	ox, u n of	inles ficer	s pers and a	on	Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		(W-2/1099- MISC)	organization and related organizations
						·				

1b Sub-Total						>				
d Total (add lines 1b and 1c)	•					•		218,443	0	89,209
2 Total number of individuals (including	but not limited	to thos	a lieti	ed a	hove	a) who	rec	eived more than \$1	00 000	

				-	$\overline{}$	$\overline{}$		-					+	
1b S	ub-Total				-		>							
c T	otal from continuation sheets to Pa	rt VII, Section	Α				▶□							
d 1	otal (add lines 1b and 1c)						▶		2	18,443		0		89,209
2	Total number of individuals (including of reportable compensation from the compensation			e liste	ed ab	oove) who	rece	eived mor	e than \$	100,000			
													Yes	No
3	Did the organization list any former of	officer, director of	r truste	ee, ke	ev er	nplo	vee, c	or hid	ahest con	npensate	d employee	on [

c ·	Sub-Total	0		89,209
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No No

	Total (add lines 1b and 1c)	0		89,209
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person	_		

	of reportable compensation from the organization ▶ 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	, , ,	 No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person				
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year				

	ındıvıdual		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or inc services rendered to the organization? If "Yes," complete Schedule J for such person		5		No	
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
	(1)	(=)				

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No			
Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(B) Description of services	Compe					

Form **990** (2019)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Part	VII	Statement	of F	Revenue						rage 3
		Check if Sched	dule	O contains a	a respo	nse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
								function revenue	revenue	tax under sections 512 - 514
s E	1	a Federated campa	igns	· .	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	5.		1 b					
G. E.		c Fundraising even			1c					
ifts ar		d Related organiza			1d	9,315,127				
s, G imil		e Government grants		·	1e					
tion r S		f All other contribution and similar amounts above	ns, g s not	included	1f					
ibu		g Noncash contributio	ns in	cluded in						
Contributions, and Other Sim					1 g					
ۃ ت		h Total. Add lines	1a-1	r	•	•	9,315,127			
	2:	MEMBERSHIP DUES				Business Code	2,409,532	2,409,532		
j						900099				
Program Service Revenue	Ŀ	SECTIONAL LEAGUE	CHAM	IPIOINSHIP F		900099	394,011	394,011		
	c	SPONSORSHIPS				900099	197,117	197,117		
er vic	_	TOURNAMENT SANCT	TON	FFFS			109,279	109,279		
<u>بر</u> 2	C	A COMMENT SANCE	.UIV			900099	,]	, -		
ograi	e	•					T			
Æ		All -11								
		All other program Total. Add lines 2				3,109,939				
		Investment income					T			
	!	sımılar amounts) . Income from ınvest				•	401,255			401,255
		Royalties								
				(ı) Rea	al	(II) Personal				
	6 <i>a</i>	Gross rents	6a							
		Less rental	_				1			
	r	expenses Rental income	6b				-			
		or (loss)	6с							
	•	d Net rental income	or ((loss) (ı) Secur		(II) Other	1			
	7 <i>a</i>	Gross amount	7a	.,			1			
		from sales of assets other than inventory		7,	213,881					
	b	Less cost or					1			
	_	other basis and sales expenses	7b	6,	901,775					
	r	Gain or (loss)	7c		312,106					
		d Net gain or (loss)				1	312,106	5		312,106
e	88	Gross income from fu (not including \$	ındra	ısıng events of						
eun		contributions reported See Part IV, line 18	d on	line 1c)						
Rev					8a 8b		_			
Other Revenue		b Less direct expen c Net income or (los				ents				
	_					·				
	Уa	Gross income from See Part IV, line 19	gamı •	ing activities	9a					
		b Less direct expen			9b					
	•	c Net income or (los	s) fr	om gaming	activiti	es >	7			
	10	aGross sales of inve	entor	ry, less						
		returns and allowa			10a		_			
		Less cost of good Net income or (los			10b	orv >				
		Miscellaneo			IIIVEIIC	Business Code				
	11	La _{MISCELL} ANEOUS	INC	OME		90009	9 615	615		
	'	b								
		d All other revenue	•							
	•	e Total. Add lines 1	1a-1	11d		•	615	5		
	12	2 Total revenue. S	ee ır	nstructions			13,139,042			0 713,361
								1,210,00	1	Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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, trustees, and key employees 1 Compensation of current officers, directors, trustees, and key employees 2 In this Part IX 3 (A) Total expenses (B) (C) Manageme expenses 6,557,848	
Total expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	mplete column (A)
A program service expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22	
domestic governments See Part IV, line 21	ent and Fundrais
Part IV, line 22	
governments, and foreign individuals See Part IV, lines 15 and 16	
Compensation of current officers, directors, trustees, and 307,652 196,897	
	110,755
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	488,798
Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	84,717
Other employee benefits	70,167
D Payroll taxes	56,939
L Fees for services (non-employees)	
a Management	
b Legal	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
<u> </u>	
f Investment management fees	10.121
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 53,844 34,710	19,134
2 Advertising and promotion	
3 Office expenses	23,445
Information technology	12,861
6 Royalties	
63,211 40,749 63,211	22,462
' Travel	13,726
Payments of travel or entertainment expenses for any federal, state, or local public officials .	
Conferences, conventions, and meetings 319,455 205,935	113,520
Interest	
Payments to affiliates	
2 Depreciation, depletion, and amortization	21,080
Insurance 14,459 9,321	5,138
1 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	
a JUNIOR TENNIS PROGRAM 604,005 604,005	
b ADULT/SENIOR TENNIS PRO 486,886 486,886	
c AD HOC DIVISION 452,763 452,763	
d SALES & MARKETING 250,250 250,250	
e All other expenses 23,014 14,836	8,178
	1,050,920
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 5

