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SCANNED JAN 3 0 2012

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2010 cale	ndar year, or tax year begin	ning 01/01	, 2010, and	ending	12/3	31	, 20 10
В	Check if	applicable:	C Name of organization U Turr	n Sports Performance Ac	ademy A no 1			Employer	identification number
	Address	change	Doing Business As					5	4-1771281
	Name ch	алде	Number and street (or P.O. box I	f mail is not delivered to street a	uddress) Ro	om/suite	E	Telephone	number
	Initial retu	um .	2101 Maywill Street				L	80	14-358-2775
	Terminate	edi	City or town, state or country,	and ZIP + 4					
V	Amended	return	Richmond, VA 23230					Gross rece	epts \$ 1,228,731
	Application	on pending	F Name and address of princip	al officer: Robert L Dortch	ı Jr		H(a) Isthisa	group return for	affiliates? Yes 🗹 No
		• •						affiliates inclu	ided? Yes No
ī	Tax-exen	npt status:	✓ 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "No,	" attach a list	. (see instructions)
J	Website	e: 🕨 ww	w.u-turn.org				H(c) Group	exemption nu	umber ► /(S5_
K				ssociation Other	L Year o	f formation	on: 1996	M State of	legal domicile: VA
P	art I	Summ	ary						
	1	Briefly de	scribe the organization's r	nission or most signific	ant activities: T	o help i	maximize yo	ung people	e's lives by
_	E .	-	superior athletic training a						
Activities & Governance		· L	mentoring to them.						
E	•						***********		
Š	2	Check thi	is box ▶ ☐ if the organization	discontinued its operations or	disposed of more that	n 25% of	its net assets.		
Ğ			of voting members of the g					3	11
•ජ ග	I .		of independent voting men		•	∍1b) .		4	11
豐			nber of individuals employe					5	68
춫	ľ		ber of volunteers (estimat					6	25
₹			elated business revenue fro					7a	0
			ated business taxable inco					7b	0
		i i c di ii ci	ACC DOSITIONS REALDS THE	mo nom rom coo 1,1			Prior Year		Current Year
	8 (Contributi	ions and grants (Part VIII	7	83,074	645,830			
2		8 Contributions and grants (Part VIII, line 1h)						09,176	490,588
Revenue		——————————————————————————————————————							490,388
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						9,750	
			nue-add lines 8 through 1					56,129	92,313
			nd similar amounts paid (Pa			-/	1,0	58,129	1,228,731
			oaid to or for members (Pa			·		0	<u>0</u>
						" ├─		08,292	
Ses			other compensation, employ nal fundraising fees (Part I			" ├─		08,292	590,297
ē					ומו	: ├─			1,200
Expenses			fraising expenses (Part IX,			<u>'</u>			
_			enses (Part IX, column (A)			•		36,090	721,168
		•	enses. Add lines 13-17 (m			•		44,382	1,312,665
	19 F	Revenue I	ess expenses. Subtract lin	ie 18 from line 12	 	·		86,253	-83,934
nces nces	00 -	F.4.1	to (Doub V. Per d O)			Deg.	inning of Curre		End of Year
Sala			ets (Part X, line 16)			·		30,638	4,934,509
Net Assets or Fund Balances			lities (Part X, line 26)			.	 	82,336	68,931
			s or fund balances. Subtra	ict line 21 from line 20	· · · · · · · · · · · · · · · · · · ·	<u> </u>	4,9	48,302	4,865,578
	rt II		ure Block	· · · 					
Und	er penalti	es of perjury	y, declare that I have examined to the declaration of preparer (other	this return, including accompa	anying schedules and	statemer	nts, and to the	best of my k	nowledge and belief, it is
	, conect,	and comple	te. decial attori di prepare tottiga	Diant Grider) is based on all life			3 day kalowieu		
O:	_	74	ous (1. Loud	291.		·		1.18.3	2011
Sig	1	:	ture of officer	<i>'</i>			Date		
Her	e		ert L Dortch Jr, President						
		, ,	or print name and title	10	 	I form			Trent
Pai	d	Print/Type	e preparer's name	Preparer's signature		Date		Check 🗹	PTIN
	parer	Celia Bro	oadus CPA	(Leve) you	bisCPA	11-1			d P0099826
	Only	Firm's na	me > Accounting Strateg	gies to Solutions LLC			Firm's	EIN ► 2 0	8815793
		Firm's ad	dress ► 9403 Poppy Court,		, :		Phone	no.	804-350-4783
May	the IRS	discuss	this return with the prepar	er shown above? (see	instructions) .			<u> </u>	· Yes No
For F	Paperwo	rk Reduc	tion Act Notice, see the sep	arate instructions.	(Cat. No. 1	1282Y	√V	7 Form 990 (2010)

Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u></u>	Yes	No
•	complete Schedule A	1	~	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	~	~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement; including easements to preserve open space; the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		٧
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			,
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		٧
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f	'	V
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		٧
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
l4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14a 14b		7
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		V
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
0 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		V
Þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		V
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		y
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		· ·
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		٧
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		V
36	Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	V 000	/0010°
		Forn	1990	(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ĺ		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		` '	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 68	ı	,	[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	_	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	_ 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	i	~
ь	If "Yes," enter the name of the foreign country: ▶	40		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ĺ	•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	- 1	•
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 1	- 1	
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
_	· ·	7c		<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	1	,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$-\dagger$	V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- 1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	- 1		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		- [
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	- }		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1	l	
2a	——————————————————————————————————————	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	}	Ì	
	Enter the amount of reserves the organization is required to maintain by the states in which			'
	the organization is licensed to issue qualified health plans		J	
-	Enter the amount of reserves on hand	11-		
		14a 14h		<u> </u>

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	es in	SCN	eauie
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	. U
Sect	tion A. Governing Body and Management		17	1 51-
10	Enter the number of voting members of the governing body at the end of the tax year 1a 11		Yes	No
1a b		1		1,,,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	ļ	l
	any other officer, director, trustee, or key employee?	2	1	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Does the organization have members or stockholders?	6		~
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		١.
	of the governing body?	7a		V
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	 -	-
J	the year by the following:	٠,		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Dear the averagination have translaborators broughes or offiliator?	40-	Yes	No 🗸
10a	Does the organization have local chapters, branches, or affiliates?	10a		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b		
11a	the the organization provided a copy of the control of the getterming zon, determined and			
h	form?	11a	~	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		,
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12.0		<u> </u>
_	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		!
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	:	İ	
а	· · · · · · · · · · · · · · · · · · ·	15a	~	
b	,	15b		_
160	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ĺ		
16a		16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	104	-	-
-	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	- 1	ł	
		16b		
	on C. Disclosure			· - · · ·
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): for public inspection. Indicate how you make these available. Check all that apply.	s only) avai	iabie
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	inter	est pr	olicv.
	and financial statements available to the public.		P	-,,
20	State the name, physical address, and telephone number of the person who possesses the books and records of	of the		
	organization: ► U Turn Sports Performance Academy, (804)358-2775			
	2101 Maywill Street, Richmond, VA 23230			

-orm	990	(2010)	

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no		a org	anız			ompe	ensa				
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	,	Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
P Fritz Kling	1	!						0	0	0	
Chairman		~		~	乚		L		U	·	
D Chris Withers	1					1		0	o	0	
Vice Chairman	'	~		~	Ш		L.		U		
Thomas N Chewning	1					1		0	o	0	
Treasurer	<u> </u>	~		~	L			0	U		
Brenda Long								0	0	0	
Secretary	•	~		~				0			
Nancy Chewning] ,							0	0		
Director	· ·	~						U	O	0	
James C Anderson MD	1 1							0			
Director	<u>'</u>	~				L		U	0	0	
Doris Anderson	1 1							0	0	0	
Director	<u>'</u>	~						0	0		
Valerie Kling	1							o	o	0	
Director	'	~			Ш			U	<u> </u>		
Susan Withers	1	- 1	- 1	- 1				0	o	0	
Director	<u>'</u>	"						0	٥	0	
Daniel A Carroll	1	i				1		0	0	0	
Director		~							U	· · · · · · · · · · · · · · · · · · ·	
Robert L Fitch	1	İ		ļ				o	0	0	
Director	1	~						0			
Robert L Dortch Jr	40							85,000	o	4,151	
President	70			-	~	~		65,000		4,151	
			I			j					
			_								
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		}	ļ		J		ı		Ţ		
			_							<u>,</u>	
		- 1	- 1		ı						
<u></u>							_				
		ł	- }		j	- [					
									T .		

