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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

Open to Public Inspection

Dep	artment o	f the Treasury rue Service	► The organization may have to use a copy of this return to satisfy state repo	rting requi	rements.	Inspection						
A	A For the 2011 calendar year, or tax year beginning 01/01 , 2011, and ending 12/31 , 20 11											
В	_		C Name of organization U-Turn Sports Performance Academy		D Employer identification number							
	Address		Doing Business As			54-1771281						
$\overline{\Box}$	Name cl	•	Number and street (or P O. box if mail is not delivered to street address) Room/suite		E Telephor							
$\overline{\Box}$	Initial ref	· ·	2101 Maywill Street			804-358-2775						
$\overline{\Box}$	Termina		City or town, state or country, and ZIP + 4									
$\overline{\sqcap}$	Amende		Richmond, VA 23230		G Gross re	ceipts \$ 1,149,378						
$\overline{\sqcap}$		ion pending	F Name and address of principal officer: Robert L Dortch Jr	H(a) is this a		for affiliates? Ves Vo						
_			2101 Maywill Street, Richmond, VA 23230	1	l affiliates in							
	Tax-exe	mpt status:	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	1		list. (see instructions)						
J	Website	± ► ww	w.u-turn.org	H(c) Group	exemption	number >						
K	Form of	organization	✓ Corporation Trust Association Other ► L. Year of formation	1996	M State	of legal domicile: VA						
Р	art I	Summ	ary									
	1	Briefly de	scribe the organization's mission or most significant activities: To help r	naximize y	oung peo	pple's lives by						
•			superior athletic training and sound biblical guidance. To develop youth to b									
Ĕ	1	christian	mentoring to them.									
Ĕ	1					·~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
Š	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of	more thar	25% of	its net assets.						
Activities & Governance	3		of voting members of the governing body (Part VI, line 1a)		3	12						
8	4		of independent voting members of the governing body (Part VI, line 1b)		4	12						
ξ	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	61_						
Ą	6		nber of volunteers (estimate if necessary)		6	55						
	7a		elated business revenue from Part VIII, column (C), line 12		7a	0						
	b	Net unre	ated business taxable income from Form 990-T-line 34	Prior Ye	7b	Current Year						
<u> </u>		Cantribu	ione and small (Book) (III line 1b)	PROF TO								
בשו שב. שונים	8		consists revenue (Part VIII, line 1h)		645,830	507,189						
n n ⊈⊎ Revenue	10	_	service revenue (Part VIII, line 2g) 6 NOV 1 9 2012 6 nt income (Part VIII, column (A), lines 3 4 and 7d)		490,588	561,090						
. æ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,313	11,100 69,999						
	12		enue – add lines 8 through 11 (must equal Part VIII) Column (A) line 12)		,228,731	1,149,378						
<u>u</u>	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0	1,140,370						
	14		paid to or for members (Part IX, column (A), line 4)	 		0						
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		590,297	613,846						
	16a		anal fundraising fees (Part IX, column (A), line 11e)	-	1,200	7,962						
23 8	ь		draising expenses (Part IX, column (D), line 25) ▶ 9,341									
SCANNED Expenses	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		721,168	815,342						
Ø	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	,312,665	1,437,150						
	19	Revenue	less expenses. Subtract line 18 from line 12		-83,934	-287,772						
5			Beg	jinning of Cu	rrent Year	End of Year						
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	4	,934,509	4,624,954						
A A	21		ilities (Part X, line 26)		68,931	47,263						
		Net asse	ts or fund balances. Subtract line 21 from line 20	4	,865,578	4,577,691						
P	art II	Signat	ure Block	·	······	 						
Ur	der pena	ities of perju	ry, I declare that I have examined this return, including accompanying schedules and stateme the Declaration of properer (other than officer) is based on all information of which preparer ha	nts, and to t	he best of n	ny knowledge and belief, it is						
tru	e, correc	t, and comp	ete declaration of preparer found manufactor is based on all information of which preparer ha	is arry know	eoge,	t->						
٥.	_	1	Full Of. Doyles		נכוניי	11'2						
Sign Signature of officer / Date / /												
He	re		pert L Dortch Jr, President									
			or print name and title pe preparer's name Preparer's signature Date			PTIN						
Pa	iid		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lista	Check [√ I if I						
	epare	;		/- -								
Us	se On	y Firm's n			n's EIN ▶	20-8815793						
B.4-	v the II		ddress ► 9403 Poppy Court, Richmond, VA 23294 s this return with the preparer shown above? (see instructions)	Pho	ne no	804-350-4783 ☑ Yes ☐ No						
IVI	y ine ir	io diacus		· · · ·	<u> </u>	Fres No						

