CHILDREN IN A	CTION SPORTS CLUB I	NC		26-2717334	
Name and title of officer					
ALLEN BENNER	Return and Return Inforn		KECUTIVE DIR.		
Check the box for the check the box on line leave line 1b , 2b , 3b ,	teturn for which you are using 1a, 2a, 3a, 4a, or 5a, below, a 4b, or 5b, whichever is applica low. Do not complete more that	this Form 8879-EO and en nd the amount on that line f ble, blank (do not enter -0-)	ter the applicable amoun	with this form was bl	ank, thến
2 a Form 990-EZ ch 3 a Form 1120-POL 4 a Form 990-PF ch	there ► b Total reve heck here ► X b Total check here ► b Total heck here ► b Tax b ck here ► b Balance D	revenue, if any (Form 990-E otal tax (Form 1120-POL, line ased on investment income	Z, line 9) e 22) (Form 990-PF, Part VI,	2 b	79,076.
	on and Signature Autho				
electronic return and ac I further declare that i intermediate service p the IRS (a) an acknow refund, and (c) the da funds withdrawal (dire organization's federal contact the U.S. Trea authorize the financia answer inquiries and	rjury, I declare that I am an of ccompanying schedules and state the amount in Part I above is t provider, transmitter, or electro vledgement of receipt or reaso ate of any refund. If applicable, ect debit) entry to the financial taxes owed on this return, and sury Financial Agent at 1-888- al institutions involved in the pr resolve issues related to the p nic return and, if applicable, th	ements and to the best of my k he amount shown on the co onic return originator (ERO) n for rejection of the transm I authorize the U.S. Treasu institution account indicated d the financial institution to o 353-4537 no later than 2 bus ocessing of the electronic pa ayment. I have selected a p	cnowledge and belief, they py of the organization's et to send the organization' ission, (b) the reason for ry and its designated Fin 1 in the tax preparation s debit the entry to this acc siness days prior to the p ayment of taxes to receive ersonal identification nur	are true, correct, and electronic return. I co s return to the IRS a any delay in proces ancial Agent to initia oftware for payment count. To revoke a p payment (settlement) ce confidential inform nber (PIN) as my sic	complete. onsent to allow my ind to receive from sing the return or ate an electronic of the ayment, I must date. I also nation necessary to
Officer's PIN: check o	•				
X authorize <u>SCE</u>	HELL & HOGAN LLP ERO firm	name	to enter my PIN	51783 Enter five numbers, but	as my signature
a state agency(ies the return's disclo	n's tax year 2012 electronically file s) regulating charities as part of soure consent screen. e organization, I will enter my PIN nis return that a copy of the ret ter my PIN on the return's disc	of the IRS Fed/State program l as my signature on the organ urn is being filed with a stat	n, I also authorize the af	prementioned ERO t	o enter my PIN on
Officer's signature			Date ►		
Part III Certificat	tion and Authentication				_
ERO's EFIN/PIN. Ente	er your six-digit electronic filing ed by your five-digit self-select	identification ed PIN			839196489 not enter all zeros
above. I confirm that	e numeric entry is my PIN, wh I am submitting this return in a Providers for Business Returns	accordance with the requirer	012 electronically filed re nents of Pub 4163, Mode	eturn for the organiza ernized e-File (MeF)	ation indicated Information for
ERO's signature ► J	. DON VANLANDINGHAM	, JR.	Date ►		
	ER(Do Not Subn	D Must Retain This Form — nit This Form To the IRS Un	See Instructions		
BAA For Paperwork	Reduction Act Notice, see ins	tructions.		F	orm 8879-EO
•					

IRS *e-file* Signature Authorization for an Exempt Organization

► Do not send to the IRS. Keep for your records.

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____

Form 8879-EO

Department of the Treasury Internal Revenue Service Name of exempt organization OMB No. 1545-1878

2012

Employer identification number

TEEA7401L 11/09/12

OMB No 1545-1150 Return of Organization Exempt From Income Tax Form 990-E7 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code 2012 (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 **Open to Public** 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. Department of the Treasury Internal Revenue Service Inspection For the 2012 calendar year, or tax year beginning , 2012, and ending Check if applicable: C В D Employer identification number Address change CHILDREN IN ACTION SPORTS CLUB INC 26-2717334 Name change 154 GRANVILLE NIX LANE E Telephone number Initial return BRUNSWICK, GA 31525 (912) 230-7760 Terminated Amended return Group Exemption Number.... Application pending Accrual Other (specify) X if the organization is not Accounting Method: X Cash G H Check ► Website: WWW.CIASPORTSCLUB.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 J Tax-exempt status (check only one) -X 501(c)(3) 501(c) () <(insert no.) 4947(a)(1) or Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are κ 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. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total L assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 81,481. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Х Contributions, gifts, grants, and similar amounts received 1 75,148. 1 2 Program service revenue including government fees and contracts..... 2 1,748 3 Membership dues and assessments..... 3 4 Investment income 4 **5a** Gross amount from sale of assets other than inventory..... 5 a **b** Less: cost or other basis and sales expenses..... 5 b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events REVENUE a Gross income from gaming (attach Schedule G if greater than \$15,000).... 6a **b** Gross income from fundraising events (not including \$ of contributions 14,862. from fundraising events reported on line 1) (attach Schedule G if the sum 4,585 of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6 c 405 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 2,180. 7 a Gross sales of inventory, less returns and allowances..... 7a 7 b **b** Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)..... 7 c Other revenue (describe in Schedule O)..... 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 79,076. Grants and similar amounts paid (list in Schedule O)..... 10 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits..... 12 31,683. EXPENSES 13 Professional fees and other payments to independent contractors..... 13 400 14 14 Occupancy, rent, utilities, and maintenance 8,029. 15 Printing, publications, postage, and shipping 15 1,501. 16 16 33,392. Total expenses. Add lines 10 through 16..... 17 17 75,005. 18 Excess or (deficit) for the year (Subtract line 17 from line 9)..... 18 4,071. N S E E T Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 8,751. Other changes in net assets or fund balances (explain in Schedule O)..... 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20..... 21 12,822