6

7

8

10c

11

12 13

14

15

16

17

18

19

20 21

22 23

24

25

26

27

28

29

30

31

32

33

495 9

982,467

9,866,367

1,356,840

18,969,093

24,939

1,356,840

1.381.779

17.587,314

17,587,314

18,969,093

Page **11**

121 7,514,423

340.125

35,530

937,923

11,896,592

1,477,484

22,202,198

81,242

26.124

1.477.484

1.584.850

20,617,348

20,617,348

22,202,198

Form 990 (2019)

		Beginning of year		End of year
1	Cash-non-interest-bearing	120	1	
2	Savings and temporary cash investments	6,495,872	2	7,
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	266,932	4	
5	Loans and other payables to any current or former officer, director, trustee.			

Check if Schedule O contains a response or note to any line in this Part IX

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

basis Complete Part VI of Schedule D

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

10a

10b

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

1,636,688

698,765

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 58-1190935

COMMUNITY ASSOCIATIONS

Form 990, Part III, Line 4a:

Form 990 (2019)

Name: SOUTHERN TENNIS ASSOCIATION INC.

DISTRIBUTIONS OF GRANTS AND ALLOCATIONS - COSTS TO HANDLE MAINTENANCE & RECORDS SUBMITTING OF DEPOSITS AND DISTRIBUTING FUNDS TO 9 STATES &

Form 990, Part III, Line 4b: JUNIOR DEVELOPMENT PROGRAM - PLAN AND SUPERVISE ALL JR ACTIVITIES FOR 200,000 PLAYERS, INCLUDING STA BOYS & GIRLS TEAMS, ENTRY FEES & ENDORSEMENT

PROCEDURES

Form 990, Part III, Line 4c: ADULT PROGRAM - SUPERVISION, CONDUCT OF SECTIONWIDE ADULT PROGRAM ACTIVITIES INCLUDING LEAGUE PLAY, SENIOR RECREATION, ADULT RANKING, & ADULT RECREATION

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493213017040

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

• S • S • S • S • S • S • S • S	Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax s), then	s I-A and C below 90-EZ, Part VI, IIr ection 501(h)) Co ider section 501(h	ne 47 (Lobbying Activities emplete Part II-A Do not co)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
Nar	me of the organization			Employer ider	ntification number
SOL	JTHERN TENNIS ASSOCIATION INC			58-1190935	
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		zation.
1	_	ization's direct and indirect political can			
2	Political campaign activity expend	itures (see instructions)		•	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ix incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise ta	ıx ıncurred by organızatıon managers uı	nder section 4955	>	\$
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV			=047 \/0	
		nization is exempt under sectio			
1	, ,	ed by the filing organization for section	'		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
1					
5					
5					

activity

1

(b)

Amount

(a)

Yes | No

а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
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?					
i	Other activities?					
j	Total Add lines 1c through 1i					
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					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectio	'n		
-					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	ÌIÍ-A			01 (c)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
С	Total	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 and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5		—		
	Int IV Supplemental Information					
	Cappientental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

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

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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

SCHEDULE D

DLN: 93493213017040

OMB No 1545-0047

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.

(Form 990)

-	nal Revenue Service Go to <u>www.irs.gov/For</u>	rm990 for instructions and the latest info	ormation.		spection
Na	ame of the organization		Employer ide		
SOI	UTHERN TENNIS ASSOCIATION INC		58-1190935		
Ρa	art I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds			
	Complete if the organization answered "				
		(a) Donor advised funds	(b) Funds	s and other	accounts
-	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ŀ	Aggregate value at end of year				
i	Did the organization inform all donors and donor advi- organization's property, subject to the organization's		dvised funds are		Yes 🗌 No
i	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don private benefit?				Yes 🗌 No
Pa	Irt II Conservation Easements. Complete if the organization answered "\	Voc" on Form 000 Part IV June 7			
	Purpose(s) of conservation easements held by the ord	, ,			
	Preservation of land for public use (e.g., recreati		n historically impe	ortant land :	rea
	Protection of natural habitat	Preservation of a	, ,		ai ea
		Preservation of a	certified historic s	structure	
	☐ Preservation of open space		_		
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in the fo		tion t the End o	of the Year
а	Total number of conservation easements		2a		
b	·		2b		
С	Number of conservation easements on a certified histo	• • •	2c		
d	Number of conservation easements included in (c) acc structure listed in the National Register	quired after 7/25/06, and not on a historic	2d		
}	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	the organization	during the	
Ļ	Number of states where property subject to conservat	tion easement is located >			
;	Does the organization have a written policy regarding and enforcement of the conservation easements it ho	the periodic monitoring, inspection, handling lds?	of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing c	conservation ease	ments durin	ng the year
,	Amount of expenses incurred in monitoring, inspecting \$ \bigset\$	g, handling of violations, and enforcing consei	rvation easement	s during the	e year
3	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of section 1	170(h)(4)(B)(ı)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the	he footnote to the organization's financial stat			
Эаг	the organization's accounting for conservation easement III Organizations Maintaining Collection		her Similar As	sets	
	Complete if the organization answered "				
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fin	or public exhibition, education, or research in			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for pufollowing amounts relating to these items	116 (ASC 958), to report in its revenue stater ublic exhibition, education, or research in furth	ment and balance herance of public	sheet work service, pro	s of art, vide the
	(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, histo		ــــــ 💆 – ancıal gaın, provic	de the	
а	following amounts required to be reported under SFA! Revenue included on Form 990, Part VIII, line 1	S 110 (MSC 930) relating to these items	▶ \$		
b			► \$ ► \$		
	ASSECT HICIAGE III FORM SOU, FAIL A		₽ ⊅		