Form 99	1 990 (2011)	Page 2
Part		
	Check if Schedule O contains a response to any questi	on in this Part III
1		
	To help maximize young peoples lives by providing superior athlet	tic training and sound biblical guidance. To develop youth to be
	highly skilled athletes while offering christian mentoring to them.	
 _	Did the organization undertake any significant program service:	a during the year which were not listed on the
2	prior Form 990 or 990-EZ?	•
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant services?	changes in how it conducts, any program
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments	for each of its three largest program services, as measured by
		section 4947(a)(1) trusts are required to report the amount of
4a	• • • • • • • • • • • • • • • • • • • •	
	Training Highlights 1,422 students, ages 6-18 participated in basic, Basketball, Football, Soccer, Tennis, Volleyball, AAU boys and girl	
	U-Turn's sixth grade AAU basketball team reached elite status in 2	
	championships. Tennis: For six weeks, U-turn taught basic skills to Albert Hill, Lucille Brown and Miles Jones Elementary. The six wee	
	U-Turn for one hour, twice a week. The program was set-up to help	
	Games. Volleyball: U-Turn Sports Performance Academy Volleyba	
	Championships and finished the season ranked 32nd out of 25,000	teams. The 16's and 17's team competed in the AAU National
	Championships. 30 U-Turn players placed on All-District and/or Al	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	commitments to play collegiately. Outreach Activities 3,117 studer	
	includes programs sports leadership series, health fairs, stop and	
4b	diverse population of students that include home-school, special r b (Code:) (Expenses \$ including gran	
70	b (0000minuting grain	ω οι Ψ, / (πονοιίαο Ψ,
	c (Code:) (Expenses \$ including gran	ts of \$) (Revenue \$)
4d	d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$	0) (Revenue \$ 0)
4e		<u> </u>

770,849

Part	Checklist of Required Schedules			Page
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	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		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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			,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
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.	"		-
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	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		~
С	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		~
đ	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 f	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	V	~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
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		~
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		~
17	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		~
18	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		~
19	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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		>
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		~
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
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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		,
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		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
С	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		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
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		v
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		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		v v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		v
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	

Form 99				Page :
rait	Check if Schedule O contains a response to any question in this Part V			_
	oneon is occited the occitations 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 1a 14			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		i
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	ł	
	reportable gaming (gambling) winnings to prize winners?	1c	-	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 61			
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)			
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		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	↓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
.	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			İ
7	gifts were not tax deductible?	6b		├
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		,
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	'''		
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			Τ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	Ь
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:		ĺ	
a	Initiation fees and capital contributions included on Part VIII, line 12] 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		İ
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		l	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			 -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	'		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
a	Note. See the instructions for additional information the organization must report on Schedule O.		-	t
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1		1

 ${f c}$ Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins	truct	ions.
Secti	Check if Schedule O contains a response to any question in this Part VI	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>···</u>	<u></u>	<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
L	committee, explain in Schedule O.	dh sa			
р 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	-	2	v	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 95	0 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		~
6 7a	Did the organization have members or stockholders?	elect or appoint	6		-
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7a		~
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:		7b		
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		<u>, </u>
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		T-21
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		~
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv Did the organization regularly and consistently monitor and enforce compliance with the		12b		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		1
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	14		·
а	The organization's CEO, Executive Director, or top management official		15a	~]
b	Other officers or key employees of the organization		15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simi				
	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	o safeguard the			
	organization's exempt status with respect to such arrangements?		16b		L
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing document and financial statements available to the public during the tax year.	uments, conflict o	f inter	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the beorganization: ► U Turn Sports Performance Academy, (804)358-2775	ooks and records	of the	•	

Form		

Page 7

		0
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	and
	Independent Contractors	•

