## **Short Form**

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

B         Other         Contrast or organization         Decay interficiation number           Address charge         Number and attempt of CD CENTRAL VIRCIMA INC         27.091305           Number and attempt of CD contrant is not delivered to shreat address)         Pointsule         Telephone number           Number and attempt of CD contrast         Pointsule         Telephone number           Number and attempt of CD contrast         Pointsule         Telephone number           Number and attempt of CD contrast         Pointsule         Telephone number           Number and the contrast of the contras	AF	or the	2021 calenda	ar year, or tax year beginning	09/01/2021	and ending	08/	31/2022	2			
Inter- entrope         Number and street or P.O. box if mail is not delivered to street address)         Poom/suite         Poom/suite         E Telephone number           Inter- entrope         Poil extrem         Poil extrem         Street address)         Poil extrem         Street address)         Poil extrem         Street address)         Poil extreme         Street address)         Street address)         Street address)         Street address address address address address address address)         Street address	Bc	heck if ap	oplicable:	C Name of organization			D Emplo	oyer ide	ntification number			
Image: Numerical and the state of province, country, and 2IP or foreign postal code       Image: Number 2       434-244-9644         Arrestote return       Number 2       Number 2       Number 2         Vebsite:       C Accounting Method:       I Case 1       Accrual Other (specify) ►       H       Check L> (from space)       H       Check L> (from space)         X Form of organization:       C Concounting Method:       IC Case and To be the determine graps receipts in grass receipts in gras		Address c	Ass change QUICKSTART TENNIS OF CENTRAL VIRGINIA INC						27-0913035			
Pioret entromemication performance       4312470041         Program and province country, and 2IP or forsign postal code       F Group Exemption         Noticitato pending       Ny, VA 22945         Concurring Method:       Class of months, state or province, country, and 2IP or forsign postal code       F Group Exemption         Ny, VA 22945       H Check I L (Class A) Accrual Other (specify) ►       H Check ► (If the organization is not required to attach Schedule B)         J Tar-exempt status (check only one) - [2] S01(c)()       501(c)()       4 (inset n.o.) - 4847(a)(1) or - 1527       H Check ► (If the organization used Schedule C) or more, 0 if total assets         Part I, column (B) are \$500,000 or more, 0 if Form 990-E2		Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E						E Telephone number				
Immediate return         City or town, state or provine, country, and ZP or foreign postal code         IF         City or town, state or provine, country, and ZP or foreign postal code         IF         City or town, state or provine, country, and ZP or foreign postal code         IF         City or town, state or provine, country, and ZP or foreign postal code         IF         City or town, state or provine, country, and ZP or foreign postal code           0         Account Other         If and the organization is not required to attach Schedule B         If the organization is not required to attach Schedule B         If constructions for Part I           1         Tex-exempt Status (bheck only one) – If SO1(c)(1)         If (so the set S00,000 or more, if total assets         Y rots         Y rots           Part II         Revenue, Expenses, and Changes in Net Assets or Fund Balance (see the instructions for Part I)         If if the organization used Schedule O to respond to any question in this Part I         Y rots           1         Contributions, gifts, grants, and similar amounts received         1         Y rots         2         0           3         Membership dues and assets other than inventory         Ist         Ist         2         0           4         In y y y y and thurdraising events         Ist         0         0         0         0           5         Gross income from saile of assets other than inventory (subtract line 2b from line 5a) <td< th=""><th></th><td colspan="7">PU B0X 422</td><td>-244-9644</td></td<>		PU B0X 422							-244-9644			
Peptidimentation       Invy, VA 22945       Number ►         G Accounting Method:       Cash       A cond       Other (specify) ►       H       Check ►       If if the organization is not required to attach Schedule B         / Tax-sempt status (sheak only one)       = [0510](2]       5010](2]       ≤ [010](2]        (inset no.)       4947(a)(1) or 527       Form 4900.         / K Porm of organization:       C corporation       Trut       A association       C corporation       71.055         PartI       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Check if the organization used Schedule C to respond to any question in this Part I       .				F Grou	p Exem	iption						
a Accounting Method:       □ Cash □ Account Other (specify) ▶       H       Check ▶ □ if the argunization is not required to attach Schedule B         1 Website: ▶ guickstattechrizh.org       □ Comportion □ Trust □ Association □ Other       Form of organization: □ Corporation □ Trust □ Association □ Other       Form of organization: □ Corporation □ Trust □ Association □ Other         2 Add lines 5b, c, and 7b to line 9 to determine pross receipts: 1 (frages receipts as \$200,000 or more, or if total assets       Form 990.       Form 990.         PartII       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Check if the organization used Schedule 0 to respond to any question in this Part 1				Ivy, VA 22945				•				
I Website: i         guidzkantcentral org J Tax exempt status (check only one) - is 201(c)(1) ≤ 01(c)(1) < 01(c)(1)(c)(1) < 01(c)(1) < 01(c)(1) < 01(c)(1)(c)(1) < 01(c)(1) < 01					fv) 🕨	н	Check	▶ ☐ if	the organization is <b>not</b>			
J Tax-exempt status (check only one) - 2 501(c)() ≤ 0(msert no.) 4947(a)(1) or 527       (Form 990).         K Form of organization: C Corporation Trust       Association Other       Other         L Add lines 56, cand 75 bit ine 9 to determine gross receipts: R gross receipts are \$200,000 or more, or if total assets       \$71,055         (Part II, column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       > \$ \$ 71,055         (Part II, column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       > \$ \$ \$ 71,055         (Part II, column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       > \$ \$ \$ \$ \$ 71,055         (Part II, column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       > \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						[			-			
