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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
 Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047 2018 Open to Public Inspection

	For the 2018	calendar year, or tax'year beginning and ending		
В	Check if applicable		Employer id	dentification number
	Address change	SPORTS CAMP, INC		
\equiv	·		5-09	18561
\equiv	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite E 1	relephone r	number
	Initial return		39-5	66-2582
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
\Box	Amended return		Gross receip	2,805,682
\exists		F Name and address of principal officer H(a) Is this a group re	eturn for sub	ordinates Yes X No
Ш	Application pending	LANE BEATTY		<u> </u>
		3275 PINE RIDGE ROAD		
			icii a iisi (si	ee instructions)
<u></u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		
		WW. SPORTSCLUBNAPLES. ORG H(c) Group exemple		
	Form of organization	X Corporation Trust Association Other ► L Year of formation 199	9 M	State of legal domicile FL
		ımmary \		
đ		escribe the organization's mission or most significant activities	501 (a) (2)
ĕ		DED IN 1999, SPORTS CAMP, INC. IS AN INDEPENDENT NON PROFIT		
Ľ	ĺ	NIZATION WHOSE PURPOSE IS TO PROVIDE SAFE AND INSPIRING AFT	ER SC	HOOL,
Governance		ER CAMP AND YOUTH SPORTS PROGRAMS FOR CHILDREN.		
ŏ	ľ	is box I if the organization discontinued its operations or disposed of more than 25% of its net as		0
S S		of voting members of the governing body (Part VI, line 1a)		<u>8</u> 6
itie		of independent voting members of the governing body (Part VI, line 1b)		
Activities &	L .	nber of individuals employed in calendar year 2018 (Part V, line 2a)		<u>183</u> 40
ĕ		mber of volunteers (estimate if necessary)		
	1	elated business revenue from Part VIII, column (C), line 12	7a	0
_	b Net unre	lated business taxable income from Form 990-T, line 38	7b	Current Year
4	8 Contribu	tions and grants (Part VIII, line 1h)	008	258,936
ă	I	service revenue (Part VIII, line 2g)		2,546,700
Revenue	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	70	46
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
•		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	353	2,805,682
<u>, </u>		nd similar amounts paid (Part IX, column (A), lines 1–3)		0
Ó		paid to or for members (Part IX, column (A), line 4)		0
S	į.	1 116 1	034	1,511,018
Expenses	1	onal fundraising fees (Part IX, column (A), line 11e)		0
g.	b Total fun	draising expenses (Part IX, column (D), line 25)		
ω	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	230	1,345,861
	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line, 25 12 2 2 6 90 ,	264	2,856,879
	19 Revenue	less expenses Subtract line 18 from line 12		-51,197
Net Assets or		penses (Part IX, column (A), lines 11a–11d, 11f–24e) penses Add lines 13–17 (must equal Part IX, column (A), line 25), 2 penses Subtract line 18 from line 12 penses Expenses Subtract line 18 from line 12 penses (Part X, line 16) penses (Part X, line 16) penses (Part X, line 26)		End of Year
Ssel	20 Total ass	ets (Part X, line 16) 2, 474,		2,397,360
et A	21 Total liat	1,005,		979,174
		ts or fund balances Subtract line 21 from line 20 1,469,	383	1,418,186
_		gnature Block		 _
tr	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the to	pest of my	knowledge and belief, it is
	de, correct, and t	omplete Declaration of Preparer (styper han officer) is based on all information of which preparer has any knowled	1 4	15-19-
e:.	-	gnature of office	Date	- ((
Sig		ghaldre of officer	Date	
пе		TANE DESCRIPTION		
	ere 📗 🕌	LANE BEATTY PRESIDENT		
	7 7	ype or print name and title		, PTIN
Pai	Print/Typ	ype or print name and title e preparer's name Preparer's signature Date	Check [of PTIN
Pai	Print/Typ	ype or print name and title e preparer's name Preparer's signature Cly A Probe 04/09/19	self-emplo	pyed P01322743
Pre	Print/Typ d Kimbe: parer Firm's na	pre or print name and title preparer's name Preparer's signature O4/09/19 The Probe, Probe, & Co., P.A. Firm's	,	⊐ "]
Pre	Print/Typ Kimber parer Firm's na	preparer's name Preparer's signature Preparer's signature O4/09/19 Probe, Probe, & Co., P.A. 12734 Kenwood Ln Ste 9	self-emplo	pyed P01322743 59-2684248
Pre Use	Print/Typ d kimbe parer Firm's na	preparer's name riy A Probe Preparer's signature Oate 04/09/19 Preparer's signature 12734 Kenwood Ln Ste 9 dress Fort Myers, FL 33907 Phone	self-emplo	pol
Use Ma	Print/Typ d Ryparer Firm's na e Only Firm's ad y the IRS discussion	preparer's name Preparer's signature Preparer's signature O4/09/19 Probe, Probe, & Co., P.A. 12734 Kenwood Ln Ste 9	self-emplo	pyed P01322743 59-2684248