٠	Check if Schedule O contains a response to any question in this Part VII	Г	٦
_			_

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	r any relate	d org	aniz			ompe	ensa	ted any currer	t officer, directo	r, or trustee.
		1		•	C)					
(A)	(B)	Position (do not check more than one				a than	^^^	(D)	(E)	(F)
Name and Title	Average hours per week	box, unless person is both an officer and a director/trustee)					n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MiSC)	compensation from the organization and related organizations
Nancy Chewning										
Director	1	~				Ĺ		0	0	0
James C Anderson MD							П			
Director	1	~					<u>.</u>	0	0	0
Doris Anderson										
Director	1	~		L			L.,	0	0	0
Valerie Morrow Kling										
Director	1	~						1 0	O _i	0
Susan Withers										
Director	1 1	~				l	ļ	o	0	0
Shunda T Giles				Γ						· · · · · · · · · · · · · · · · · · ·
Director	1	~		L				o	0	0
Julie Joyce										
Director	11	~	li					o	o	0
Jacqueline M McCreary							Г			
Director	1	~		i				o	0	0
P Fritz Kling Esq							П			
Chairman] 1			•			İ	0	0	0
D Chris Withers										
Vice Chairman] 1			~				0	0	0
Thomas N Chewning										·
Treasurer] 1			~				o	0	0
Brenda G Long										
Secretary	1			~				o	o	0
Robert L Dortch Jr							Γ			
President	40				~	~	l	85,000	o	17,596
							Γ	l		
]						1			

· (A) Name and title		(B) Average hours per	DON, GINGOO POIGOIT NO D					en	(D) Reportable compensation from	(E) Reportable compensation fi	rom	(F) Estimated amount of other		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	pensation the inization related nization	n t
•														
													·	
								-						
						\vdash					+			
											+			
						_								
				-	-	-		_						
	······································		<u> </u>	_				_						
		-				_								
					<u> </u>									
1b c	Sub-total	-					•	>	85,000		0			17,596
2 2	Total (add lines 1b and 1c)		to th					<u>►</u>	no received m	<u> </u>	0 0,000 c	of	1	17,596
						•							Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	Schedule J	for si	uch	indi	ivid	Jal			. <i></i> .		3		,
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000)? h	f "Ye	s, "	complete Sch	edule J for	such	4		ر ا
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsat	tion	fro	n any	/ un	related organiz	ation or indiv	/idual	5		,
Section	n B. Independent Contractors											1 -		.l
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) ompen		
								 						

Part	VIII	Statement of Reve	nue					
	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1a	Federated campaigns	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .		0				
و ق	С	Fundraising events .		0		į		
# 1	d	Related organizations		0				
G ∰	е	Government grants (con		0	İ			
8 2	f	All other contributions, g			}	!		
夏夏	,	and similar amounts not inc		507,189				
貴る	g	Noncash contributions include	سننسا	0				
٦	h	Total. Add lines 1a-1			507,189			
		TOTAL ACCUMES TO 1	<u>' · · · · · · · · · · · · · · · · · · ·</u>	Business Code	307,189			
Program Service Revenue	22.1	Fraining-Camps-League	ond Tournamen	L	501 000	EC4 000		•
ا ق	b	raming-camps-League	S and Tournamen	711219	561,090	561,090	0	0
8	C							
Ž	d							
رة ا ا	_	***************************************						
퉏	8	All other program con						
<u> </u>	'	All other program ser			0	0	0	0
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			561,090			
	3	and other similar amo						
	4	Income from investmen	•					
- 1	5		•	'		·····		
	J	Royalties	(i) Real	(ii) Personal		 		
	6a	Gross rents		(.,, , 0.00				
	_	Less: rental expenses						
	b	Rental income or (loss)	0					
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of	(IOSS)	(ii) Other				
	10	assets other than inventory	0	<u> </u>				
	ь	Less: cost or other basis		11,100	1			
		and sales expenses .	o	اه				
	С	Gain or (loss)	0		ĺ			
	d				11,100	11,100	0	0
	-	rect gain or (1000) .			11,700	11,100		
9	8a	Gross income from fu	undraising		Ţ			
/enue		events (not including \$	0					
		of contributions reporte						
Ë		See Part IV, line 18 .				·		
Other Re	b	Less: direct expenses						
0		Net income or (loss) f		events . >				
	,	Gross income from ga						
		See Part IV, line 19 .						
	b	Less: direct expenses						
	C	Net income or (loss) f		vities ►	-			
	10a	Gross sales of in						
		returns and allowance	es a					
	ь	Less: cost of goods s	old b					
	С	Net income or (loss) f		entory >	1			
		Miscellaneous R	levenue	Business Code				
	11a (Operations		713940	69,999	69,999	0	0
	b							
	С							
Ì	d	All other revenue .			0	0	0	0
1	е	Total. Add lines 11a-		>	69,999			
	12	Total revenue. See in	nstructions	<u>.</u> ▶	1,149,378	642,189	0	0
								Form 990 (2011)