Form of organization:       □ Corporation:       □ Tust:       □ Association       □ Other         L Add lines Sb, 6c, and 7b to line 9 to determine gross receipts at gross receipts at \$200,000 or more, in it total assets.       \$71,055         Part II, column (B) are \$50,000 or more, life Form 990 instead of Form 990-E2.       > \$ \$71,055         Part II, column (B) are \$50,000 or more, life Form 990 instead of Form 990-E2.       > \$ \$71,055         Program service revenue including government fees and contracts       1       77,065         2       Program service revenue including government fees and contracts       2       00         3       Membership dues and assessments       3       0         4       1       2       0         5a       Constributions, gifts, grants, and sinilar amounts received       3       0         6       A Investment income       4       2         5a       0       5a       0       0         6       Gainor (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gainor ganing and fundraising events including \$       0       of contributions       5c       0         6       Gainor ganing and fundraising events including \$       0       of contributions       6d       0         7 </th <th></th> <th></th> <td>-</td> <td></td> <td>)    (insert no )    4947(</td> <td>(a)(1) or 527</td> <td>•</td> <td></td> <td></td>			-		)    (insert no )    4947(	(a)(1) or 527	•					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part IL column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ							<b>X</b>	-7				
(Part II column (B)) are \$\$00,000 or more, file Form 990 instead of Form 990-EZ.       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>						-	al assets					
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I       I         1       Contributions, gifts, grants, and similar amounts received       1       71,053         2       Program service revenue including government fees and contracts       2       0         3       0       0       3       0         4       Investment income       4       2         5a       Gross amount from sale of assets other than inventory       5a       0         5a       Gross anount from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       a Gross income from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       0         7a       Gross soled on line 1, (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6d       0         7a       Gross soled on line 1, 2, 3, 4, 5c, 6d, 7c, and 8       7a       0       0         b       Less: circet expenses from gaming and fundraisi								► ¢	71.055			
Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received       1       71,053         2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       0         4       Investment income       3       0         5a       Gross amount from sale of assets other than inventory       5a       0         6       Gaming and fundraising events:       5b       0         a       Gross income from gaming (attach Schedule G if greater than st5,000)       6c       0         f       Gross sincome from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events								tions <sup>•</sup>				
I       Contributions, gifts, grants, and similar amounts received .       I       71,053         Program service revenue including government fees and contracts       I       71,053         3       Membership dues and assessments .       I       I         4       Investment income       I       I         5       Gross amount from sale of assets other than inventory       Isa       0         6       Gaross amount from sale of assets other than inventory       Isa       0         6       Garos amount from sale of assets other than inventory       Isa       0         6       Garos income from gaming and fundraising events:       Isa       0         a       Gross income from gaming and fundraising events:       Isa       0       0         c       Less: direct expenses from gaming and fundraising events:       Isa       Isa       0         c       Less: cost of codes sold       Isa       Isa       0       0         c       Less: cost of codes sold       Isa       Isa       0       0         c       Less: cost of codes sold       Isa       Isa       0       0         c       Less: cost of codes sold       Isa       Isa       0       0         c       Gross income from g						•			•			
2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       0         4       Investment income       3       0         5a       Gross amount from sale of assets other than inventory       5a       5b       0         6       Gain of (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Garning and fundraising events:       a Gross income from garning (attach Schedule G if greater than \$15,000)       5c       0         6       Gross income from fundraising events (not including \$0 of contributions from fundraising events neported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         7b       0       7b       0       7c       0       0       5c.267         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71.055       10       5c.267         10       Grants and similar amounts paid (list in Schedule O)       11       0       5c.267       11         11       0       5c.267       11       0		1										
3       Membership dues and assessments       3       0         4       Investment income       4       2         5a       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       o       o       fc         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       .       6c       0       o         b       Gross income from fundraising events (not including \$       0       of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       0       o         c       Less: cost of goods sold       .       .       fcd       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       .       fcd       0         c       Gross sales of inventory, less returns and allowances       .       fcd       0         d       Net income or (loss) from sales of inventory (subtract line 7b from line 7a)       fc       0       0         d       Other revenue (describe in Schedule O)								-				
4       Investment income       4       2         5a       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       5b       0         c       Gaining and fundraising events:       a       5c       0         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0         b       Gross income from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)       0         c       Less: cost of goods sold       7a       0       6d       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         d       Dess: cost of goods sold       7c       0       7c       0         f       Grants and similar amounts paid (list in Schedule 0)       10       56,267       11       0       56,267         11       Benefits paid to or for members       11       0			-				• •					