orm 990 (2018) SPORTS CAMP	, INC	65-0918561	Page 2
	am Service Accomplishme		$ \mathbf{x} $
1 Briefly describe the organization's	contains a response or note	e to any line in this Part III	
See Schedule O	111331011		
Did the organization undertake any	y significant program services durir	ng the year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service			
B Did the organization cease conduc	ting, or make significant changes is	n how it conducts, any program	
services?	a Sahadula O		Yes X No
If "Yes," describe these changes of Describe the organization's progra		ch of its three largest program services	as measured by
		d to report the amount of grants and alk	
the total expenses, and revenue, if		-	
		000 000	
la (Code) (Expenses \$	2,750,088 including gr		
		HESE PROGRAMS SERVE ENT WHERE CHILDREN (
		HANCE THEIR PHYSICAL	
AND EMOTIONAL DEVEL		LUB SERVICES CHILDRE	
OF 4-12 FROM A VARI			
FAMILIES WE SERVE A			18, SPORTS CLUB
		REN THROUGH OUR OWN	SCHOLARSHIP
PROGRAM AND DISCOUN			
THESE CRUCIAL PROGR	AMS AND THEIR IMP	ACT, PLEASE SEE SCH	EDULE O.
b (Code) (Expenses\$	61,258 including gr	ants of\$ 2,000) (Re	evenue \$ 62,245)
See Schedule O	o = , = o = moraumg gm		, in the second of the second
			···-
c (Code) (Expenses \$	including gr	ants of\$) (Re	evenue \$
N/A			
Other program services (Describe	In Schedule O \		
(Expenses \$	in Schedule O)including grants of\$) (Revenue \$)
le Total program service expenses	2,811,346		

65-0918561

ABDO Page 3

Pa	art IV Checklist of Required Schedules			
			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	1	X
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		x
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		X
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		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	x	
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	111		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	126		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ს		
	Did the organization report more than \$5,000 of greats or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

<u>i Pa</u>	art IVI Checklist of Required Schedules (continued)		
		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i
	employees? If "Yes," complete Schedule J		X
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 25a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>) </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		
	to defease any tax-exempt bonds?	<u>: </u>	—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>1</u>	↓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1	X
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	' —	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		
27	disqualified persons? If "Yes," complete Schedule L, Part II	+-	X
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		x
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)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	3	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	T^{-}
	Schedule L, Part IV	o	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		T^{-}
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	;	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	┷	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		,,
	complete Schedule N, Part II	╅	X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	+	+
J-7	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		_x_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	T
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	,	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ĺ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		
	19? Note All Form 990 filers are required to complete Schedule O 38	X	Щ
LPa	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	100	+140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		i
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?		X
		orm 99	0 (2018)