Short Form

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Form	990-EZ (2012) CHILDREN IN ACT	ION SPORTS CLUB IN	IC	26-2	271	7334 Page 2
Par	t II Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	estion in this Part II			X
) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	5,588.
23					23	5,500.
24	Land and buildings	SEE SCHEDULI	ΞΟ		24	7,234.
25	Total assets				25	12,822.
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of				27	<u> </u>
-				8,/51.	27	Expenses
Par	t III Statement of Program Service Ac Check if the organization used Sc	bedule O to respond to any of	IS IUL FAIL III.)	X (F	Rear	uired for section 501
What	s the organization's primary exempt purpose? SEE				c)(3)	and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of e manner, describe the service	its three largest program	n services, as	947(izations and section (a)(1) trusts; optional hers.)
bene 28						ners. <i>)</i>
20	TO ENCOURAGE CHRIST-LIKE THROUGH THE INFLUENCE OF			<u>01u</u>		
	INCOUGN INE INFLUENCE OF	AINLETICS AND COAC	<u></u>			
	(Grants \$) If th	is amount includes foreign g	ranta oback bara	⊾┏┨。	28 a	
29		is amount includes foreign g		······ · · · · · · · · · · · · · · · ·	oa	74,751.
29						
	(Grants \$) If th	is amount includes foreign g				
	(Grants \$) If th	is amount includes foreign g	rants, check here	2	29 a	
30						
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					
	(Grants \$) If th	is amount includes foreign g	rants, check here		81 a	
32	Total program service expenses (add lin	nes 28a through 31a)			32	74,751.
	t IV List of Officers, Directors,				ee the	
	Check if the organization used Sc	hedule O to respond to any o	question in this Part IV.			
	5			(d) Health benefits,		
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferr	ee	 (e) Estimated amount of other compensation
		position	(If not paid, enter -0-)	compensation	cu	other compensation
ALI	EN_BENNER					
	CUTIVE DIR.	40	31,683.		0.	0.
BRA	D KIRKLAND		,			
	IRMAN	0	0.		0.	0.
-	I MOTOS	•			••	•••
	ASURER	0	0.		0.	0.
	SHA PIERCE				••	0.
	ECTOR	0	0.		0.	0.
	'E MOORE	0	0.		0.	0.
		0	0		^	0
	ECTOR A MAXWELL	0	0.		0.	0.
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	N ARCHER	-	_			-
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	BROWNING					
DIF	ECTOR	0	0.		0.	0.
-			1	i	1	
						Form 990-EZ (2012)

Forn	990-EZ (2012) CHILDREN IN ACTION SPORTS CLUB INC	26-	2717334		Ρ	age 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V) Check if the organization used Schedule O to respond to any	equirements inSEE question in this P	SCHEDU	LE (. X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		г	22	Yes	No
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the			33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)		-	34		Х
	(such as those reported on lines 2, 6a, and 7a, among others)?			35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an			35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	ion 6033(e) notice	, 	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .			36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions.		0.			
	Did the organization file Form 1120-POL for this year?			37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?		38 a		Х
I	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A			
39	Section 501(c)(7) organizations. Enter:					
ä	Initiation fees and capital contributions included on line 9	39 a	N/A			
	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	e year under:				
	section 4911 ► 0.; section 4912 ► 0.; section 495	5 ►	0.			
I	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year that has	not been reported		40 b		v
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			40 D		Х
,	managers or disqualified persons during the year under sections 4912, 4955, and 4958	►	0.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.			
(All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		Х
41	List the states with which a copy of this return is filed ► GA		-			
42 a	The organization's books are in care of ► ALLEN_BENNER Located at ► 101_BRECKENRIDGE_DRIVE_BRUNSWICK_GA	Telephone no. ► ZIP + 4 ►	<u>(912)</u> 31520	<u>230</u> ·	-776	<u>50</u>
I		r authority over a		[Yes	No
•	At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?		42 b		Х
	If 'Yes,' enter the name of the foreign country.					