5a       Gross amount from sale of assets other than inventory       5a       0         b       Less: cost or other basis and sales expenses       0       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Garming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       5c       0         b       Gross income from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions from fundraising events (not including \$       0       of contributions         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       0       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       7b       0         b       Less: cost of goods sold       7b       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule O)       10       56,267         11       Benefits paid to or for members       11       0       12       3alaries, other compensation, and employee benefits       12       0 <th></th> <th></th> <td></td> <td>•</td> <td></td> <td></td> <td>• •</td> <td>-</td> <td></td>				•			• •	-				
b       Less: cost or other basis and sales expenses       5b       0         c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       of contributions         b       Gross income from fundraising events (not including \$       0       of contributions       o         c       Less: clirect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         b       Less: cost of goods sold       7a       0       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         d       Other revenue (describe in Schedule 0)       7b       0       7c       0         generation       Grants and similar amounts paid (list in Schedule O)       10       56,267       10       6d       0         12       0       10       56,267       11       0       56,267       11       0       56,267         13       Porfessional fees and other payments to independent		_			· · · · · · · · ·	   <b>F</b> o			2			
c       Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events:       a       Gross income from gaming (attach Schedule G if greater than \$15,000)       0       o         b       Gross income from fundraising events (not including \$00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       0       0         c       Less: direct expenses from gaming and fundraising events       0       0       0         d       Net income or (loss) from gaming and fundraising events       0       0       0         d       Net income or (loss) from gaming and fundraising events       0       0       0         d       Rorss sales of inventory, less returns and allowances       7a       0       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         d       Other revenue (describe in Schedule 0)       10       56,267         10       Grants and similar amounts paid (list in Schedule 0)       10       56,267         11       0       12       0       14       0         12       0       13       0       0       56,477       11       0     <					•							
6       Gaming and fundraising events:         a       Gross income from gaming (attach Schedule G if greater than \$15,000).         b       Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross scot of goods sold       7a       0       6d       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         9       Total revenue (describe in Schedule 0)       8       0       10       56,267         10       Grants and similar amounts paid (list in Schedule 0)       10       56,267       11       0         12       Salaries, other compensation, and employee benefits       13       0       14       0         13       O       Other expenses (describe in Schedule 0)       15       498       498       498       498       498       498       498       498       498       498       498       498       498       498									0			
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Bit       \$15,000)       6a       0         Bit       Gross income from fundraising events (not including \$       0       of constributions         from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       7c         0       Less: cost of goods sold       7b       0       7c         0       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule O)       10       56,267         11       00       56,267       11       0         12       Salaries, other compensation, and employee benefits       11       00         12       Salaries, other compensation, and employee benefits       13       0         13       0       14       0       15       498         14       0       56       56       14       0       15       498     <		_										
sum of such gross income and contributions exceeds \$15,000)	ne	-			0	6a	0					
sum of such gross income and contributions exceeds \$15,000)	en	b	Gross inco	me from fundraising events (not incl	udina \$		-					
sum of such gross income and contributions exceeds \$15,000)	se (			<b>2</b> (								
c       Less: direct expenses from gaming and fundraising events       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         b       Less: cost of goods sold       7a       0       7b       0       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0       0         9       Total revenue. (describe in Schedule 0)        7a       0       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8        9       71,055       10       Grants and similar amounts paid (list in Schedule 0)       10       56,267         11       Benefits paid to or for members        11       0       12       0         12       Salaries, other compensation, and employee benefits        13       0       0         13       O       Cccupancy, rent, utilities, and maintenance        14       0       15       498         16       Other expenses (describe in Schedule 0)       .see Schedule 0, Statement 1       16       4,984 <th></th> <th></th> <td></td> <td></td> <td></td> <td>6b</td> <td>0</td> <td></td> <td></td>						6b	0					
d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       6d       0         b       Less: cost of goods sold       7b       0       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         9       Total revenue (describe in Schedule 0)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule 0)       10       56,267         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       498       16       4,984       17       17       61,749         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306       9,306         19       Statement 1       19		с	Less: direc	t expenses from gaming and fundrai	sina events	6c	0					
line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       7c       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule 0)       10       56,267         11       Benefits paid to or for members       12       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       498         16       Other expenses (describe in Schedule 0)       See Schedule 0, Statement 1       16       4,984         17       Total expenses. Add lines 10 through 16       17       61,749       63,036         18       Excess or (deficit) for the year (subtract line 17 from line 9) <th></th> <th></th> <td></td> <td></td> <td>•</td> <td>Sa and 6b and su</td> <td>btract</td> <td></td> <td></td>					•	Sa and 6b and su	btract					