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).

	Chack if Schodule Countains a recons		- Abia Dart IV		
0	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<u></u>		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	o	o		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	0 150,716	0	150,716	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	Other salaries and wages	386,600	302,564	84,036	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,165	2,223	3,942	0
9	Other employee benefits	33,708	4,269	29,439	0
10	Payroli taxes	36,657	19,228	17,429	0
11	Fees for services (non-employees):				
а	Management	o	ol	o	0
ь	Legal	723	0	723	0
c	Accounting	52,912	1,180	51,573	159
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	7,962	· · · · · · · · · · · · · · · · · · ·		7,962
f	Investment management fees	0	0	0	0
g	Other	107,445	6,328	101,117	0
12	Advertising and promotion	6,196	20	5.976	200
13	Office expenses	12,600	182	11,398	1,020
14	Information technology	6,701	3,140	3,561	0
15	Royalties	0,701	3,140	0	<u>0</u>
16	Occupancy	136,403	70,464	65,939	0
17	Travel	130,403	70,404	03,339	0
18	Payments of travel or entertainment expenses		- 0		<u>u</u> .
.0	for any federal, state, or local public officials	o		o	0
19	Conferences, conventions, and meetings .	0	0	0	<u>0</u>
20			····		
21	Payments to affiliates	0	0	0	<u>0</u>
22	Depreciation, depletion, and amortization .	188,745	90,130	98.615	0
23	Insurance	34,348	2,957	31,391	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	34,340	2,337	31,391	<u></u>
а	Program Expenses	268,164	268,164	0	0
b	Taxes	286	0	286	0
c	U-Turn Ventures	819	0	819	0
d					<u>_</u>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,437,150	770,849	656,960	9,341
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	,,,,,,,,	,	335,530	
					Form 990 (2011)

Balance Sheet

Part X (A) (B) Beginning of year End of year 212,605 1 102,535 Savings and temporary cash investments 2 2 ol 0 3 3 73,087 63,087 4 30,310 4 2,816 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 0 0 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 0 0 7 0 8 8 ol 0 9 Prepaid expenses and deferred charges . . . 993 4,774 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,583,321 b Less: accumulated depreciation 10b 1,131,579 4,617,514 **10**C 4,451,742 11 Investments-publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 16 4,934,509 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,624,954 17 Accounts payable and accrued expenses 54,378 17 22,401 18 18 0 0 19 19 4,100 0 20 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L......... 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 ol 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 24,862 10,453 25 26 Total liabilities. Add lines 17 through 25 . . 68,931 47,263 Organizations that follow SFAS 117, check here ▶ ☑ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 4,792,491 4,537,691 28 28 73.087 40,000 29 29 0 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 4,865,578 4,577,691 4,624,954 4,934,509 34 Form **990** (2011)

Form 9	90 (2011)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · ·	<u></u>	:	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.14	9,378
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,150
3	Revenue less expenses. Subtract line 2 from line 1	3		-	7,772
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,578
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-115
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		4,57	7,691
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
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," ex	olain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
b	Were the organization's financial statements audited by an independent accountant?		2b		V
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both:	ar were			
3a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set 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