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
\mathbf{c} At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c
If 'Yes,' enter the name of the foreign country.	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ.	44 a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
instead of Form 990-EZ	44 b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
If 'No,' provide an explanation in Schedule O	44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes.'			
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х
TEEA0812L 103/14/13 Fe	orm 99	0-F7 ((2012)

Form 990-EZ (2012)

Х

	Form 990-I	EZ (2012) CHILDREN IN ACTION	SPORTS CLUB IN	IC	26-273	L7334	Page 4
candidates for public office? If Yes?. complete Schedule O. Part I. 46 X Part WI Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. 47 Dit the organization and schedule O to respond to any question in this Part VI. 48 48 Is the organization as school as described in section 120(b)(1)(0)(0)? If Yes,' complete Schedule E. 48 49 Dit the organization as school as described in section 120(b)(1)(0)(0)? If Yes,' complete Schedule E. 48 50 Complete this table for the organization's two highest compersated employees (other than officers, directors, fusches and key employees) who each received more than \$100,000 of compensation file points 49 60 Press was the related organization's we highest compersated employees (other than officers, directors, fusches and key employees) who each received more than \$100,000 of compensation file points 60 60 Press was the related organization's we highest compersated independent contractors who each received more than \$100,000 of compensation's we highest compensated independent contractors who each received more than \$100,000 of compensated model. 61 Total number of other employees paid over \$100,000 * 62 Total number of other employees paid over \$100,000 * 63 Complete that table for the organization's two highest compensated independent contractors who each received more than \$10,000 of compensated independent contractors and angene to the explore the explore the explore the explore the ex							Yes No
Part VI Section 501(C(3) organizations only All section 501(2) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI. Image: Check if the organization section 170(b)(1)(3)(0) ff "Yes," complete Schedule C, Part II. 48 is the organization action as described in section 170(b)(1)(3)(0) ff "Yes," complete Schedule C, Part II. Image: Check if the organization section 170(b)(1)(3)(0) ff "Yes," complete Schedule C, Part II. 49 ab the organization make any transfers to an exempt non-charatable related organization. Image: Check if the organization section 170(b)(1)(3)(0) ff "Yes," complete Schedule C, Part II. 50 Camplete this table for the organization's flow highest compresented employees (other than officers, functions, directors, functions, directors, functions of the organization. Image: Check if the organization is control. 60 News and two cach received more than \$100.000 Image: Check if the organization is control. Image: Check if the organization is control. Image: Check if the organization is control. 61 Complete this table for the organization. Image: Check if the organization is control. Image: Check if the organization is control. Image: Check if the organization of the organization. Image: Check if the organization of the organization of the organization of the organization. Image: Check if the organization of the organiz	46 Did th candi	he organization engage, directly or indire idates for public office? If 'Yes' complete	ctly, in political campai Schedule C. Part I	gn activities on behalf	of or in opposition to	46	Y
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 engage in lobbying advives or have a section 50 (b) election in effect during the tax year? If 'Yes.' 47 Did the organization advised schedule (- to respond to any question in this Part VI	-						Λ
for lines 50 and 51. Check if the organization used Schedule Q to respond to any question in this Part VI. 47 Did the organization engage in lobbying activities or have a section 50 (th) election in effect during the tax year? If Yes, ' 48 Is the organization a schedule C, Part II. 48 Is the organization a schedule Schedule E. 49 and the organization make any transfers to an exempt non-chantable related organization. These, ' 49 and the organization aschedule Schedule C and the organization? 50 Complete Its table for the organization's five highest comprehated employees (other them offices, directors, tractees and key employees) who each received more than \$100,000 of comprehation of them offices, directors, tractees and key employees and user than \$100,000 of comprehation of comprehation of them offices, directors, tractees and key employees and user than \$100,000 of comprehation of the organization is the highest comprehation of them offices, directors, tractees and key employees and user than \$100,000 of comprehation of the organization's five highest comprehation of them offices, directors, tractees and key employees and user than \$100,000 of comprehation of the organization's five highest comprehation of the organization of the torganization of the torganization of the torganization of them offices and the end torgenetic contractors who each received more than \$100,000 of comprehation from the organization. If there is none, enter None. 40 Total number of other employees paid over \$100,000 51 Complete this table for the organization of there is none, enter None. 52 Did the organization complete Schedule A? Note: All sectors \$100,000 53 Did the organization complete Schedule A? Note: All sectors \$100,000 54 Did the organization of there independent contractors each received more than \$100,000 55 Did the organization complete Schedule A? Note: All sectors \$100,000 56 Did the organization of there independent contractors each receiving over \$100,000 57 Did the organizatio				uestions 47-49b ar	d 52, and complete	e the table	S
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes.' try the section of the organization as chool as described in section 170(h)(1)(A)(i)? If 'Yes,' complete Schedule E 48 Si the organization as action as described in section 170(h)(1)(A)(i)? If 'Yes,' complete Schedule E 48 Si the organization as action as an exempt non-charitable related organization? 49 bit 'Yes,' was the related organization as action 5270 organization? 49 bit 'Yes,' was the related organization as action 5270 organization? 49 bit 'Yes,' was the related organization? 49 bit 'Yes,' was the related organization? 49 bit 'Yes,' was the related organization? 40 Nore and title data requires the situation from the organization? 40 Nore and title data requires the situation of the highest compensation from the organization. 40 Nore and title data requires the situation of the situation of the section of the organization as activity of the section of the organization as activity of the organization of the organization of the organization. 40 Nore and title data requires the situation of the organization of the highest compensate independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter there is none, enter the none. 40 Nore and the organization is five highest compensate independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter there is none, enter the none. 40 Complete fits table for the organization. If the is none, enter there is none, enter the none. 40 Complete fits table for the organization. If the is none, enter the none. 40 Complete schedule A? Note: All section 501(c)(0) organizations and 4947(c)(1) nonexempt 50 Complete Schedule A? Note: All section 501(c)(0) organizations and 4947(c)(1) nonexempt 50 Complete fits the ison and there is none enter thone. 5		for lines 50 and 51.	,		, I		
47 Did the organization engage in lobbing activities or have a section 501(h) election in effect during the tax year? If "Yes." 47 X 48 Is the organization makes any transfers to be a exempt on charactable related organization? 48 X 49a X <td></td> <td>Check if the organization used Schedu</td> <td>e O to respond to any</td> <td>question in this Part VI</td> <td></td> <td></td> <td></td>		Check if the organization used Schedu	e O to respond to any	question in this Part VI			
complete Schedule C, Part III		a craphization oncean in Johnving optivities	or have a castion E01(h)	alastion in offect during	the tax year? If Wee !		Yes No