7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule O)       10       56,267         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       15       498         16       Other expenses (describe in Schedule O)       15       498         16       Other expenses, Add lines 10 through 16       17       61,749         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306         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)       19       34,368 <tr< th=""><th></th><th></th><td></td><td></td><td></td><td></td><td> [</td><td>6d</td><td>0</td></tr<>							[	6d	0			
b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule 0)       10       56,267         11       Benefits paid to or for members       10       56,267         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       12       0         14       Occupancy, rent, utilities, and maintenance       15       498         16       Other expenses (describe in Schedule 0)       See Schedule 0, Statement 1       16       4,984         15       Printing, publications, postage, and shipping       15       498       16       4,984         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306         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)       19       34,368         20       Other changes in n		7a	Gross sale	s of inventory. less returns and allow	ances	7a	0					
c       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       9         10       Grants and similar amounts paid (list in Schedule O)       10       56,267         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       498         16       Other expenses (describe in Schedule O)       See Schedule O, Statement 1       16       4,984         17       Total expenses. Add lines 10 through 16       17       61,749       64,749         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)       19       34,368         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       43,674 <th></th> <th>_</th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th>		_		-								
8       Other revenue (describe in Schedule O).       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       71,055         10       Grants and similar amounts paid (list in Schedule O)       10       56,267         11       Benefits paid to or for members       10       56,267         12       Salaries, other compensation, and employee benefits       11       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       498         16       Other expenses (describe in Schedule O)       See Schedule O, Statement 1       17       61,749         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306       18       9,306         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)       19       34,368         20       O       0       20       0       20       0         21       43,674       20       0       21       43,674 <th></th> <th></th> <th></th> <th>•</th> <th></th> <th>(a)</th> <th></th> <th>7c</th> <th>0</th>				•		(a)		7c	0			
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8971,05510Grants and similar amounts paid (list in Schedule O)1056,26711Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1549816Other expenses (describe in Schedule O).See Schedule O, Statement 11617Total expenses. Add lines 10 through 16.see Schedule O, Statement 11819Net 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)1934,36820Other changes in net assets or fund balances (explain in Schedule O)20021Wat assets or fund balances at end of year. Combine lines 18 through 202143,674												
10Grants and similar amounts paid (list in Schedule O)1056,26711Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1549816Other expenses (describe in Schedule O)See Schedule O, Statement 11617Total expenses. Add lines 10 through 16See Schedule O, Statement 11718Excess or (deficit) for the year (subtract line 17 from line 9)189,30619Net 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)1934,36820Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 202143,674			Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c.	and 8		. 🕨	9	71.055			
11Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping1549816Other expenses (describe in Schedule O)See Schedule O, Statement 11617Total expenses. Add lines 10 through 16See Schedule O, Statement 11718Excess or (deficit) for the year (subtract line 17 from line 9)189,30619Net 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)1934,36820Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 202143,674		-						10				
9912Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)See Schedule O, Statement 11617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)189,30619Net 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)1934,36820Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 202143,674												
Vertical Section13Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping151416Other expenses (describe in Schedule O)See Schedule O, Statement 11517Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)189,30619Net 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)1934,36820Other changes in net assets or fund balances (explain in Schedule O)200021Net assets or fund balances at end of year. Combine lines 18 through 202143,674	ŝ											
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       4,984         17       Total expenses. Add lines 10 through 16       17       61,749         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306         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)       19       34,368         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       43,674	ISe						-					
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       4,984         17       Total expenses. Add lines 10 through 16       17       61,749         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       9,306         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)       19       34,368         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       43,674	ber						-					
16       Other expenses (describe in Schedule O)       .See Schedule O, Statement 1       16       4,984         17       Total expenses. Add lines 10 through 16	Щ						H					
17Total expenses. Add lines 10 through 161761,74918Excess or (deficit) for the year (subtract line 17 from line 9)189,30619Net 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)189,30620Other changes in net assets or fund balances (explain in Schedule O)2020021Net assets or fund balances at end of year. Combine lines 18 through 202143,674							-					
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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)       19       34,368         20       Other changes in net assets or fund balances (explain in Schedule O)       20       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       19       34,368									· · · · · · · · · · · · · · · · · · ·			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets			· · · ·					7,300			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SS					–		19	21 240			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	∋t ¢	20	-		,							
	ž											
	For											