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

١

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB №. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **U-Turn Sports Performance Academy** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the in col (i) listed in your the organization in organization in col. organization (described on lines 1-9 support governing document? col (i) of your (i) organized in the above or IRC section. U.S.? support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Schedul	le A (Form 990 or 990-EZ) 2011							ge 2
Part								
_	(Complete only if you checked th						alify under	r
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)		
	on A. Public Support	 	,					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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)			•	-			
	Public support. Subtract line 5 from line 4.		 		<u> </u>	ļ	 	—
6 Secti	on B. Total Support		J	l	<u> </u>	<u> </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	(-/	1,2,200	(0,000	(4/2010	(4) 25.1.	1. (1)	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	•	•			12		_
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a secti	on 501(c)(3)	
	organization, check this box and stop he		· · · · · ·	· · · · ·	· · · · ·	<u> </u>	<u> </u>	
	on C. Computation of Public Suppor					1		
14	Public support percentage for 2011 (line 6					14		<u>%</u>
15 16a	Public support percentage from 2010 Sch 3312% support test—2011. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33	15 3% or more, o		<u>%</u>
b	331/a% support test—2010. If the organ check this box and stop here. The organi	nization did no	ot check a box	c on line 13 oi		ອ 15 is 33¹/ລ% 	or more,	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here.	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization ments appointed organization in the companization in the companization is appointed organization in the companization is a supported organization in the companization in the companization in the companiz	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check to he organization	his box and s	top here.	П
40	Private foundation If the organization di					k this hov and	1 500	_

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

(Complete only if you checked the box on line 9 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.)

	if the organization rails to quality	under the tes	sis listed belo	w, please co	inplete Part II	i.)	
	on A. Public Support						<u> </u>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	1	İ				
_	received. (Do not include any "unusual grants.")	3,536,423	2,223,284	783,074	645,830	507,189	7,695,800
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	410,453	440,769	565,305	582,901	631,090	2,630,518
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513	o	o	اه	اه	0	o
4	Tax revenues levied for the			<u>_</u>			<u> </u>
4	organization's benefit and either paid						1
	to or expended on its behalf	_	_	_1		_	
_	· \	0	0	0	0	0	0
5	The value of services or facilities			į	1		
	furnished by a governmental unit to the			i	Į.		
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	3,946,876	2,664,053	1,348,379	1,228,731	1,138,279	10,326,318
7a	Amounts included on lines 1, 2, and 3						}
	received from disqualified persons .	2,437,739	543,269	201,384	5,000	73,589	3,260,981
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1	İ		
	or 1% of the amount on line 13 for the year	o	o	o	o	341,000	341,000
c	Add lines 7a and 7b	2,437,739	543,269	201,384	5,000	414,589	
8	Public support (Subtract line 7c from	2,107,700	0.0,200	201,001			0,00.,100.
•	line 6.)	İ			}		6,724,337
Sacti	on B. Total Support				.		0,724,007
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,946,876	2,664,053	1,348,379	1,228,731	1,138,279	
10a	Gross income from interest, dividends.	3,540,070	2,004,033	1,340,373	1,220,731	1,130,273	10,320,316
IVa	payments received on securities loans, rents,				+		
	royalties and income from similar sources .						
	•	0	0	0	0		0
b	•	İ					
	section 511 taxes) from businesses			_	_ [_	
	acquired after June 30, 1975	0	0	0	0	0	
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		i				
	activities not included in line 10b, whether						
	or not the business is regularly carned on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets				ļ		
	(Explain in Part IV.)	5,436	3,826	0	0	0	9,262
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,952,312	2,667,879	1,348,379	1,228,731	1,138,279	10,335,580
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	, or fifth tax ye	ar as a section	on 501(c)(3)
	organization, check this box and stop he	re					🕨 🔲
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2011 (line t	3, column (f) di	vided by line 1	3, column (f))		15	65.06 %
16	Public support percentage from 2010 Sci					16	62.82 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2010		• •	-		18	0 %
19a	331/3% support tests—2011. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/s% support tests—2010. If the organiz		-				
U	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

Schedule A (Form 990 or 990-EZ) 2011					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	<u></u>			
General Ex	xplanation - The organization did not recognize other income for reporting year 2011				
		•			
••••					