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)				_	(F)								
	Name and title	Average hours per	<del></del>	<del></del>	γ				Reportable compensation	Reportable compensation from	ո		timated ount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	related		ď	other	
		(describe hours for	100	Ĕ	ğ	3	loye	豆	the organization	organizations (W-2/1099-MISC)			oensation om the	
		related	호르	) Mai		햦	9 5		(W-2/1099-MISC)			orga	ınizatıo	กา
		organizations in Schedule	ist e	trus :		8	Pen				1		related	
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	<u> </u>				1		i				<u> </u>			
1b	Sub-total			•		•	. !	<b>&gt;</b>		<del>,,</del>	<u> </u>			
C	Total from continuation sheets to Part			•		•	. !	_			ļ			
<u>d</u>	Total (add lines 1b and 1c)				• •	•	!	<u> </u>	85,000	0	<u> </u>			4,151
2	Total number of individuals (including but		to the	ose	liste	ed a	bove	) wł	no received mo	ore than \$100,0	00 in			
	reportable compensation from the organiz	auon ► 0							<del></del>				V	- NO.
3	Did the organization list any former off	icar diract	tor or	- tm	icto	a 1	·0	mnl	loves or high	set component	a F		Yes	NO
3	employee on line 1a? If "Yes," complete S							ıııpı	oyee, or night	sat Compensati		3		,
4	For any individual listed on line 1a, is the							n or	nd other comp	encation from t	ha	-		<del>                                     </del>
7	organization and related organizations	areater tha	n \$1:	50 C	ากกา	) If	"Yes	" (	complete Sch	edule .I for su	ch	- 1		'
	individual	9.00.01 1110	α, φι			. "		, .	· · · · ·		"	4		1
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	ion 1	fron	n anv	บกท	elated organiza	ation or individu	ıal İ	-		<del>                                     </del>
J	for services rendered to the organization?										·	5		,
Section	n B. Independent Contractors	··								<del></del>				<u></u>
1	Complete this table for your five highest c	ompensate	d ind	epe	nde	nt c	contra	icto	rs that receive	d more than \$1	00,00	0 of		
-	compensation from the organization.	•		•						•	•			
	(A)						T		(B)			(C)		
	Name and business address	ess					_ ]		Description of se	rvices	Соп	pensa	ation	
2	Total number of independent contractor							tho	ose listed abo	ve) who				
	received more than \$100,000 in compensa	ation from t	ne org	gani	zatio	on 🖡	► օ							