48 is the organization as school as described in section 170(b)(1)(A)(0) 11 "Yes; complete Schedule E. 49. Did the organization as any transfers to an exempt on-charatable related organization?. 50 Complete this table for the organization as section 527 organization? 50 Complete this table for the organization as section 527 organization? 61 62 Complete this table for the organization as section 527 organization? 63 64 74 74 75 Complete this table for the organization as section 527 organization? 64 74 74 74 75 76 76						47	x
49a Dit the organization make any transfers to an exempt non-charitable related organization? <pre> 49a Dit Xos was the related organization as exempt non-charitable related organization? 49a Dit Xos was the related organization as exempt non-charitable related organization? 49a Dit Xos was the related organization as exempt non-charitable related organization. If there is none, enter None. (4) Heath theretis, enter None. (4) Pearls theretis, enter None. (4</pre>	48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	edule E	48	
50 Complete this table for the organization's five highest compensation from the organization. If there is none, enter None: (9) Name and tigs of exercise complexes (9) Provide therefully, and the organization is the state and the state complexes and the state	49 a Did tl	he organization make any transfers to an	exempt non-charitable	e related organization?.		49a	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None.' (9) Average hour, by position (9) Average hour, by hour, by position (9) Average hour, by hour, by position (9) Average hour, by hour		-	-				
(a) Name and Hills of each encytoyee paid more than \$100,000 (b) Arringe hours or wook devoted is plaused. (c) Reportable compression (Porms W-21095MISC) (c) Portable transfit, compression bardet plause, and deferre compression. (c) Portable compression (Porms W-21095MISC) (c) Portable compression (Portable compres						еу	
(a) Nome and the of cent enginese pair more than 100,000 Operating organization (b) Record table compensation (b) Record table compensation (c) Record table compensation	emplo	byees) who each received more than \$100,0	UU of compensation from	i the organization. If there	e is none, enter 'ivone."	1	
Description Description Outris in the reserved Description NONE		(a) Name and title of each employee	(b) Average hours	(c) Reportable compensation	(d) Health benefits, contributions to employee		
		paid more than \$100,000	to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensation
	NONE						
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 NONE							
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 NONE							
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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 NONE	f Total	number of other employees paid over \$1					
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 NONE				endent contractors who e		100.000 of	
NONE	comp	pensation from the organization. If there i	s none, enter 'None.'			,	
d Total number of other independent contractors each receiving over \$100,000	(a) N	Name and address of each independent contractor paid	more than \$100,000	(b) Туре	of service	(c) Comp	ensation
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt	NONE						
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt Ves No 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 Vue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ALLEN BENNER Type or print name and title. Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. Firm's name ➤ SCHELL & HOGAN LLP Firm's concept Firm's concept Firm's address ➤ 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no.							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt Ves No 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 Vue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ALLEN BENNER Type or print name and title. Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. Firm's name ➤ SCHELL & HOGAN LLP Firm's concept Firm's concept Firm's address ➤ 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no.							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt Ves No 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 Vue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ALLEN BENNER Type or print name and title. Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. Firm's name ➤ SCHELL & HOGAN LLP Firm's concept Firm's concept Firm's address ➤ 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no.							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt Ves No 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 Vue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ALLEN BENNER Type or print name and title. Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. Firm's name ➤ SCHELL & HOGAN LLP Firm's concept Firm's concept Firm's address ➤ 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no.							
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt Ves No 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 Vue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ALLEN BENNER Type or print name and title. Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. Firm's name ➤ SCHELL & HOGAN LLP Firm's concept Firm's concept Firm's address ➤ 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no.							
charitable trusts must attach a completed Schedule A	d Total	number of other independent contractors	s each receiving over \$	100,000			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer ALLEN BENNER Type or print name and title. Preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 Print/Type preparer's name J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 Print's name ► SCHELL & HOGAN LLP Firm's address ► 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031 Phone no. (912) 638-9031						V	
Sign Here Signature of officer Date ALLEN BENNER Type or print name and title. EXECUTIVE DIR. Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Image: Schedule & Hogan LLP J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 Firm's address ► SCHELL & HOGAN LLP Firm's EIN ► SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031							No
Sign Here ALLEN BENNER Type or print name and title. EXECUTIVE DIR. Paid Preparer Use Only Print/Type preparer's name J. DON VANLANDINGHAM, JR. Preparer's signature J. DON VANLANDINGHAM, JR. Date J. DON VANLANDINGHAM, JR. Check if self-employed PTIN P00416489 Firm's name ► SCHELL & HOGAN LLP Firm's address ► SCHELL & HOGAN LLP 101 PLANTATION CHASE Firm's EIN ► 58-0665739 SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031	true, correct, a	and complete. Declare that I have examined this return,	r) is based on all information of	of which preparer has any know	le best of my knowledge and be vledge.	lief, it is	
Sign Here ALLEN BENNER Type or print name and title. EXECUTIVE DIR. Paid Preparer Use Only Print/Type preparer's name J. DON VANLANDINGHAM, JR. Preparer's signature J. DON VANLANDINGHAM, JR. Date J. DON VANLANDINGHAM, JR. Check if self-employed PTIN P00416489 Firm's name ► SCHELL & HOGAN LLP Firm's address ► SCHELL & HOGAN LLP 101 PLANTATION CHASE Firm's EIN ► 58-0665739 SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031		· · · · · · · · · · · · · · · · · · ·					
Type or print name and title. Preparer's signature Date PTIN Paid J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 PTIN Preparer J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 PTIN Firm's name ► SCHELL & HOGAN LLP Firm's address ► 101 PLANTATION CHASE Firm's EIN ► 58-0665739 SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031	Sign	Signature of officer			Date		
Paid Preparer Print/Type preparer's name Preparer's signature Date Check if J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. 11/08/13 PTIN Preparer J. DON VANLANDINGHAM, JR. J. DON VANLANDINGHAM, JR. J. 1008/13 Ptint/Type preparer Firm's name ► SCHELL & HOGAN LLP Firm's ell € Firm's Ell € 58-0665739 SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031	Here				EXECUTIVE DIR.		
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Preparer Use Only Firm's name ► SCHELL & HOGAN LLP Firm's address ► 101 PLANTATION CHASE SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031					Check if		
Use Only Firm's address Firm's address Firm's EIN 58-0665739 SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031		· · · ·	J. DON VANLANDING	HAM, JR. 11/08/13	seit-employed F	00416489	
SAINT SIMONS ISLAND, GA 31522 Phone no. (912) 638-9031			F		Firm's FIN	58-066573	19
	ose only	101 1 111111011 01110					
	May the IR	•	•	uctions	(911	, 	
Form 990-EZ (2012)							