		•			
_+					
					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year	or Accounts. Complete if the (b) Funds and other accounts
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year	
(a) Donor advised funds 1 Total number at end of year	(b) Funds and other accounts
2 Aggregate contributions to (during year) .	
3 Aggregate grants from (during year)	· · · · · · · · · · · · · · · · · · ·
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
funds are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
conferring impermissible private benefit?	· · · · ·
Part II Conservation Easements. Complete if the organization answered "Yes" to I	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an	historically important land area
☐ Protection of natural habitat ☐ Preservation of a	certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	. 2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on	а
historic structure listed in the National Register	· 2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspec	
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during the year
Amount of amount in a sould be a sould as it as a state of a few state of a s	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme \$	ents during the year
· · · · · · · · · · · · · · · · · · ·	tion 470/h)///D)
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of se (i) and section 170(h)(4)(B)(ii)?	
	· · · · · · L Yes L No
9 In Part XIV, describe how the organization reports conservation easements in its revenue an	•
balance sheet, and include, if applicable, the text of the footnote to the organization's finance organization's accounting for conservation easements.	dai statements that describes the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	har Cimilar Assets
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ner Similar Assets.
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	onus statement and balance about
works of art, historical treasures, or other similar assets held for public exhibition, education	
public service, provide, in Part XIV, the text of the footnote to its financial statements that de	•
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
works of art, historical treasures, or other similar assets held for public exhibition, educations	
public service, provide the following amounts relating to these items:	ation, or research in future alice of
(i) Revenues included in Form 990, Part VIII, line 1	▶ ¢
IIII Acces included in Form QUI Part X	🚩 🛡
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	sets for financial gain, provide the s:

Schedule	D	(Form	990)	2011	

Pana	2
_ CENTO	-

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Otl	her Similar A	ssets (co	ontini	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follow	ving that are a	significan	t use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progr	ams			
b	☐ Scholarly research		е	Other	r	_				
C	Preservation for future generations									
4	Provide a description of the organizat XIV.	ion's collections	and expla	ain how t	hey further	the org	anization's exe	mpt purp	ose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	e donation	ns of art, part of the	historical tr e organizati	easures	s, or other sim llection?	ilar . 🗆 🗸	ae [] No
Part										
	line 9, or reported an amount				,ameanom	u, 101101	ca 100 to 1	0	, , w	,
1a	Is the organization an agent, trustee,	custodian or ot	her intern	nediary fo	or contribut	ions or	other assets	not		
•	included on Form 990, Part X?								es l] No
ь	If "Yes," explain the arrangement in Pa							ш.		,
-						F	1	Amount		
С	Beginning balance					1c	 	· 		
d	Additions during the year					1d				
6	Distributions during the year					10				
f	Ending balance					11				
2a	Did the organization include an amour							. Y	98 F	1 No
	If "Yes," explain the arrangement in Pa		w : 7, m	,					63 L.	,
	V Endowment Funds. Complete		zation ar	swered	"Yes" to F	orm 90	0 Part IV lin	e 10		
·	Endowner and Comple	(a) Current year		or year			(d) Three years ba		r vears	back
1a	Beginning of year balance	.,,,	 		(4)	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,1,1,1,1		
b	Contributions		 							
C	Net investment earnings, gains, and	·	-∤							
•	losses		1		•	ł				
d	Grants or scholarships		 		 			+		
<u>.</u>	Other expenditures for facilities and	····			 			+		
•	programs					i		1		
f	Administrative expenses	······································	+		 					
-	End of year balance		 							
9 2	Provide the estimated percentage of the	he current year e	nd balanc	o (line 1e	L column (a)) bold s		<u> </u>		
	Board designated or quasi-endowmer			æ (illiæ ig	, column (a)) Helu a	13.			
a	Permanent endowment	04	70							
b	Temporarily restricted endowment	⁷⁶								
C	The percentages in lines 2a, 2b, and 2	~~~~~~~~~	000/							
20	Are there endowment funds not in the			zation the	at are held	and adi	ministered for	ho		
3a	organization by:	; possession or i	ine organi	Zauon un	at are rield	هان هنا	ininstered for		Yes	No
	(f)							20/0	165	140
	770 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							. 3a(i)		—
ь	If "Yes" to 3a(ii), are the related organi		roquimed	 on Cabad	· · · ·			. <u>3a(ii)</u> . 3b		
4	Describe in Part XIV the intended uses							. 55	L	Ь
Part										
Part	Description of property	(a) Cost or o			or other basis	(0)	Accumulated	(d) Boo	ale arales	
	bescription of property	(investr			other)		preciation	(d) Box	ok valu	5
1a	Land		438,000		0				43	8,000
b	Buildings		2,359,486		0		327,707			1,779
C	Leasehold improvements		2,088,793		0		274,071			4,722
ď	Equipment		83,131		0		77,989			5,142
θ	Other		613,911		0		451,812			2,099
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9			n (B), line 10	Y(c).) .	▶			1,742

