

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning June 1, 2007, and ending May 31, 2008

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**SPACE COAST TENNIS LEAGUE, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 410193**

City or town, state or country, and ZIP + 4  
**Melbourne, FL 32941-0193**

**D** Employer identification number  
**59 : 2814373**

**E** Telephone number  
**(321) 777-0255**

**F** Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method.  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ http://spacecoasttennis.com

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

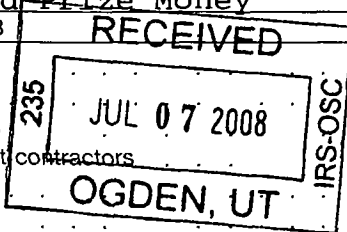
**J** Organization type (check only one) —  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	2,666
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	31,637
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a		
7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	
8	Other revenue (describe ▶ <u>Rule books and Prize Money</u> )	34	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	34,337	
Expenses	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	2,078
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	2,941
	16	Other expenses (describe ▶ <u>Banquet costs and awards</u> )	26,670
17	<b>Total expenses.</b> Add lines 10 through 16	31,689	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	2,648
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	5,821
	20	Other changes in net assets or fund balances (attach explanation)	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	5,821



**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,821	8,469
23	Land and buildings	-0-	-0-
24	Other assets (describe ▶ )	-0-	-0-
25	<b>Total assets</b>	5,821	8,469
26	<b>Total liabilities</b> (describe ▶ )	-0-	-0-
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	5,821	8,469

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? _____ Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	..... ..... (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	N/A
29	..... ..... (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	N/A
30	..... ..... (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	N/A
31	Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	N/A
32	<b>Total program service expenses.</b> Add lines 28a through 31a <input type="checkbox"/>	32	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Terri Dillon 4240 Carewood Drive, Melbourne, FL 32934	President	-0-	N/A	N/A
Patricia Meehan 1947 N. Sykes Creek Dr., Merritt Isl, FL 32953	Vice President	-0-	N/A	N/A
Geraldine Lau 2549 Bernice Ct., Melbourne, FL 32935	Secretary	-0-	N/A	N/A
Janice C. Kircher 437 Penguin Drive, Satellite Bch, FL 32937	Treasurer	-0-	N/A	N/A

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a N/A		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-
- d Enter amount of tax on line 40c reimbursed by the organization ▶ -0-
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		X
40e		X

- 41 List the states with which a copy of this return is filed. ▶ Florida
- 42a The books are in care of ▶ Janice C. Kircher Telephone no ▶ (321) 777-0255  
 Located at ▶ P.O. Box 410193, Melbourne
- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?  
 If "Yes," enter the name of the foreign country. ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country?  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer

▶ Janice C. Kircher  
Signature of officer

▶ Janice C. Kircher, Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_