	Statements Regarding Other INS Finings and Tax Compliance (Com	muc	4/			T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	183			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru-					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche	dule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or c					
	a financial account in a foreign country (such as a bank account, securities account, or other fina			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finar	icial Ad	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ansacti	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the	•			l
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contra	ibution	s or			1
_	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	y tor go	oods			X
L	and services provided to the payor?			7a 7b		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ıt wac		70		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282?	i il Was	1	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		. / U		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization f			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mair					
	sponsoring organization have excess business holdings at any time during the year?		,	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				!
b	Gross income from other sources (Do not net amounts due or paid to other sources					
40-	against amounts due or received from them)	11b	40440	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		10417	12a		
b 42	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.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule C	١		130	_	
b	Enter the amount of reserves the organization is required to maintain by the states in which	,				
-	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule	o	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net invest	ment ii	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O					<u> </u>
				_	000	10040

Forn	990 (2018) SPORTS CAMP, INC	65-0918561	_			_ P	age 6
<u> P</u> a	rt VIJ Governance, Management, and Disclosure For each "Yo	es" response to lines 2	throug	h 7b below, a	and fo	or a "l	No"
	response to line 8a, 8b, or 10b below, describe the circumstance	es, processes, or cha	nges in	Schedule O	See	ınstru	ictions
	Check if Schedule O contains a response or note to any line in	this Part VI					X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	year	1a	8			. }
	If there are material differences in voting rights among members of the governing	g body, or]
	if the governing body delegated broad authority to an executive committee or sii	milar]
	committee, explain in Schedule O			Į į			.]
b	Enter the number of voting members included in line 1a, above, who are indepe	ndent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a		ıth				
	any other officer, director, trustee, or key employee?	•			2		X
3	Did the organization delegate control over management duties customarily perfo	ormed by or under the di	rect				
	supervision of officers, directors, or trustees, or key employees to a management				3		X
4	Did the organization make any significant changes to its governing documents s			?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization becomes aware during the year of a significant diversion of the organization of the organizat				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the	e power to elect or appoi	nt				
	one or more members of the governing body?	ponon io diodi on appor	• • •		7a		x
b	Are any governance decisions of the organization reserved to (or subject to app	roval by) members					
-	stockholders, or persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written	actions undertaken duru	na the ve	ar by the follo			<u> </u>
а	The governing body?	actions anacitation dam	ng the ye	a by the folio	8a	X	
b	Each committee with authority to act on behalf of the governing body?			•	8b	x	
9	· · · · · · · · · · · · · · · · · · ·	N who connot be reache	d at		-05		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section of the graphs and addresses.		u at		9		x
800	the organization's mailing address? If "Yes," provide the names and addresses tion B. Policies (This Section B requests information about policies		o Intorn	al Payanya		-	
Sec	tion B. Policies (This Section B requests information about policie	is not required by the	e mem	iai Neverius	, 000	Yes	No
100	Did the argenization have lead charters branches or affiliates?			1	10a	162	X
	Did the organization have local chapters, branches, or affiliates?	and with a set awah abanta			10a		
D	If "Yes," did the organization have written policies and procedures governing the				406		
44-	affiliates, and branches to ensure their operations are consistent with the organi	• • •		- 45 - 6 O	10b		-
-	Has the organization provided a complete copy of this Form 990 to all members		rore riling	g the form?	11a	_	<u> </u>
b	,					~ <u>.</u>	1
	Did the organization have a written conflict of interest policy? If "No," go to line 1				12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose an			e to conflicts	120	<u>x</u>	
С	Did the organization regularly and consistently monitor and enforce compliance	with the policy? If "Yes,"				7.	
	describe in Schedule O how this was done				12c	_ <u>x</u> _	
13	Did the organization have a written whistleblower policy?				13	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a						1
	independent persons, comparability data, and contemporaneous substantiation	of the deliberation and d	ecision?				
	The organization's CEO, Executive Director, or top management official				15a		X
b	, , ,				15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions						
16a	Did the organization invest in, contribute assets to, or participate in a joint ventu	re or sımılar arrangemen	it				المييا
	with a taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the or	-					
	participation in joint vonture arrangements under applicable federal tax law, and	take steps to safeguard	the				
	organization's exempt status with respect to such arrangements?				16b		
<u>Sec</u>	tion C. Disclosure 🔍		_				
17	List the states with which a copy of this Form 990 is required to be filed ▶FL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A	if applicable), 990, and 9	990-T (S	ection 501(c)			
	(3)s only) available for public inspection Indicate how you made these available						
	Own website Another's website X Upon request Other (explain	n ın Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its gove	rning documents, conflic	t of inter	est policy, and	i		
	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses t	he organization's books	and reco	ords ▶			
PF	ROBE, PROBE AND CO, CPA'S 12734 KENWOOD	LANE					
	ORT MYERS	FL 33	907	239	-27	5-9	620

