

Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: SOUTHERN KART CLUB INC. Number and street (or P O box, if mail is not delivered to street address): 1665 STEWART LANE. Room/suite: City or town, state or country, and ZIP + 4: MELBOURNE, FL 32935

D Employer identification number: 20-5852286. E Telephone number: (321) 318-1562. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify). I Website: N/A. J Tax-Exempt status: [ ] 501(c)(3) [X] 501(c)(7) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 80,515

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 80,515). Rows 10-17: Expenses (Total expenses: 76,385). Rows 18-21: Net Assets (Total net assets at end of year: 11,125).

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	6,995	<b>22</b> 11,125
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	6,995	<b>25</b> 11,125
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	6,995	<b>27</b> 11,125

**Part III Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

YOUTH GO-KART COMPETITION RACING

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> TO TEACH YOUNG PEOPLE TO APPLY PRINCIPLES OF GOOD SPORTSMANSHIP USING THE COMPETITIVE WORLD OF KART RACING (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> TO TEACH YOUNG PEOPLE TO APPLY PRINCIPLES OF GOOD SPORTSMANSHIP USING THE COMPETITIVE WORLD OF KART RACING (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

	Yes	No
<b>45</b>		No
<b>45a</b>		No
<b>46</b>		No

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*

**45a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**47** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**50(f)** Total number of other employees paid over \$100,000

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

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

**51(d)** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations must attach a completed Schedule A

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on preparer's knowledge.**

<b>Sign Here</b>	***** Signature of officer
	DAVID WILLIAMS PRESIDENT Type or print name and title
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="text"/> TWILA D MIDWOOD EA Date 2011-08-15
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> ADVANCED TAX CENTRE INC 3819 MURRELL RD STE E ROCKLEDGE, FL 32955

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
SOUTHERN KART CLUB INC

**Employer identification number**








20-5852286

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 911 AUTO REIMBURSEMENTS 543 TROPHIES, AWARDS, RACE EX 5,724 GATE & CORNER WORKERS 12,316 BANK CHARGES 28 PROMOTIONAL 637 SANCTION FEES 8,659 PIT PASSES 1,296 ACCOUNTING SERVICES 602 TRAVEL REIMBURSEMENTS 3,569 REFUNDS 205 TOTAL 34,490

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-5852286  
**Name:** SOUTHERN KART CLUB INC

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID WILLIAMS  1665 STEWART LANE MELBOURNE, FL 32935	PRESIDENT 000 00	0		
MARK SCOTT  8526 WHITE ROSE DR ORLANDO, FL 32818	SECRETARY 000 00	0		
LINDSAY WALKUP FOX  118 MYRTLE AVE MELROSE, FL 32666	TREASURER 000 00	0		
JEFF MOTT  1516 BREAMSTONE RIDGE TALLAHASSEE, FL 32312	DIRECTOR 000 00	0		
ALLEN REDMAN  131 AMBER LAKE DR BALL GROUND, GA 30107	DIRECTOR 000 00	0		
GEORGE SUNDERLAND  7872 GOLDEN PINE CIRCLE SEVERN, MD 21144	DIRECTOR 000 00	0		
NICK WEIL  7625 TREASURE ISLAND CT ORLANDO, FL 32835	VICE-PRESIDE 000 00	0		

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	3,675 3,675 LESS ACCUMULATED DEPRECIATION 3,675 3,675 TOTAL 0 0

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	TO TEACH YOUNG PEOPLE TO APPLY PRINCIPLES OF GOOD SPORTSMANSHIP USING THE COMPETITIVE WORLD OF KART RACING



## TY 2010 Compensation Explanation

**Name:** SOUTHERN KART CLUB INC

**EIN:** 20-5852286

Person Name	Explanation
DAVID WILLIAMS	
MARK SCOTT	
LINDSAY WALKUP FOX	
JEFF MOTT	
ALLEN REDMAN	
GEORGE SUNDERLAND	
NICK WEIL	