га	LI AIII	Statement of Revenue					
`,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
93 9	1a	Federated campaigns 1a	0			<del></del>	<del> </del>
E 5	ь	Membership dues 1b		1		İ	
Contributions, gifts, grants and other similar amounts	C	Fundraising events 10		1		Į.	
\$ 5	ب ا			1			İ
9 6	d	<u> </u>		┪		١.	
<u>ي ۾ ي</u>	e	Government grants (contributions) 1e	0	4		1	İ
원 i	f	All other contributions, gifts, grants,	Ì		İ		<u> </u>
혈粪	1	and similar amounts not included above 11		1	1	[ '	
<b>a</b> 5	g	Noncash contributions included in lines 1a-1f: \$	0				
ပ္ပန	h	Total. Add lines 1a-1f		645,830		, ,	
	$\top$		Business Code				
Program Service Revenue	22	Atheletic training and amatuer sports le	a 713940	490,588	490,588	0	o
. ≥	Ь			430,300	430,388	<u>_</u>	<u> </u>
9	1			ļ			
Ž	C	700000000000000000000000000000000000000	·	<u> </u>			
လိ	d						
듩	e	*					
ğ	f	All other program service revenue.		0	0	0	0
Ē	g	Total. Add lines 2a-2f	▶	490,588			ě
	3	Investment income (including divid	dends, interest,				
	l	and other similar amounts)	<b>.</b>				
	4	Income from investment of tax-exempt t	nond proceeds				
	5	Royalties	•				<del></del>
	"	(i) Real	(ii) Personal				
		<u> </u>	(iiy i diddiniii				1
	6a	Gross Rents	<u> </u>				
	Ь	Less: rental expenses			•		
	C	Rental income or (loss)	0				
	d	Net rental income or (loss)	▶				1
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	i	assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	l		ļ				
	С	Gain or (loss)		į			
	d	Net gain or (loss)					
venue	8a	Gross income from fundraising events (not including \$ 0					
		of contributions reported on line 1c). See Part IV, line 18					
Other Re	•	Less: direct expenses b					
		Net income or (loss) from fundraising	events . >				
	ya	Gross income from gaming activities.	ļ	İ	•		
		See Part IV, line 19 a					
		Less: direct expenses b		_			
į	C	Net income or (loss) from gaming act	ivities 🕨	i	1		
	10a	Gross sales of inventory, less					·
		returns and allowances a		i		i	
	h	Less: cost of goods sold b				I	
	с	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code		<del></del>	72 5	
ļ		213 25		ł	]	į	
J	11a F	acility Use	713940	92,313	92,313	0	0
ì	b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	C						
I	d	All other revenue		0	0	0	0
ĺ	е	Total. Add lines 11a-11d	>	92,313		<del>-</del>	
ł	_	Total revenue. See instructions	· · · · · L	1,228,731	582,901	0	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.								
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 	0	89,151	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0				
7 8	Other salaries and wages	434,561	314,168	120,393	0				
_	and section 403(b) employer contributions)	6,415	2,882	3,533	0				
9	Other employee benefits	27,049	9,281	17,768	0				
10	Payroll taxes	33,121	23,915	9,206	0				
11	Fees for services (non-employees):	ا							
a	Management	20	0	0	0				
b	Legal	58,463	20 13,165	45,123	<u>0</u> 175				
c d	Lobbying	38,463	13,165	45,123	0				
e	Professional fundraising services. See Part IV, line 17	1,200			1,200				
f	Investment management fees	0	0	0	0				
g	Other	41,070	27,070	14,000	0				
12	Advertising and promotion	11,132	7,615	1,610	1,907				
13	Office expenses	3,138	3,057	0	81				
14	Information technology	6,133	2,507	1,033	2,593				
15	Royalties	0	0	0	0				
16	Occupancy	221,852	55,800	166,052	0				
17	Travel	0	0	0	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings .	2,807	0	2,807	0				
20	Interest	0	0	0	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	172,401	60,398	112,003	0				
23	Insurance	23,511	0	23,511	0				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)								
а	II Town Vantures	95,188	0	95,188	0				
b	Program Expenses	75,525	75,256	269	0				
c	Facility Use Expenses	7,593	250	7,343	0				
d	Fundraising Misc Expense	2,335	0	0	2,335				
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	1,312,665	595,384	708,990	8,291				
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form <b>990</b> (2010)				

F	art X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	59,737	1	212,605
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	159,087	3	73,087
	4	Accounts receivable, net	36,099	4	30,310
.93	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0		0
As	8	Inventories for sale or use	0	<u> </u>	0
	9	Prepaid expenses and deferred charges	1,176		993
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,502,777			
	ь	Less: accumulated depreciation 10b 885,263	4,774,539	10c	4,617,514
	11	Investments—publicly traded securities	4,774,000	11	4,017,014
	12	Investments—other securities. See Part IV, line 11	0		
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,030,638	16	4,934,509
	17	Accounts payable and accrued expenses	36,962		54,378
	18	Grants payable		18	0
	19	Deferred revenue	3,175	19	4,100
	20	Tax-exempt bond liabilities	0		0
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	42,199	25	10,453
	26	Total liabilities. Add lines 17 through 25	82,336	26	68,931
ses		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	4,789,215	27	4,792,491
Bal	28	Temporarily restricted net assets	159,087	28	73,087
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
2		complete lines 30 through 34.		1	
ţ2 (	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥		Retained earnings, endowment, accumulated income, or other funds .		32	
ब्र		Total net assets or fund balances	4,948,302	33	4,865,578
_	34_	Total liabilities and net assets/fund balances	5,030,638	34	4,934,509

Page	1	2

F	-om	990	(201	0)
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Par						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	•	. <u>v</u>		
4	Total revenue (must equal Part VIII, column (A), line 12)		1 22	28,731		
2	Total expenses (must equal Part IX, column (A), line 25)			2,665		
3				-83,934		
4	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		4,948,302			
5	The about of fund balances at beginning of Joan (mass square and mass)			1,210		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			1,2.0		
U	column (B))					
Part	XII Financial Statements and Reporting		-,	5,578		
	Check if Schedule O contains a response to any question in this Part XII			. 🗆		
			Yes	No		
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ľ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
b				1		
c	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		,		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
		Forn	990	(2010)		