d Equipment .

a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply) Description Descrip	Par	t IIII	Organizations Ma	aintaining Col	lections of	Art, His	torio	cal Tr	reası	ıres, o	r Other	Similar A	ssets (continued)	
Provide a description	3			uisition, accession	n, and other i	records, ch	eck a	iny of	the fo	llowing	that are a	significant	use of its	collection	
Scholarly research Scholarly research Scholarly research Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	а		Public exhibition				d		Loan	or exch	ange prog	grams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar sases to be sold to raise funds rather than to be maintained as part of the organization's collection?	b		Scholarly research				е		Othe	r					
So During the year, did the organization solicit or receive donations of art, historical treasures or other similar solection? South the year, did the organization assisted that to be maintained as part of the organization? collection? Somplete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is if "Yes," explain the arrangement in Part XIII and complete the following table Additions during the year Additions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The percenditures for facilities and programs Grants or scholarships	С		Preservation for future	e generations											
Section Sect	4														
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an organization and part XIII and complete the following table Is Time 1 Is the organization during the year Is to Is Time 2 Is the organization with year Is to Is the organization with year Is the organiz	5											nılar	☐ Ye	s □ N	o
b If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Distributions during the year Ending balance 1	Par	rt IV	Complete if the or	odial Arrange ganization answ	ments. vered "Yes"	on Form	990,	Part	IV, lı	ne 9, o	r reporte	ed an amoi	unt on F	Form 990,	Part
d Additions during the year d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes No b If "Ves," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (a) Current year (b) Prior year (b) Prior year (b) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (b) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (b) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (b) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (b) Two years back (d)	1a				an or other Ir	ntermediary	y for	contril	bution	s or oth	er assets	not	☐ Ye	es 🗆 N	o
Additions during the year Distributions during the year	Ь	If "Y	es," explain the arrange	ement in Part XIII	and complet	e the follow	wing 1	table				Δ	mount		_
Distributions during the year Temporarily restricted endowment	С		- · · · · · · ·								1c				_
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Addı	tions during the year								1d				_
2 Potential account liability?	e	Dıstr	ributions during the year	r							1e				_
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f	Endı	ng balance								1f				_
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did t	the organization include	an amount on Fo	rm 990. Part	X. line 21.	for e	escrow	or cu	ıstodial a	account lia	ability?	Пуе	.s П N	_
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Cher expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (hine 1g, column (a)) held as (a) Board designated or quasi-endowment \rightarrow Permanent endowment \rightarrow The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (iii) related organiza			-									•	_	.5	•
Temporarily restricted endowment ► Temporarily restricted endowment ► Temporarily restricted endowment Form Possession of the organizations issted as required on Schedule R? Complete of the organizations issted as required on Schedule R? Complete of the organization answered "Yes" on Form Possession of property Complete of the organization answered "Yes" on Form Possession of the organization of property Complete of the organization answered "Yes" on Form Possession (b) Cost or other basis (other) Cole Accumulated depreciation Cole Accumulated deprec					CHECK HEIE	II the explo	arracio	JII IIGS	Deen	provide	u III Fait .	XIII			
1a Beginning of year balance					ered "Yes"	on Form	990,	Part	IV, lı	ne 10.					
b Contributions				_	(a) Current	year	(b) Pr	or yea	r	(c) Two y	ears back	(d) Three ye	ars back	(e) Four yea	rs back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Begini	ning of year balance .												
d Grants or scholarships	b	Contri	butions												
e Other expenditures for facilities and programs	С	Net in	vestment earnings, gair	ns, and losses											
and programs	d	Grants	s or scholarships	•											
p End of year balance	е			es											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Admın	nistrative expenses .												
a Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of	f year balance												
b Permanent endowment ► c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Prov	ide the estimated perce	ntage of the curre	nt year end	balance (lır	ne 1g	, colur	mn (a)) held a	ıs				
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Boar	d designated or quasi-e	ndowment >											
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	b	Perm	nanent endowment 🕨												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	С	Tem	porarily restricted endov	wment 🟲											
Test No Sa(i)		The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100°	%									
(ii) related organizations	3a			not in the posses	sion of the oi	rganızatıon	that	are he	eld an	id admin	istered fo	r the		Yes	No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?			_					•							
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			-										<u> </u>		
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings 163,772 163,772 745,768				-		•			· ·				<u> </u>	3D	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 163,772 b Buildings	_					s endowm	ent fl	unus							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 163,772 163,772 163,772 b Buildings 1,325,632 579,864 745,768	Pal	τVI				on Form	990	Part	IV. li	ne 11a	. See Fo	rm 990. Pa	rt X. lır	ne 10.	
b Buildings 		Descr	· · · · · · · · · · · · · · · · · · ·	(a) Cost or oth	er basis										e
b Buildings 	1a	Land			+			16	53.772						163,772
			nas .		+							579.864			745,768
			-					-,				-,			