Form	990-EZ (2021)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	34,368	22	43,674
23	Land and buildings		[		23	0
24	Other assets (describe in Schedule O)		[	0	24	0
25	Total assets			34,368	25	43,674
26	Total liabilities (describe in Schedule O)		[		26	0
27	Net assets or fund balances (line 27 of column			34,368	27	43,674
Par		., .	,			
	Check if the organization used Schedule					Expenses
Wha	-	Youth tennis, health		· · · · ·		equired for section
						1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the				ganizations; optional for ners.)
28	"Racquets for Reading!!!" - See Schedule O.					
	(Grants \$ 55,567) If this amount	includes foreign gra	nts, check here .	► 🗌	28	a 55,600
29	"QuickSTARS" - See Schedule O.		-,		-	
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		29	a 1,210
30	"JumpStart QuickStart" - See Schedule O.	includes foreight gra	into, oneok here .	· · · • 🗆	23	a 1,210
50	JumpStart QuickStart - See Schedule O.					
	(Create ¢	includes foreign are	nto chool horo	·····	20	
~	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			30	a 0
31	Other program services (describe in Schedule O)				~	-
20	(Grants \$ 700) If this amount				31	
1	Total program service expenses (add lines 28a t				32	
Par					nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	iy question in this i		•	· · · · · <u> </u>
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	· [`	e) Estimated amount of other compensation
Alina	a Ackenbom	3.00	0		0	0
	ident & Director					
	la Harrill	35.00	0		0	0
	President & Director		, v		Ĭ	· ·
	para Bozsik	3.00	0		0	0
	etary & Director	5.00			<b>°</b>	v
	Harrill	15.00	0		0	0
		15.00	U		•	0
	surer & Director	1.00				
	dette Crummie	1.00	0		0	0
Dire					_	
	ert Gibb	1.00	0		0	0
Dire						
Geis	ha Goodman	2.00	0		0	0
Dire	ctor					
Aud	rey Hirshberg	1.00	0		0	0
Dire	ctor					
Jona	ithan Sarosiek	1.00	0		0	0
Dirre	ector	]				
		1				
		]				