SCH	EDU	JLI	E.	Α	
(Form	99 0	or	99	90-	EZ)

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

2012

OMB No. 1545-0047

		_			4347(a)(1) nonexemp	i chanta	Die trus					Open t	o Publ	ic
Departn Internal	Revenu	he Treasury e Service		Attach to Fe	orm 990 or Form 990-EZ.	See se	parate ir	structio	ns.			Insp	ection	
Name o	f the org	ganization								Employe	r identifica	ation number		
				SPORTS CLUB							717334			
Part					s (All organizations					See i	nstruct	tions.		
	Ĕ-				se it is: (For lines 1 thro	•		-	,					
1					ciation of churches des		section	1 170(b)	(1)(A)(i)	•				
2)(ii). (Attach Schedule I									
3		•		•	ce organization describe									
4					d in conjunction with a h	nospital o	describe	d in sec	ction 17	0(b)(1)(A	4)(iii) . Ei	nter the hos	spital's	
-		ime, city, a												
5		'organizatio ' 0(b)(1)(A)(iv). (Coi	mplete Part II.)	college or university owr	ied or op	erated b	y a gove	rnmenta	i unit des	scribed ir	n section		
6					jovernmental unit descr	ibed in s	ection 1	70(b)(1))(A)(v).					
7	Ar in	organization organization 17	on that no 1 0(b)(1)(/	ormally receives a sub A)(vi). (Complete Pa	ostantial part of its suppor art II.)	rt from a	governm	ental un	it or fror	n the ger	neral pub	olic describe	d	
8		-			70(b)(1)(A)(vi). (Comple									
9	rel un	ated to its e	exempt fu ess taxab	unctions – subject to a	ore than 33-1/3% of its sup- certain exceptions, and (2 i11 tax) from businesses acc	2) no mor	e than 3	3-1/3% c	of its sup	port fror	n gross ii	nvestment in	om activ ncome	vities and
10		0	0		exclusively to test for p		2		• • •	• •				
11	An Su su	organization pported org pporting of	n organiz anizatior ganizati	zed and operated exclusion described in section on and complete line	isively for the benefit of, to o 509(a)(1) or section 509 es 11e through 11h.	o perform (a)(2). Se	the func ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	ox that de	of one or mo escribes the	ore publ type of	licly
	а	Type I	b	Type II d	Type III – Functio	nally inte	egrated		d 🗌 .	Type III	– Non-f	functionally	integra	ated
e	└─ oti	checking her than fou ction 509(a	ndation r	, I certify that the org managers and other th	ganization is not control nan one or more publicly	lled direct supported	tly or in d organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	lified persor)(1) or	าร	
f	lft	the organiza	ation rece		ination from the IRS that	is a Type	I, Туре	II or Typ	e III sup	porting o	organizat	tion,		
g	Si	nce Augus	t 17, 200	06, has the organizat	tion accepted any gift of	or contrib	oution fr	om any	of the f	ollowing	persons	s?		
													Yes	No
	(i)	below,	the gove	erning body of the su	controls, either alone or ipported organization?.							lig(i)		
	(ii)	A famil	y memb	er of a person descr	ibed in (i) above?							11 g (ii)		
	(iii	i) A 35%	controlle	ed entity of a person	described in (i) or (ii) a	above?						11 g (iii)		
h	Pr	ovide the f	ollowing	information about the	ne supported organizati	on(s).				-				
	(i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	(v) Did yo the organ column (supp	ization in	organiz colur organiz	s the tation in nn (i) ed in the S.?	(vii) Amoun sup	t of mone oport	etary
						Yes	No	Yes	No	Yes	No			
(A)														
(B)														
(C)														
(D)														
(E)														
Total														