147,284

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

28,383

937,923

118,901

	Investments—Other Securities.				Page 3
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	Part IV, (b)	ine 111		Part X, line 12. Ind of valuation
	(including name of security)	Book value			-year market value
(1) Financia	ıl derivatives	Value			
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV. I	ıne 110	. See Form 990.	Part X. line 13.
	(a) Description of investment	411171		(b) Book value	(c) Method of valuation Cost or end-of-year market
(1)					value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Po	art IV, lıı	ne 11d	. See Form 990, Pa	rt X, line 15
(1)DEFERRE	(a) Description ED COMPENSATION PLAN				(b) Book value 1,477,484
(2)	20 COTT ENGLY 12 III				2,1,7,131
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15)			•	1,477,484
Part X	Complete if the organization answered 'Yes' on Form 990, Po	art IV, lı	ne 11e	or 11f.See Form	
1. (1) Federal	(a) Description of liability				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)	o to the	Va 5 :: : :	tion's financial state	1,477,484
•	or uncertain tax positions In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740) Check I		_		

Part XI

2

b

Schedule D (Form 990) 2019

Page 4

1,495,190 13,139,042

11,604,197

Schedule D (Form 990) 2019

е	Add lines 2a through 2d	2e					
3	Subtract line 2e from line 1	3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990 Part VIII line 7h						

4b

2a

2b

2c

2d

Investment expenses not included on Form 990, Part VIII, line 7b Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part IX, line 25, but not on line 1:

1.495.190

3

4c n Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 13,139,042 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 11,604,197 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b 2c Other (Describe in Part XIII) 2d 2e

Add lines 2a through 2d . . Subtract line **2e** from line **1** 3

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 11.604.197 Supplemental Information

5 Part XIII 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

Return Reference Explanation

See Additional Data Table

Page 5		Schedule D (Form 990) 2019			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			
	<u> </u>				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 58-1190935

Name: SOUTHERN TENNIS ASSOCIATION INC.

	Explanation	
LINDER SECTION FO1/C)/4) OF THE INTERNAL	DEVENUE CODE	Ŧ

Supplemental Information Return Reference PART X, LINE 2 UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, THE ASSOCIATION IS EXEMPT FROM TAXES

ON INCOME OTHER THAN UNRELATED BUSINESS INCOME THERE WAS NO UNRELATED BUSINESS INCOME IN THE YEARS ENDED DECEMBER 31, 2019 AND 2018 THE ASSOCIATION UTILIZES THE ACCOUNTING REOUI REMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCO UNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS IN ITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION AS OF DECEMBER 31, 2019 AND 2018, THE ASSOCIATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STA TEMENTS. THE ASSOCIATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR Y

FARS PRIOR TO 2016

DLN: 93493213017040 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SOUTHERN TENNIS ASSOCIATION INC 58-1190935 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(6)

- (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference ALLOCATIONS OF FUNDS ARE MADE BY SOUTHERN TENNIS ASSOCIATION TO ITS MEMBER INSTITUTIONS IN THE VARIOUS SOUTHEASTERN STATES BASED UPON

PART I, LINE 2 MEMBERSHIP LEVELS AND PARTICIPATION EACH STATE'S MEMBER INSTITUTION REPORTS ITS FINANCIAL POSITION AND OPERATIONS TO SOUTHERN TENNIS

ASSOCIATION WE WORK WITH COMMITTEES AND STATE ASSOCIATIONS TO MONITOR EFFECT OF COMMUNITY GRANTS Schedule I (Form 990) 2019

Additional Data

ALABAMA TENNIS

1108 HERRINGTON ST HOOVER, AL 35272

ASSOCIATION

Software ID: **Software Version:**

63-0761000

EIN: 58-1190935

Name: SOUTHERN TENNIS ASSOCIATION INC

459,518

Form 990, Schedule I, P	art I	i, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	f	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	_

or government				assistance	other)
ACADIANA COMMUNITY TENNIS ASSOC 101 HARWELL ST	72-1436202	501 (C)4	6,453		CASH

501(C)(4)

