

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

**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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning June 1, 2008, and ending May 31, 2009

- 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).

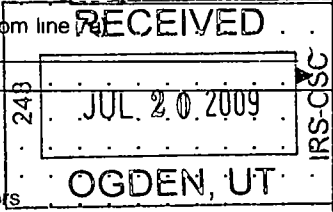
J Organization type (check only one) — 501(c) () ◀ (insert no) 4947(a)(1) or 527

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|---|---|---|---|---|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|--------|--------|----|----|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | | | | | | | | 2,010 | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | 29,821 | | |
| | 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 (complete applicable parts of Schedule G). 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) ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. | | | | | | | | | | | | | | | | | | | | | | | | 31,831 | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | 1,537 | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | 4,743 | | |
| | 16 | Other expenses (describe) ▶ <u>Banquet costs and awards</u> | | | | | | | | | | | | | | | | | | | | | | | | 20,205 | | |
| | 17 | Total expenses. Add lines 10 through 16. | | | | | | | | | | | | | | | | | | | | | | | | 26,485 | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9). | | | | | | | | | | | | | | | | | | | | | | | | 5,346 | | |
| | 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). | | | | | | | | | | | | | | | | | | | | | | | | 8,469 | | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. | | | | | | | | | | | | | | | | | | | | | | | | | | |



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 8,469 | 23 13,815 |
| 23 | Land and buildings | -0- | 24 -0- |
| 24 | Other assets (describe) ▶ | -0- | 25 -0- |
| 25 | Total assets | 8,469 | 26 13,815 |
| 26 | Total liabilities (describe) ▶ | -0- | 27 -0- |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 8,469 | 28 13,815 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

SCANNED AUG 4 2009

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses (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 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | | 32 |

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

| (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 |
|--|--|---|---|--|
| Patricia Meehan 32953 1947 N. Sykes Creek Dr, Merritt Isl, FL | President | -0- | N/A | N/A |
| Sandie Rowe 1008 Monticello Ct, Melbourne, FL 32940 | 1st V. P. | -0- | N/A | N/A |
| Gail Cascio 3008 North Road, Cocoa, FL 32926 | Secretary | -0- | N/A | N/A |
| Jarice C. Kircher 437 Penguin Drive, Satellite | Treasurer | -0- | N/A | N/A |
| Nancy Amuller 129 Deleon Road, Cocoa Beach, FL 32931 | Women's V.P. | -0- | N/A | N/A |
| Jim Rossi 32937 24 Marina Isles, Indian Harbour Bch, FL | Men's V. P. | -0- | N/A | N/A |
| Katie Fredericks 283 Coral Way West, Indialantic, FL 32903 | Mixed V. P. | -0- | N/A | N/A |
| Mary Ann Frederick 5568 River Oaks Dr, Titusville, FL 32780 | Senior Women V. P. | -0- | N/A | N/A |
| Annie MacLellan 365 Kilnarnock Pl, Melbourne, FL 32940 | Awards Chair | -0- | N/A | N/A |
| Patty Hammond 32937 675 Fountain Blvd, Satellite Bch, FL | Rules Chair | -0- | N/A | N/A |
| Monica Rowe 3499 Roseidon Way, Indialantic, FL 32903 | Social Chair | -0- | N/A | N/A |
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | 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 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>N/A</u> | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | X |
| 38a | 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? | | X |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved <u>N/A</u> | | |
| 39 | 39 Section 501(c)(7) organizations Enter. | | |
| 39a | a Initiation fees and capital contributions included on line 9 <u>N/A</u> | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities <u>N/A</u> | | |
| 40a | 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____ | | |
| 40b | b Section 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," complete Schedule L, Part I | | X |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>-0-</u> | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization ▶ <u>-0-</u> | | |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | | X |
| 41 | 41 List the states with which a copy of this return is filed ▶ <u>Florida</u> | | |
| 42a | 42a The books are in care of ▶ <u>Janice C. Kircher</u> Telephone no. ▶ <u>(321) 777-0255</u> Located at ▶ <u>P.O. Box 410193, Melbourne, FL</u> ZIP + 4 ▶ <u>32941-0193</u> | | |
| 42b | b 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)? | | X |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| 43 | 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <u>0</u> ▶ <input type="checkbox"/> | | |
| 44 | 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the 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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
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| Total number of other employees paid over \$100,000 ▶ | | | | |

- 51** Complete this table for the 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 |
|---|---------------------|------------------|
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| | | |
| Total number of other independent contractors each receiving over \$100,000 . . . ▶ | | |

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

Sign Here ▶ *Janice C. Kircher*
Signature of officer

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

Paid Preparer's Use Only ▶
Preparer's signature

▶
Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? S