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Or	ganizations De	escribed in	Sections	170(b)	(1)(A)(iv) a
Schedule A (Form 990 or 990-EZ) 2012	CHILDREN I	IN ACTION	SPORTS	CLUB	INC

26-2717334

Page 2

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

Sec	tion A. Public Support	1			1		
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	I			ſ		
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
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 activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the plicly supported o	box on line 13, and rganization	nd the line 14 is 3	3-1/3% or more,	check this box ▶
k	33-1/3% support test – 2011. If and stop here. The organization	the organization d qualifies as a pu	id not check a bo blicly supported c	ox on line 13 or 16 organization	ba, and line 15 is	33-1/3% or more,	check this box ·····►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and stop he a publicly support	e. Explain in Parled organization.	t IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 CHILDREN IN ACTION SPORTS CLUB INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	and membership fees						
2	any 'unusual grants.') Gross receipts from admis-	15,773.	39,425.	38,501.	64,625.	75,148.	233,472.
L	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
-	tax-exempt purpose	3,661.	2,090.			1,748.	7,499.
	Gross receipts from activities that are not an unrelated trade or business under section 513.					4,585.	4,585.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	19,434.	41,515.	38,501.	64,625.	81,481.	245,556.
7	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the upper	0	0	0	0		0
	for the year c Add lines 7a and 7b	0. 0.	0.	0.	0. 0.	0.	0.
	Public support (Subtract line	0.	0.	0.	0.	0.	0.
	7c from line 6.)						245,556.
-	tion B. Total Support						
	ndar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	19,434.	41,515.	38,501.	64,625.	81,481.	<u>245,556.</u> <u>0.</u> 0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	19,434.	41,515.	38,501.	64,625.	81,481.	245,556.
	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d. third. fourth. or	fifth tax year as	a section $501(c)(3)$	
	ction C. Computation of Pu						
	Public support percentage for 20		••••••				00 01
16	Public support percentage from	2011 Schedule A,	Part III, line 15				0 00
16 Sec	Public support percentage from stion D. Computation of Inv	2011 Schedule A, estment Incom	Part III, line 15	····			8
16 Sec 17	Public support percentage from tion D. Computation of Inv Investment income percentage f	2011 Schedule A, estment Incom or 2012 (line 10c,	Part III, line 15 ne Percentage column (f) divided	by line 13, colur	nn (f))		00 00
16 Sec 17 18	Public support percentage from stion D. Computation of Inv	2011 Schedule A, estment Incom or 2012 (line 10c, rom 2011 Schedule the organization of	Part III, line 15 De Percentage column (f) divided e A, Part III, line 1 did not check the b	by line 13, colur	nn (f))	16	8 8 8 1 line 17
16 Sec 17 18 193	Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f 33-1/3% support tests – 2012. If is not more than 33-1/3%, check 33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	2011 Schedule A, estment Incom or 2012 (line 10c, rom 2011 Schedul the organization of this box and stop the organization of c, check this box a	Part III, line 15. Dependent of divided the A, Part III, line 1 did not check the b here. The organization did not check a bo nd stop here. The	by line 13, colur 7 box on line 14, ar zation qualifies as x on line 14 or lir organization qua	nn (f)) nd line 15 is more s a publicly suppo ne 19a, and line 1 lifies as a publicly	16	<pre></pre>