Form 99	90-EZ (2021)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line         40c reimbursed by the organization         0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Roy Harrill - Treasurer       Telephone no. ▶ 4         Located at ▶ PO Box 422, Ivy, VA 22945       ZIP + 4 ▶         At any time during the calendar year, did the organization have an interest in or a signature or other authority over	34-24 229	945	·
D	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	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. Yes	► 🗌
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<ul> <li></li> </ul>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

Form 990-EZ (2021)	Form	990-EZ	(2021)
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Page 4

			Yes	No
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	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 lin	es
50 and 51.	

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
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	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, trust	tees, 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	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
<ul> <li>d Total number of other independent contractors each receiving</li> <li>52 Did the organization complete Schedule A? Note: All se</li> </ul>		nust attach a

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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 of which preparer has any knowledge.

Sign Here	Signature of officer Roy Harrill, Treasurer			Date	
	Type or print name and title				
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check it it self-employe	
Use Only	Firm's name			Firm's EIN ►	
	Firm's address ►			Phone no.	
May the IRS discuss this return with the preparer shown above? See instructions					

SCHEDULE A	
(Form 990 or 990-EZ	)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Department of the freasury
Internal Revenue Service
Internal nevenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

2021 **Open to Public** Inspection

#### Name of the organization

Name	ame of the organization Employer identification number					number	
-	KSTART TENNIS OF CENTRAL VIR					27-09	
Par	Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
1 2	rganization is not a private founda A church, convention of churc A school described in <b>section</b> A hospital or a cooperative ho A medical research organization hospital's name, city, and state	hes, or association <b>170(b)(1)(A)(ii).</b> (spital service orgono perated in co	on of churches descri (Attach Schedule E (F janization described in	bed in <b>se</b> orm 990) n <b>section</b>	ection 17( .) 170(b)(1	0(b)(1)(A)(i). )(A)(iii).	( <b>iii).</b> Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6 7	A federal, state, or local govern An organization that normally described in section 170(b)(1)	nment or governi receives a subs	tantial part of its sup				the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and un fter June 30, 197	nctions, subject to ce related business taxal 75. See <b>section 509(</b> a	rtain exce ole incom <b>a)(2).</b> (Cor	eptions; a le (less se nplete Pa	nd (2) no more than ection 511 tax) from art III.)	fees, and gross 331/3% of its businesses
11	An organization organized and	operated exclus	sively to test for public	c safety. S	See <b>secti</b>	on 509(a)(4).	
12	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.				on 509(a)(3). Check		
а	<b>Type I.</b> A supporting organ the supported organization supporting organization. <b>Y</b>	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	<b>Type II.</b> A supporting organization(s). <b>You must</b>	the supporting o	rganization vested in	the same			
С	<b>Type III functionally integ</b> its supported organization						ally integrated with,
d	Type III non-functionally inter- that is not functionally inter- requirement (see instruction	grated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an	
е	☐ Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of						
g	Provide the following information		orted organization(s).	1			
	(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							

(E) Total Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	1
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here	organization'	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			11. column (f))		14	%
15 16a	Public support percentage from 2020 Sch 33 <sup>1</sup> /3% support test-2021. If the organi	nedule A, Part ization did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 3	<b>15</b> 3 <sup>1</sup> /3% or more,	% check this
b	box and <b>stop here.</b> The organization qual <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2020.</b> If the organization this box and <b>stop here.</b> The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization .	eets the facts facts	-and-circumst umstances tee	ances test, ch st. The organiz	eck this box a	and stop here.	. Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he	<b>re.</b> Explain
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 2021

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	18,603	17,711	15,893	35,388	71,053	158,648
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18,603	17,711	15,893	35,388	71,053	158,648
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from						
Saati	line 6.)						158,648
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	18,603	17,711	15,893	35,388	71,053	158,648
10a	Gross income from interest, dividends,	10,000	,	10,070	00,000	, 1,000	100,010
	payments received on securities loans, rents, royalties, and income from similar sources .	4	2	2	2	2	12
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		2	2	2	2	12
с	Add lines 10a and 10b	4	2	2	2	2	12
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	18,607	17,713	15,895	35,390	71,055	158,660
14	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a sectior	n 501(c)(3)
Soot:	organization, check this box and stop he on C. Computation of Public Suppor						🕨 📋
<u>Secu</u> 15	Public support percentage for 2021 (line 8	•		3 column (f)		15	99.99 %
16	Public support percentage for 2021 (intel Public support percentage from 2020 Sch					16	99.99 %
	on D. Computation of Investment In					1.0	///////
17	Investment income percentage for 2021 (		-	y line 13, colu	mn (f))	17	0.01 %
18	Investment income percentage from 2020			•	.,,	18	0.01 %
19a	331/3% support tests-2021. If the organ						
_	17 is not more than $33^{1}/_{3}$ %, check this box	-	-	-		-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> - <b>2020.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	Private foundation. If the organization di	-	-	-			
						edule A (Form 990	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and а 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

3

2a

2b

3a

3b

Yes No

Yes No

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check have if the every is the every isation's first on a new function.			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	ed)	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	<b>VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е					
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021



