

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

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

C Name of organization: SOUTHERN KART CLUB INC. Address: 5709 JUDY KAY RD. City: GRANT, FL 32949

D Employer identification number: 20-5852286. E Telephone number: (321) 505-2272. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

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. Total: \$42,390

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 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,538	22 5,005
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	7,538	25 5,005
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,538	27 5,005

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? YOUTH GO-KART COMPETITION RACING	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 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"/>	28a	
29 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"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract 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 (2012) questions 33-45b regarding significant activities, changes, income, and organizational details.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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) nonexempt charitable trusts 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.

Sign Here ***** Signature of officer DAVID WILLIAMS TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature TWILA D MIDWOOD EA Firm's name ADVANCED TAX CENTRE INC Firm's address 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

2012

Open to Public Inspection

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

Employer identification number

20-5852286

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 86 SHIPPING COSTS 14 TROPHIES, AWARDS, RACE EX 6,958 GATE & CORNER WORKERS 9,210 BANK CHARGES 33 REGISTRATION 750 SANCTION FEES 3,967 SPONSORSHIPS 750 ACCOUNTING SERVICES 525 TRAVEL REIMBURSEMENTS 377 P O BOX RENTAL 119 FILING FEES 61 PROMOTIONAL ITEMS 353 TOTAL 23,203
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	3,675 3,675 LESS ACCUMULATED DEPRECIATION 3,675 3,675 TOTAL 0 0
ALL OTHER ACCOMPLISHMENT	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 2012 Compensation Explanation

Name: SOUTHERN KART CLUB INC

SOUTHERN KART CLUB INC







EIN: 20-5852286

Person Name	Explanation
DAVID WILLIAMS	
NICK WEIL	
DOMINIC GRECO	
MARK SCOTT	
JACKIE MYERS	
JAMIE WEBB	

Additional Data

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID WILLIAMS  TREASURER	000 00	0		
NICK WEIL  VICE-PRESIDE	000 00	0		
DOMINIC GRECO  PRESIDENT	000 00	0		
MARK SCOTT  DIRECTOR	000 00	0		
JACKIE MYERS  SECRETARY	000 00	0		
JAMIE WEBB  MR	000 00	0		