Schedule A	(Form 990 or 990-EZ) 2012	CHILDREN I	N ACTION	SPORTS	CLUB	INC	26-2717334	Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; (See instructions).	on. Complete and Part III, li	this part to ne 12. Also	o provide complet	the ex e this p	planations part for any		0;

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service	Attach to For	n 990 or Fo	orm 990-EZ.	 See separate instru 	ctions.	Inspection		
Name of the organization					Employer identific			
CHILDREN IN ACTION SPORTS			neworod '	(ac' to Form 000 Part	26-271733	34		
Form 990-EZ filers are not re	quired to comp	plete this p	oart.					
1 Indicate whether the organization	raised funds th	rough any						
a Mail solicitations			e f		government grants			
b Internet and email solicitations								
d In-person solicitations	c Phone solicitations g Special fundraising events							
2 a Did the organization have a written o	r oral agreemen	t with any	individual (i	ncludina officers, directo	rs, trustees or key			
employees listed in Form 990, Par	t VII) or entity	in connec	tion with p	rofessional fundraising	services?			
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by th	iduals or entities	s (fundraise	ers) pursuai	nt to agreements under v	which the fundraiser is to	be		
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)		have custo of cont	dy or control ributions?	from activity	(or retained by) fundraiser listed in	(or retained by) organization		
					column (i)			
		Yes	No					
1								
2								
3								
4								
· · · · · · · · · · · · · · · · · · ·		-						
5								
6								
7								
8								
9								
10								
	+	-						
Total 3 List all states in which the organization	n is registered	or licenced	►	antributions or has been	notified it is exempt from	n registration		
or licensing.	on is registered				notined it is exempt non	registration		
				·				

Schedule G (Form 990 or 990-EZ) 2012 CHILDREN IN ACTION SPORTS CLUB INC

26-2717334 Page **2**

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R			(a) Event #1 <u>MOST WANTED</u> (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
REVENUE	1	Gross receipts	8,962.	5,900.		14,862.		
Ē	2	Less: Charitable contributions	8,962.	5,900.		14,862.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes.						
_	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses	445.			445.		
ŝ	10					445.		
		Net income summary. Combine line 3, co				-445.		
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than		
R E V E N U			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
Ü	1	Gross revenue						
F	2	Cash prizes						
EXPENSE PENSE	3	Non-cash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
			Yes%	Yes %	Yes 8			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		►			
	8 Net gaming income summary. Combine lines 1, column (d) and line 7							
 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain: 								
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990)-EZ) 2012 CHILDREN I	N ACTION SPORTS CLUB INC	26-2717334	Page 3
11 Does the organization o	perate gaming activities with	h nonmembers?	· · · · · · · · · · · · · · · · · · ·	No
		trust or a member of a partnership or other er		No
13 Indicate the percentage	of gaming activity operated	in:		
			13a	00
				olo
14 Enter the name and addre	ess of the person who prepare	s the organization's gaming/special events bo	oks and records:	
Name ►				
Address ►				
b If 'Yes,' enter the amoun of gaming revenue retai				No
Name ►				
Address ►				
16 Gaming manager inform	nation:			
Name ►				
Gaming manager compe	ensation ► \$			
Description of services p	provided ►			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions				
a Is the organization require	ed under state law to make ch	aritable distributions from the gaming proceed	s to retain the	
state gaming license?		· · · ·	Yes	No
	npt activities during the tax	aw to be distributed to other exempt organizati	ons or spent in the	
Part IV Supplemental columns (iii) a	I Information. Complete and (v), and Part III, lin	e this part to provide the explanation es 9, 9b, 10b, 15b, 15c, 16, and 17 formation (see instructions).	ons required by Part I, line b, as applicable. Also com	2b, plete
BAA		TEEA3703L 01/07/13	Schedule G (Form 990 or 990-I	EZ) 2012
		-		,

SCHEDULE O Supplemental Information to Form 990 or 990-EZ					
Department of the Treasury	2012 Open to Public Inspection				
Name of the organization	TION SPORTS CLUB INC	Employer identificat	ion number		
	PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	20 2111334			
	ATION UTILIZES SPORTS AND PHYSICAL ACTIVITIES AS AN				
CHILDREN, Y	OUTH AND ADULTS TO BUILD CHARACTER, EXCELLENCE, AND	TEAMWORK.	<u>BY</u>		
INCREASING	PHYSICAL ACTIVITY, AS A TEAM, OUR PROGRAMS PUT INTO	ACTION THE	GOSPEL		
OF_JESUS_CH	RIST THROUGH RELATIONSHIP BUILDING, CHARACTER BUILD	ING, AND ON	E-ON-ONE		
INTERACTION	S WITH PARTICIPANTS DURING PRACTICE, GAME AND DEVOT	ION TIMES.			
FORM 990-EZ,	PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	L BENEFIT CC	ONTRACTS		
(A) DID TH	E ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY C	R		
INDIRECTLY,	TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?		<u>NO</u>		
(B) DID TH	E ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR			
INDIRECTLY,	ON A PERSONAL BENEFIT CONTRACT?		NO		