SCHE	DUL	E (	)	
(Form	990	or	990-	EZ

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



Internal Revenue Service Name of the organization

Department of the Treasury

QUICKSTART TENNIS OF CENTRAL VIRGINIA INC

27-0913035

Form 990-EZ, Part I, Line 10 - Books and related reading materials grants given to kids (\$55567) and tennis equipment grant (\$700)

Form 990-EZ, Part III, Line (28-31) - .....Part III, Line 28: "Racquets for Reading!!!" - A literacy initiative that creates "home libraries" for kids, primarily disadvantaged/at-risk preschooler and kindergartners in public schools. As background, in 2020, the COVID-19 public-school shutdown in the organization's service area suspended personal interaction in teaching tennis skills to kids at schools. In response, the organization added childhood literacy to its programming methodology to leverage the FUN of kid-sized tennis to improve other aspects of childhood development. Under this initiative, the organization added book grants and giveaways, videos of college tennis players reading books, and other FUN items to encourage preschoolers and kindergartners to learn to read and love to read. Tennis is a lifetime sport. Reading is a lifetime skill. Even though COVID-19 precluded school visits again during the 2021-2022 school year, the organization was still able to help preschool and kindergarten teachers get books and tennis giveaways in the hands of preschoolers and kindergartners and remind them how much FUN they can have playing QuickStart Tennis at home. During the CURRENT tax year, the organization funded over 30,000 books that were delivered to the homes of over 3,900 kids. EXAMPLES of Racquets for Reading!!! activities accomplished during the tax year: (1) Made Scholastic Book Clubs "bargain book" grants (eight books each) to 54 schools with over 3,900 preschoolers and kindergartners in 23 school systems. (2) Arranged a 250-book giveaway from Book Baskets to provide books for the Fall Festival for Cumberland County Public Schools (3) Arranged a 250-book giveaway from Book Baskets to provide books for the new "Books on the Bus' initiative in Buckingham County (4) Arranged a 250-book giveaway from Book Baskets to provide books for a Dolly Parton's Imagination Library fundraising event in Greene County (5) Helped start a chapter of Dolly Parton's Imagination Library in Buckingham, Cumberland, Prince Edward and Rappahannock Counties, with 634 kids (ages 0-5) enrolled as of August 31, 2022. (6) Raised funds to start a Dolly Parton's Imagination Library (DPIL) chapter in Greene County and formed a local DPIL Advisory Committee to fundraise, market and administer the program. (7) Participated in the inaugural Back-to-School Blast for Madison County Schools to promote BrightSTARS-Tennis for Me!, Racquets for Reading!!! and Dolly Parton's Imagination Library. (Grants \$55,567) Expenses \$55,600. Part III, Line 29: "QuickSTARS" - A program to support competitive tennis players who started in the organization as QuickStart kids. During the tax year, the organization presented stipends to cover tournament entry fees for two players who compete at state, national and/or international junior-tennis levels. These stipends were funded by donations received in prior years. (Grants \$0) Expenses \$1,210. ..... Part III, Line 30: JumpStart QuickStart" - A program to promote, develop and grow the kid-sized tennis format. During the tax year, the organization's JumpStrart activities were limited due to COVID. It did, however, add a 28th county (Campbell) to its service area, and it conducted a training session for all PE teachers in Louisa County. No costs were incurred in these activities. Since its inception in 2009, the organization has trained over 2,000 people and has taken Tennis in PE to 251 schools with 117,000 students. (Grants \$0) Expenses \$0. Part III, Line 31: Other Program Expenses: Expenses mainly for Go Bananas and QuickStart PRO (Grants \$700) Expenses \$2,668.

#### Schedule O, Statement 1

#### Page: 1

QUICKSTART TENNIS OF CENTRAL VIRGINIA INC

EIN: 27-0913035

Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
Prizes and racquets and other giveaways to kids	1,573
Stipends	1,210
QuickStart Tennis promotion	274
Insurance	1,153
Computer and software expense	241
Meetings	227
Supplies and other expenses	306
Total:	4,984

Schedule O, Statement 2	QUICKSTART TENNIS OF	CENTRAL	/IRGINIA INC
Form: Form 990-EZ (2021)		EIN	l: <b>27-0913035</b>
Page: 2		Pa	art III, Line 31
Other Program Servic	e Accomplishments		
Description	Grants And	Includes	Program
	Allocations	Foreign	Service
		Grants	Expenses
Other Program Expenses - See Schedule O.	700		2,668
Total:			2,668