CASH

IN/A

N/A

non-cash assistance

(h) Purpose of grant or assistance

2019 CGPG GRANT

ADMINISTRATIVE, MEMBERSHIP,

GENERAL &

COMMUNITY DEVELOPMENT, & OTHER ASSORTED GRANTS

if applicable cash organization grant

(g) Description of

(book, FMV, appraisal,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7372183 501(C)(4) 253.549 CASH IN/A GENERAL & ARKANSAS TENNIS ADMINISTRATIVE. ASSOCIATION 2024 ARKANSAS VALLEY MEMBERSHIP. DRIVE STE 302 COMMUNITY LITTLE ROCK, AR 72212 DEVELOPMENT. & OTHER ASSORTED IGRANTS IN/A BATON ROUGE WHEEL CHAIR 58-1934935 501 (C)3 6.000 CASH 2019 CGPG GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TENNIS ASSOCIATION 19037 EPERNAY COURT BATON ROUGE, LA 70817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance **BIRMINGHAM AREA TENNIS** 501 (C)3 9.818 CASH IN/A 2019 CGPG GRANT 63-1241128 ASSN INC P O BOX 131114

GRANTS(BIF)

BIRMINGHAM, AL 35213 23-7372183 501(C)(4) 5.000 CASH IN/A FACILITY MATCHING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BURNS PARK TENNIS CENTER

4000 JOE POCH DRIVE

LITTLE ROCK, AR 72118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ASSOC 2024 ARKANSAS VALLEY DR 302 LITTLE ROCK, AR 72212						
CENTRAL LITTLE ROCK TENNIS	71-0851793	501 (C)4	5,049	CASH	N/A	2019 CGPG GRANT

58-1609060 501 (C)3 5,000 CASH N/A 12019 PLAY IT FORWARD CENTRAL SAVANNAH RIVER - YEAR 1 FUNDING AREA TENNIS ASSOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 204242 AUGUSTA, GA 30917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 56-1803357 501 (C)3 25,335 CASH IN/A 2019 CGPG GRANT CHARLOTTE TENNIS ACCOCTATION

GRANT - YEAR 3

CITY OF FLORENCE	57-6000232	MUNICIPALITY	9.810	CASH	N/A	2019 PLAY IT FORWARD
12533 PINE VALLEY CLUB DRIVE CHARLOTTE, NC 28277						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

324 WEST EVANS STREET

FLORENCE, SC 295013430

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CITY OF LAUREL 6.000 IN/A 64-6000579 MUNICIPALITY **ICASH** 2019 BUILD IT FORWARD - TPA -

PO BOX 647 LAUREL, MS 39441 11830(SUSAN B 22.500 CASH IN/A CITY OF POCAHONTAS -71-6010432 MUNICIPALITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

POCAHONTAS, AR 72455

VINCENT SPORTSPLEX) FACILITY MATCHING OFFICE OF CITY CLERK GRANTS(BIF) 410 N MARR STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0854746 501 (C)3 6.000 CASH IN/A CROSS GATES FAMILY 2019 PLAY IT FORWARD GRANT (1 ST YEAR) FITNESS 200 N MILITARY RD SLIDELL, LA 70461 IN/A GEORGIA TENNIS 58-1309245 501(C)(4) 1.422.420 CASH GENERAL & ASSOCIATION ADMINISTRATIVE, MEMBERSHIP,

GRANTS

116 MARBLE MILL RD MARIETTA, GA 30060 COMMUNITY DEVELOPMENT, & OTHER ASSORTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-1428131 501 (C)3 6.155 IN/A 2019 CGPG GRANT GREATER BATON ROUGE CTA **ICASH** 22935 SUNNYSIDE LANE ZACHARY, LA 70791 62-1468377 501 (C)3 7.392 CASH N/A 2019 CGPG GRANT GREATER KNOXVILLE TENNIS ASSN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6200 TRAILHEAD CIRCLE KNOXVILLE, TN 37901

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-2030084 501 (C)3 6.649 CASH IN/A 2019 CGPG GRANT GREATER WILMINGTON TENNIS ASSN

WILMINGTON, NC 28409						
GREENSBORO REGIONAL TENNIS ASSOCIATION 5710 W GATE CITY BLVD SUITE K 142	56-2040725	501 (C)3	8,762	CASH	N/A	2019 CGPG GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GREENSBORO, NC 27407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 61-0916485 501(C)(4) 259,804 CASH IN/A **GENERAL &** KENTUCKY TENNIS ASSOCIATION ADMINISTRATIVE. 8900 GREENWAY COMMONS MEMBERSHIP. PLACE 101 COMMUNITY LOUISVILLE, KY 40220 DEVELOPMENT, & OTHER ASSORTED IGRANTS LENNY SIMPSON TENNIS & 46-1952014 501 (C)3 16.000 CASH IN/A 2019 BUILD IT EDUCATION FUND FORWARD (EATON/ALTHEA PO BOX 3112 WILMINGTON, NC 28406 GIBSON COURT

RESTORATION) TPA-

10586

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 72-1395866 501 (C)3 5.000 CASH IN/A 2019 BUILD IT LOGAN MARTIN TENNIS ASSN P O BOX 30 FORWARD - TPA - 1635 PELL CITY, AL 35125 (PELL CITY TC) 72-0827537 501(C)(4) 450.963 CASH IN/A GENERAL & LOUISIANA TENNIS ASSOCIATION ADMINISTRATIVE. MEMBERSHIP, COMMUNITY

DEVELOPMENT, & OTHER ASSORTED GRANTS

9270 SIEGEN LANE STE 702 BATON ROUGE, LA 70809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 57-0766269 501 (C)4 7.023 CASH IN/A 2019 CGPG GRANT LOWCOUNTRY TENNIS ASSOCIATION 104 S GATESHEAD CROSSING GOOSE CREEK, SC 29445 2019 BUILD IT