TEEA4901L 12/8/12

SCHEDULE O - SUPPLEMENTAL INFORMATION

CHILDREN IN ACTION SPORTS CLUB INC

26-2717334

01:48PM

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CLIENT 51783

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	1,832. 413.
BANK CHARGES BOAT_TRIP_EXPENSE		1,080.
DEPRECIATION		1,157.
INSURANCE		2,638.
MEDICAL EXPENSES. MEETING EXPENSE		1,731. 1,828.
MEMBERSHIPS AND DUES.		1,263.
OFFICE EXPENSES		3,858.
PEST CONTROL		105.
PROGRAMS EXPENSE.		4,874.
REPAIRS AND MAINTENANCE		2,635.
TRAVEL		36.
VEHICLE EXPENSES.		8,911.
WEBSITE	+	787.
TOTAL	, Ş	33,392.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BE	GINNING	 ENDING
FURN/EQUIP, NET	\$	3,463. 0.	\$ 3,226. 4,008.
TOTAL	\$	3,463.	\$ 7,234.

2012



(Rev January 2013)

•

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

Х

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only..... 🕨

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Type or		
Type or print		
•	CHILDREN IN ACTION SPORTS CLUB INC	26-2717334
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
due date for		
filing your	154 GRANVILLE NIX LANE	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.		
	BRUNSWICK, GA 31525	

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of • <u>ALLEN_BENNER</u>			
Telephone No. ► (912) 230-7760 FAX No. ► ● If the organization does not have an office or place of business in the United States, check this box			▶□
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
check this box ► . If it is for part of the group, check this box ► and attach a list with the nan	nes a	nd EINs o [.]	f all members
the extension is for.			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until $8/15$, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:			
► X calendar year 20 12 or			
tax year beginning, 20, and ending, 20			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina	al retu	ırn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E payment instructions.	O for		

Form 8868	3 (Rev 1-2013)				Page 2
 If you a 	are filing for an Additional (Not Automatic) 3-Mo	onth Extension	n, complete only Part II and check	this box	····· ► X
	complete Part II if you have already been grant			Isly filed Form 8868.	
 If you a 	are filing for an Automatic 3-Month Extension, c				
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	al (no copies needec	l).
			Enter filer's i	identifying number, see in	structions
	Name of exempt organization or other filer, see instructions.			Employer identification number	(EIN) or
Type or					
print	CHILDREN IN ACTION SPORTS CLU			26-2717334	
File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.		Social security number (SSN)	
extended due date for					
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions. Only, own of post office, state, and zin code, not a folding address, see instructions.					
	BRUNSWICK, GA 31525				
Enter the I	Return code for the return that this application is	s for (file a sep	parate application for each return).		01
Applicatio	n	Return	Application		Return
Applicatio Is For		Code	Is For		Code
Form 990 c	or Form 990-EZ	01			
Form 990-	BL	02	Form 1041-A		08
	(individual)	03	Form 4720		09
Form 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
Telepho If the c If this i whole grou	oks are in care of ► <u>ALLEN_BENNER</u> one No. ► <u>(912)</u> <u>230-7760</u> organization does not have an office or place of is for a Group Return, enter the organization's fo up, check this box ► . If it is for part of the the extension is for.	our digit Group	e United States, check this box Exemption Number (GEN)		►
 5 For a 6 If the 0 7 State 	uest an additional 3-month extension of time un calendar year <u>2012</u> , or other tax year begin e tax year entered in line 5 is for less than 12 m Change in accounting period e in detail why you need the extension <u>TAX</u> <u>THER INFORMATION NECESSARY TO</u>	ning onths, check r XPAYER_RE	, 20, and ending eason: Initial return <u>SPECTFULLY_REQUESTS_AI</u>		` 0
	s application is for Form 990-BL, 990-PF, 990-T efundable credits. See instructions			8a \$	
b If this payn with	s application is for Form 990-PF, 990-T, 4720, o nents made. Include any prior year overpayment Form 8868	r 6069, enter a t allowed as a	any refundable credits and estimate credit and any amount paid previo	ed tax usly 8b\$	
c Bala EFTF	nce due. Subtract line 8b from line 8a. Include y PS (Electronic Federal Tax Payment System). S	our payment ee instructions	with this form, if required, by using	8c \$	
	Signature and Verif	ication mus	st be completed for Part II o	nly.	
Under penaltie correct, and c	es of perjury, I declare that I have examined this form, including omplete, and that I am authorized to prepare this form.	accompanying sch	edules and statements, and to the best of my ${\mbox{\tt k}}$	knowledge and belief, it is true,	

Title ► EXECUTIVE DIR. FIFZ0502L 01/21/13

Signature 🕨

BAA

Date 🕨

Form 8868 (Rev 1-2013)

2012

FEDERAL SUPPORTING DETAIL

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CLIENT 51783

CHILDREN IN ACTION SPORTS CLUB INC

26-2717334 01:48PM

11/08/13

STMT. OF FUNCTIONAL EXPENSES (990) OCCUPANCY

RENT	\$ 5,500.
UTILITIES	2,529.
TOTAL	\$ 8,029.