

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,546	21,698
23 Land and buildings	-0-	-0-
24 Other assets (describe in Schedule O)	-0-	-0-
25 Total assets	15,546	21,698
26 Total liabilities (describe in Schedule O)	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,546	21,698

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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 (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	N/A
32 Total program service expenses (add lines 28a through 31a) _____	32	

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sandie Rowe 1008 Monticello Court, Melbourne, FL 32940	President	-0-	N/A	N/A
Mary Ann Frederick 5568 River Oaks Drive, Titusville, FL 32790	1st Vice President	-0-	N/A	N/A
Christy Locke 788 Oak Park Drive, Melbourne Beach, FL 32903	Secretary	-0-	N/A	N/A
Janice C. Kircher 437 Penguin Drive, Satellite Beach, FL 32937	Treasurer	-0-	N/A	N/A
Patti Van Zante 642 Loggerhead Island Drive, Satellite Beach, FL 32937	Women's Vice President	-0-	N/A	N/A
Jim Rossi 24 Marina Isles, Indian Harbour Beach, FL 32937	Men's Vice President	-0-	N/A	N/A
Gail Cascio 3008 North Road, Cocoa, FL 32936	Senior Women's Vice President	-0-	N/A	N/A
Anta Fields 425 Bella Vista Drive, Titusville, FL 32780	Mixed Vice President	-0-	N/A	N/A
Kathi Heller 1890 Canterbury Drive, Indialantic, FL 32903	Awards Chairperson	-0-	N/A	N/A
Patty Hammond 675 Fountain Blvd., Satellite Beach, FL 32937	Rules Chairperson	-0-	N/A	N/A
Annette Condo 3 Shore View Circle, Indialantic, FL 32903	Social Chairperson	-0-	N/A	N/A

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

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 provided to the preparer.

Sign Here
 ▶ Janice C. Kircher
 Signature of officer
 ▶ **Janice C. Kircher, Treasurer**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name _____ Preparer's signature _____
 Firm's name ▶ _____
 Firm's address ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

SPACE COAST TENNIS LEAGUE, INC.

Employer identification number

59-2814373

Response to Part 1-Line 16

Banquet Costs, Awards, Luncheon Meetings, Charitable Contributions, and Captain's Meetings