LOWCOUNTRY YOUTH TENNIS 46-4065715 501 (C)3 26.000 CASH IN/A ASSN FORWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

186 SEVEN FARMS DR F127 DANIEL ISLAND, SC 29492

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501 (C)3 6.414 CASH IN/A 2019 CGPG GRANT MEMPHIS TENNIS ASSN 62-6046474 8278 WEATHERWOOD LANE CORDOVA, TN 38016 63-0737693 501(C)(4) 406.032 CASH IN/A GENERAL & MISSISSIPPI TENNIS ASSOCIATION ADMINISTRATIVE. 3311 NORTH STATE STREET MEMBERSHIP, PO BOX 5388 COMMUNITY 5388 DEVELOPMENT, &

OTHER ASSORTED

GRANTS

JACKSON, MS 39296

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance **NEA TENNIS** 73-1521723 501 (C)3 12.000 N/A **ICASH** 12019 PLAY IT FORWARD 1202 TWIN OAKS DOINE /VEAD 1)

JONESBORO, AR 72401						- (1EAR 1)
NEW ORLEANS METRO AREA T A	72-1498473	501 (C)3	8,409	CASH	N/A	2019 CGPG GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 8553 METAIRIE, LA 70011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 56-1121513 501(C)(4) 1,211,225 CASH IN/A GENERAL & NORTH CAROLINA TENNIS ASSOCIATION ADMINISTRATIVE, MEMBERSHIP. 2709 HENRY STREET GREENSBORO, NC 27405 COMMUNITY DEVELOPMENT. & OTHER ASSORTED GRANTS NORTHWEST LA CTA 72-1467111 501 (C)3 8.966 CASH IN/A 2019 CGPG GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5726 MARINA BAY DRIVE SHREVEPORT, LA 71119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-1601428 501 (C)4 8.500 IN/A PADUCAH TENNIS ASSOC **ICASH** 12019 PLAY IT FORWARD PO BOX 159 IGRANT - YEAR 3 PADUCAH, KY 42002

CASH

N/A

2019 CGPG GRANT

15.450

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C)3

20-2930399

RALFIGH TENNIS

6325 FALLS OF NEUCE RD RALEIGH, NC 27615

ASSOCIATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-6000775 LOCAL GOVT 26.000 CASH IN/A SCOTT COUNTY FISCAL COURT 2019 BUILD IT 101 EAST MAIN STREET FORWARD - TPA 10451 GEORGETOWN, KY 40324 (GREAT CROSSING PARK) 57-0665261 501(C)(4) 842.514 CASH IN/A GENERAL & SOUTH CAROLINA TENNIS ADMINISTRATIVE,

GRANTS

SOUTH CAROLINA TENNIS
ASSOCIATION
18 WOODCROSS DRIVE
COLUMBIA, SC 29212

CASH

N/A

GENERAL &
ADMINISTRATIVE,
MEMBERSHIP,
COMMUNITY
DEVELOPMENT, &
OTHER ASSORTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-0992696 501(C)(4) 425.675 CASH IN/A GENERAL & TENNESSEE TENNIS ADMINISTRATIVE. ASSOCIATION 220 ATHENS WAY STE 110 MEMBERSHIP. NASHVILLE, TN 37228 COMMUNITY DEVELOPMENT. & IOTHER ASSORTED IGRANTS IN/A TENNIS ASSOCIATION OF 57-0736905 501 (C)3 5.206 CASH 2019 CGPG GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HILTON HEAD ISLAND 64 JIB SAIL COURT HILTON HEAD. SC 29928

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-3521014 501 (C)3 11.394 IN/A 2019 CGPG GRANT TENNIS NASHVILLE **ICASH**

628 SKYVIEW DRIVE NASHVILLE, TN 37015 TRI-COUNTY COMMUNITY 20-5501435 501 (C)3 9.500 CASH N/A 2019 PLAY IT FORWARD

TENNIS ASSOC- MS IGRANT - YEAR 1 PO BOX 5382

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JACKSON, MS 39296

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501 (C)3 10.746 IN/A TRI-COUNTY COMMUNITY 20-5501435 **ICASH** 2019 CGPG GRANT TENNIS ASSOC- MS

12018) TUNICA NATIONAL

PO BOX 5382 JACKSON, MS 39296 33-1059760 501 (C)3 12.000 IN/A TUNICA NATIONAL **ICASH** 2019 BUILD IT PO BOX 549 FORWARD (TPA -

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROBINSONVILLE, MS 38664

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 05-0602714 501 (C)3 7.344 CASH IN/A 2019 CGPG GRANT UPPER PIEDMONT TENNIS ASSOC 101 NORTH LADYSLIPPER LANE GREER, SC 29650 501 (C)4 58,112 N/A USTA ATLANTA 58-1609097 CASH 2019 CGPG GRANT 6075 THE CORNERS PARKWAY SUITE 100 PEACHTREE CORNERS, GA