SPORTSCAMP 04/p9/2019 11 14 AM										
Form 990 (2018) SPORTS CA	AMP, INC							65-091		Page
Part VIII Compensation of		Dire	ecto	rs,	Tru	uste	es,	Key Employees, H	ighest Compensate	d Employees, and
Independent Co										
								to any line in this Par		<u>U</u>
1a Complete this table for all person								st Compensated Emplonsation for the calendar y		the
organization's tax year										
List all of the organization's compensation Enter -0- in column	s (D), (E), and	(F) ı	f no	com	pen	satio	n w	as paid		ount of
 List all of the organization's o List the organization's five cu 										Novee)
who received reportable compensions and any related organization	ation (Box 5 of	Forr	n W	-2 ar	nd/o	r Bo	x 7 c	of Form 1099-MISC) of m	ore than \$100,000 from t	he
 List all of the organization's f \$100,000 of reportable compensa 	ormer officers tion from the o	key rgan	emi	ploye on a	ees, ind a	and any r	higt elate	nest compensated employed organizations	yees who received more	than
 List all of the organization's f organization, more than \$10,000 or 	f reportable co	mpe	nsat	ion f	rom	the	orga	anization and any related	organizations	of the
List persons in the following order			or d	ırect	ors,	ınstı	tutic	onal trustees, officers, key	employees, highest	
compensated employees, and form	· ·		rolas	od o	raa	nızaf		componented any current	officer director or trusts	20
Check this box if neither the or		any T	reia			nizai	ion	T T		
(A) Name and Title	(B) Average				C) ation			(D) Reportable	(E) Reportable	(F) Estimated
	hours per			check				compensation	compensation from related	amount of other
	week (list any			ess pe nd a c				the	organizations	compensation
	hours for related	악고	٦,	g	Γō	3.是	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual or director	Ē	Officer	y em	ploye	Former	(** 2**********************************		and related
	below dotted line)	to to	onal		Key employee	8 8	!	}		organizations
	,	Individual trustee or director	Institutional trustee		ee	Highest compensated employee	İ			
			ee			i ed.				
(1) LANE BEATTY	0.00									
PRESIDENT	0.00	$ \mathbf{x} $		x				150,000	o	0
(2)MICHELLE BRACCI		† <u></u>		-	1					
•	0.00		1							
SECRETARY / DIRECTOR	0.00	X		X		L		0	0	0
(3) CHUCK CONSOLO										
	0.00									
DIRECTOR	0.00	X	_	_			_	0	0	0
(4) KALEIGH GROVER	0 00									
DIRECTOR	0.00 0.00	x						o	o	o
(5) TERESA MORGENST		^		╁	-					
(0,1=1=011 110110=11021	0.00			ł						
DIRECTOR	0.00	x		l				ĺ	0	0
(6) TOM HAYES										
	0.00									
DIRECTOR	0.00	X	ļ	$oxed{igspace}$				0	0	0
(7) ERIN GARCIA				1						
	0.00		1	}	l					
DIRECTOR	0.00	X	╙	_	<u> </u>	_	<u> </u>	0	0	0
(8) KEVIN LEHMAN	0.00					1				
TREASURER / DIRECTOR	0.00	x		x				36,900	o	o
(9)	0.00	↑	\vdash	^	\vdash	\vdash		30,900		
()						-				
	_									
(10)										