Schedule B (Form 990, 990-EZ
or 990-PF)
Department of the Treasur
Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2021

Employer identification number

#### Name of the organization

#### QUICKSTART TENNIS OF CENTRAL VIRGINIA INC

Filers of:	Section:				
Form 990 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Part I

Employer identification number 27-0913035

QUICKSTART TENNIS OF CENTRAL VIRGINIA INC

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
	The PATH Foundation 321 Walker Drive Suite 301 Warrenton, VA 20186	\$7,500	PersonImage: Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
	The Harvest Foundation of the Piedm PO Box 5183 Martinsville, VA 24115	\$5,000	PersonImage: Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)	

Employer identification number 27-0913035

QUICKSTART TENNIS OF CENTRAL VIRGINIA INC

Part II

Name of organization

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	

	Form 990, 990-EZ or 990-PF) (2021)			Pa	-	of Part III
Name of org	ganization			Employ	er identificat	tion number
QUICKSTA	RT TENNIS OF CENTRAL VIRGINIA INC				27-091303	35
Part III	<b>Exclusively religious, charitable, e</b> (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for t Use duplicate copies of Part III if ad	<b>r the year from any</b> ations completing Pa he year. (Enter this ir	one contributor. In III, enter the totan Information once. S	Complete columns I of <i>exclusively</i> relig	s <b>(a)</b> throug gious, char	h <b>(e) and</b>
(a) No	Ose duplicate copies of Part III II ad	uitional space is nee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description	n of how gif	t is held
	Transferee's name, address, a		fer of gift Relatior	ship of transferor t	o transferee	e
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description	n of how gif	t is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					8
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description	of how ait	ft is held
Part I	(2) ·				j	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
				•		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		it is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				e	
				Schedule B (Form s	990, 990-EZ oi	

** Electronically signed at the Form 990 Online Website (	efile.fc	orm990.org) **			
Form         8453-TE         Tax Exempt Entity Declaration and Signature		OMB No. 1545-0047			
for Electronic Filing					
For calendar year 2021, or tax year beginning 09/01/2021 and ending 08/31/2022	-	2021			
Department of the Treasury Internal Revenue Service       For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 803         ▶ Go to www.irs.gov/Form84537E for the latest information.	38-CP				
Name of filer	N or SSN				
QUICKSTART TENNIS OF CENTRAL VIRGINIA INC	2	7-0913035			
Part I Type of Return and Return Information					
Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, fro and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the b 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then en below. Do not complete more than one line in Part I. 1a Form 990 check here b D b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	oox on lin leave line nter -0- o	e <b>1a, 2a, 3a, 4a, 5a,</b> e <b>1b, 2b, 3b, 4b, 5b,</b> n the applicable line			
2a Form 990-EZ check here . ► 🗹 b Total revenue, if any (Form 990-EZ, line 9)	-				
<b>3a</b> Form 1120-POL check here ► <b>b</b> Total tax (Form 1120-POL, line 22)					
4a Form 990-PF check here . ► L b Tax based on investment income (Form 990-PF, Part VI, line 5)					
5a Form 8868 check here ► □ b Balance due (Form 8868, line 3c)					
6a Form 990-T check here . ► □ b Total tax (Form 990-T, Part III, line 4)					
7a         Form 4720 check here         ►         □         b         Total tax (Form 4720, Part III, line 1)         .					
8a Form 5227 check here ► _ b FMV of assets at end of tax year (Form 5227, Item D)					
9a Form 5330 check here ► 🗌 b Tax due (Form 5330, Part II, line 19)					
10a Form 8038-CP check here ► b Amount of credit payment requested (Form 8038-CP, Part III, line 2	22) <b>10</b> k	)			
Part II Declaration of Officer or Person Subject to Tax					

11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**b** If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that 🗹 I am an officer of the above named entity or 🗌 I am the person subject to tax with respect to (name of entity) , (EIN) ,

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign	Roy Harrill	December 03, 2022	Roy Harrill, Treasurer
Here	Signature of officer or person subject to tax	Date	Title, if applicable
Part III	Declaration of Electronic Return Origina	tor (ERO) and Paid P	reparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed).				EIN
Only	address, and ZIP code				Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed
	Firm's name >			Firm's EIN ►
Use Only	Firm's address ►	Phone no.		
				- · ·

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-TE (2021)