30092

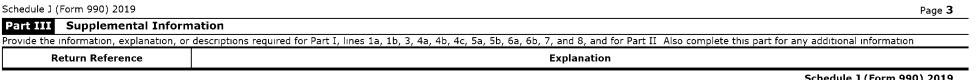
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501 (C)3 9.054 CASH IN/A WESTERN WAKE TENNIS 54-2072168 12019 CGPG GRANT ASSOCIATION 1249 KILDAIRE FARMS RD 144 CARY, NC 27511

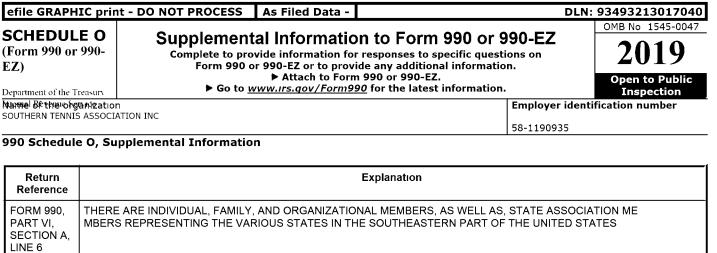
efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9321	3017	040
Sch	edule J	Con	npensati	ion Information	ОМ	В No	1545-0	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and High	nest			
		► Complete if the organ	Compensa ization answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2(1	19	•
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>Form990</u> for	instructions and the latest inform			o Pul	
	ne of the organiza				Employer identificati			
SOL	JTHERN TENNIS ASS	OCIATION INC			58-1190935			
Pa	rt I Questi	ons Regarding Compensatio	n					
					r		Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiatio				
	☐ Discretion	ary spending account		Personal services (e g , maid, chaufi	eur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lin	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/Exec	tutive Directo	r, regarding the items checked on Lin	e Iar			
3				ed to establish the compensation of th	e			
		EO/Executive Director Check all the d organization to establish compen		not check any boxes for methods CEO/Executive Director, but explain it	n Part III			
	✓ Compensa	ation committee		Westen employment contract				
	_ '	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensat	ion committee			
		-						
4	During the year, related organiza		, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	_	ance payment or change-of-control	navment?			4a		No
b		r receive payment from, a supplem		ified retirement plan?		4b		No
С	•	r receive payment from, an equity-	•	•		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and pr	ovide the app	olicable amounts for each item in Part	III			
	- 1/ \/-							
5), 501(c)(4), and 501(c)(29) or ed on Form 990, Part VII, Section A	_	-				
5		ontingent on the revenues of	, illie Ia, ulu	the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did	the organization pay or accrue any				
а	The organization	۱۶				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes," o		the organization provide any nonfixed rt III		7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	scribe			
						8		No
9	If "Yes" on line 8 53 4958-6(c)?	B, did the organization also follow t	ne rebuttable	presumption procedure described in l	Regulations section	9		
For I		uction Act Notice, see the Instru	ctions for Fo	orm 990 Cat No. 5	0053T S chedule 1		990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 JOHN CALLEN EXECUTIVE DIRECTOR &	(i)	209,114	9,329	0	66,878	22,331	307,652	0
C00	(ii)	0	0	0	0	0	0	0





Return Explanation

FORM 990, PART VI, BYLAW AMENDMENTS
SECTION A, LINE 7A

Return Explanation

FORM 990,	BOARD DECISIONS CONCERNING CHANGES TO BYLAWS OR OTHER IMPORTANT ITEMS ARE VOTED ON BY STATE
PART VI,	MEMBERS
SECTION A,	
LINE 7B	

Return Explanation
Reference

LINE 11B

FORM 990, THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND BOARD PRIOR TO FILING FOR THEIR REVIEW AND PART VI, APPROVAL SECTION B,

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI, E RISE TO A CONFLICT OF INTEREST, RELATING TO ORGANIZATIONAL POLICY, PROCEDURES, CONFIDENT INTEREST, WITH RESPECT TO CERTAIN AFFILIATED PARTIES IN RELATION TO PERSONS INVOLVED IN THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	HUMAN RESOURCES COMMITTEE MAKES RECOMMENDATION TO THE BOARD EXECUTIVE DIRECTOR INTERACTS WITH THE BOARD AND HR COMMITTEES ON A FREQUENT BASIS FOR PERFORMANCE APPRAISAL FOR EMPLOY EES, THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS THROUGH THE HUMAN RESOURCES COMMITTEE AN D BUDGET PROCESS WITHIN THE APPROVED BUDGET, EXECUTIVE DIRECTOR DECIDES INDIVDUAL STAFF C OMPENSATION

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST PART VI, SECTION C, LINE 18

Return Explanation

LINE 19

FORM 990, BY-LAWS, RULES, AND REGULATIONS, ALONG WITH GRIEVANCE PROCEDURES, ARE AVAILABLE ON THE ORG PART VI, ANIZATION'S WEB SITE FINANCIAL STATEMENTS ARE PUBLISHED IN SEMI-ANNUAL MEETING BOOKLETS SECTION C, POLICIES ARE AVAILABLE UPON REQUEST TO OFFICE