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	
,(1	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				······································
(I)	A)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ►	d Coo Form 000 Dort V	line 12	
	Investments — Program Related (a) Description of investment type		Y	
	(a) Description of Investment type	(b) Book value	(c) Method of value Cost or end-of-year market	
(1)				
(1)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)		*		· -
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(6	a) Description		(b) Book value
(1)				
(2)				
(3)	····	· · · · · · · · · · · · · · · · · · ·		
(4)	· · · · · · · · · · · · · · · · · · ·	****		····
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
<u>(7)</u>				
(8)				
(9)				·
(10)	ımn (b) must equal Form 990, Part X, c	ol (D) line 15)		
Part X	Other Liabilities. See Form 990,		· · · · · · · · · · · · •	
1.	(a) Description of liability	(b) Book value		····
	income taxes	(b) DOOK Value		
(2) Accrue		40.470		
	Deduction Liabilities	16,473		
(4) Agency		2,160		
(5)	Funds	6,229		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)	24,862		
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial statem	ents that reports the
organization	n's liability for uncertain tax positions u	nder FIN 48 (ASC 740).	<u> </u>	

	le D (Form 990) 2011					Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited	Financia	I Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities				5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV.)				8	······································
9	Total adjustments (net). Add lines 4 through 8				9	7-1
10	Excess or (deficit) for the year per audited financial statements. Combine	e lines 3	and 9 .		10	
Part					Retu	m
1	Total revenue, gains, and other support per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					······································
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b			7	
C	Recoveries of prior year grants				7	
d	Other (Describe in Part XIV.)		-		7	
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	_			┪	
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .			5	
Part						turn
1	Total expenses and losses per audited financial statements				1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
Ь	Prior year adjustments	2b			7	
b b		2b 2c			7	
_	Prior year adjustments	2c				
C	Other losses	2c 2d			2e	
c d	Other losses	2c 2d			2e 3	
c d e	Other losses	2c 2d			<u> </u>	
c d e 3	Other losses	2c 2d			<u> </u>	
c d e 3 4	Other losses	2c 2d			<u> </u>	
c d e 3 4 a b	Other losses	2c 2d			<u> </u>	
c d e 3 4 a b	Other losses	2c 2d 4a 4b			3	
c d e 3 4 a b c	Other losses	2c 2d 4a 4b			3 4c	
c d e 3 4 a b c 5	Other losses	2c 2d 4a 4b			4c 5	lines 1h and 2h
c d e 3 4 a b c 5 Part	Other losses	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other losses	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	•
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	
c d e 3 4 a b c 5 Part Comp	Other (Describe in Part XIV.)	2c 2d 4a 4b	III, lines	a and 4;	4c 5	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

U-Turn Sports Performance Academy	54-1771281
Form 990, Part VI, Section A, Line 2 - Thomas Chewning married to Nancy Chewning, P Fitz Kling man Withers married to Susan Withers, James Anderson married to Doris Anderson.	ried to Valerie Morrow Kling, D Chris
Form 990, Part VI, Section B, Line 11b - Form 990 is presented to Board for review at meeting prior to	filing deadline.

Form 990, Part VI, Section B, Line 15 - In 2011, the Chairman of the Board evaluates the performance of	
and makes recommendations to the full board for compensation adjustments or changes under the at staffed by a current board member.	dvisement of human resource council
Form 990, Part VI, Section C, Line 19 - Upon request	
***************************************	***************************************
Form 990, Part XI, Line 5 - Prior period adjustment made to 2011 net assets for fiscal year 2010	

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