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	213017	040
SCHEDULE R (Form 990)	> 0	Related (_		s" on Form	n 990, Parl		-		37.		20	1545-004	17
Department of the Treasury Internal Revenue Service		► Go to <u>ww</u> s	v.irs.gov/				e latest info	ormation.					o Public ection	
Name of the organization SOUTHERN TENNIS ASSOCIATION II	NC								Emp	loyer identif	icatior	n number		
										190935				
Part I Identification	of Disregarded E	ntities. Complete if	the organ	nization ansv	wered "Ye:	s" on Forn	n 990, Part	: IV, line 3	13.					
Name, address, and	(a) EIN (if applicable) of dism	egarded entity		(b) Primary a			(c) Legal domicile (state or foreign country)		ome	(e) End-of-year as	ssets	(1 Direct co ent	ntrolling	
Part II Identification of related tax-exer	of Related Tax-Ex		ıs. Compl	ete if the org	ganızatıon	answered	d "Yes" on I	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more	
See Addıtıonal Data Table			1	(1-)	1 ,	->	1 (4)	. 1		(-)	1	(6)	1	
Name, address, an	(a) d EIN of related organizati	on	Prim	(b) ary activity	Legal dom	(c) (d) nicile (state in country)		de section Publi		(e) ublic charity status section 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
													-	
For Paperwork Reduction Ac	t Notice, see the Ins	structions for Form 9	90.		Ca	t No 5013	35Y				Sche	edule R (Form	990) 20	19

		1 763	1 (-5 1	(4)	1 /->	1 10	1 (=)			/:·	1 4	、 I	(1.)
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded fron tax under sections 512:	ed, total income	(g) Share of e end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in boo 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or Figing ((k) Percenta <u>c</u> ownershi
			country)		514)						V	N .	
								Yes	No		Yes	NO	
							1						
J Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line i) ntage	Sec	(ı) tion 512) contro
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	чэшр		entity?
			.,,									1	ES 144
										1			

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	:	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	<u> </u>		No
	<u> </u>	1,	

o	Sharing of paid employees with related organization(s)	10	Yes	
	Sharing of paid employees with related organization(s), i.e., i.e.	F		
р	Reimbursement paid to related organization(s) for expenses	1р	Yes	<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1 q		No
		L	<u> </u>	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
5	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
See A	Additional Data Table			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)	nount	ınvolve	d

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See manuacions regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	
												П	
				_					_	Schedul	e R (Form	1 990)) 2019



Software ID:

Software Version:

EIN: 58-1190935

Name: SOUTHERN TENNIS ASSOCIATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related		1	(4)	1 (5)	1 (5)	.	- \
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(contract)	g) n 512 (13) folled ity?
						Yes	No
(1) 70 WEST RED OAK LANE WHITE PLAINS, NY 10604 13-5459420	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	NY	501(C)(6)		N/A		No
(1) 5685 SPALDING DR PEACHTREE CORNERS, GA 30092 23-7035657	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	GA	501(C)(3)		N/A		No
(2) 1108 HERRINGTON ST HOOVER, AL 35272 63-0761000	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	AL	501(C)(4)		N/A		No
(3) 2024 ARKANSAS VALLEY DRIVE STE 302 LITTLE ROCK, AR 72212 23-7372183	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	AR	501(C)(4)		N/A		No
(4) 116 MARBLE MILL RD MARIETTA, GA 30060 58-1309245	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	GA	501(C)(4)		N/A		No
(5) 8900 GREENWAY COMMONS PLACE 101 LOUISVILLE, KY 40220 61-0916485	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	КҮ	501(C)(4)		N/A		No
(6) 9270 SIEGEN LANE STE 702 BATON ROUGE, LA 70809 72-0827537	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	LA	501(C)(4)		N/A		No
(7) 3311 NORTH STATE STREET PO BOX 5388 JACKSON, MS 39296 63-0737693	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	MS	501(C)(4)		N/A		No
(8) 2709 HENRY STREET GREENSBORO, NC 27405 56-1121513	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	NC	501(C)(4)		N/A		No
(9) 18 WOODCROSS DRIVE COLUMBIA, SC 29212 57-0665261	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	SC	501(C)(4)		N/A		No
(10) 220 ATHENS WAY STE 110 NASHVILLE, TN 37228 62-0992696	TO PROMOTE AND DEVELOP THE GROWTH OF TENNIS	TN	501(C)(4)		N/A		No

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (a) (c) Amount Involved (d) Name of related organization Transaction Method of determining amount involved type(a-s) 9,315,127 (1) UNITED STATES TENNIS ASSOCIATION С ACTUAL AMOUNT (1) ALABAMA TENNIS ASSOCIATION В 459,518 **ACTUAL AMOUNT** (2) ARKANSAS TENNIS ASSOCIATION 253,549 ACTUAL AMOUNT (3) GEORGIA TENNIS ASSOCIATION 1,422,420 ACTUAL AMOUNT (4) KENTUCKY TENNIS ASSOCIATION 259,804 **ACTUAL AMOUNT** (5) LOUISIANA TENNIS ASSOCIATION В 450,963 ACTUAL AMOUNT (6) MISSISSIPPI TENNIS ASSOCIATION В 399,582 ACTUAL AMOUNT (7) NORTH CAROLINA TENNIS ASSOCIATION 1,211,225 ACTUAL AMOUNT (8) SOUTH CAROLINA TENNIS ASSOCIATION 842,514 ACTUAL AMOUNT

425,675

ACTUAL AMOUNT

(9)

TENNESSEE TENNIS ASSOCIATION