(11)

(A) Name and title		(B) Average hours per week (list any	(do	not o	Pos check ess pe	ition more	than one both	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1033-1013C)	organization and related organizations		
						-							
		-						_					
						_							
С	Sub-total Total from continuation sh Total (add lines 1b and 1c)	eets to Part VI	, Se	ctio	n A	L'		> > >	186,900				
2	Total number of individuals (reportable compensation fro				to ti	nose	liste	ed a		than \$100,000 of			
4	Did the organization list any employee on line 1a? If "Yes For any individual listed on li organization and related org individual Did any person listed on line	s," complete Sch ne 1a, is the su anizations great 1a receive or a	edu m of ter th	le J reponants	for s ortal \$150 ompe	ole o 0,000	indirection	vidu ens "Ye fron	al sation and other compens s," complete Schedule J n any unrelated organizat	ation from the for such	4 X		
	for services rendered to the ion B. Independent Contrac	tors			•					**************************************			
1	Complete this table for your compensation from the orga								ilendar year ending with o		's tax year (C) Compensation		
	Name and	ousiness address							Descrip	lion of services	Compensation		
2	Total number of independen	t contractors (in	clud	ing t	out r	ot li	mite	d to	those listed above) who				
DAA	received more than \$100,00	<u>u of compensat</u>	ion f	rom	the	orga	iniza	tion	<u> </u>	00	Form 990 (2018)		

ГРа	πv	Check	nent of Kev		ntains a	response	or note to any lin	e in this Part VIII		
	-	<u> </u>		<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
윤원	1a	Federated ca	mpaigns	1a						
Sra lou		Membership		1b						,
A, (Fundraising e		1c						'
arit arit		Related organ		1d						,
S,E		Government grants		1e		206,686				
Sign	_	All other contribution								
the the			is not included above	1f		52,250				
딆	g	Noncash contribution	ons included in lines 1	a-1f \$;					
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue and Other Similar Amounts	h	Total. Add lin	nes 1a-1f			•	258,936			
<u>a</u>						Busn Code				
ye.	2a	PROGRAM	4 SERVICE RE	VENUE			2,546,700	2,546,700		
8	b									
Š	C									
Ser	d									,
E	е									
g	f	All other prog	ram service rev	venue						
۵	g	Total. Add lin	nes 2a-2f			<u> </u>	2,546,700			<u>""</u>
	3	Investment in	ncome (including	g divide	ends, inte	erest,				
			nılar amounts)			▶	46	46		
	4	Income from	investment of ta	ax-exer	npt bond	d procee ⊪ s				
	5	Royalties				•				
			(ı) Real		(II) P	Personal				,
	6a	Gross rents								
	b	Less rental exps								1
	С	Rental inc or (loss)	L							
	d 7a	Net rental inc Gross amount from				•				
		sales of assets	(i) Securities	;	(11)	Other	1			'
		other than inventor	Y							i
	b	Less cost or other								4
		basis & sales exps								'
		Gain or (loss)							-	-
	d	Net gain or (I		. г						
enne	8a		rom fundraising ev	ents						
/en		(not including \$,						
Other Rev			reported on line 1							
Je.		See Part IV, line		a						Ą
Ö		Less direct e]d					•	·
			or (loss) from fui rom gaming activit		ig event	S P			 	<u>-</u>
	ya									
		See Part IV, line		a b						į
		Less direct e	expenses or (loss) from ga		ctuutios	—			-	_
			of inventory, les		Cuvilles					
	iva	returns and a	=	- 1						
	h	Less cost of		a b		_				
			goods sold or (loss) from sa		nventon	,				
	·		cellaneous Revenue		inventory	Busn Code	-			
	11a			-		233, 3000			•	
								-		
	b									
	9	All other reve	anue							
	d	Total. Add lir								
	12		ies Tra-Tru ie. See instruct	one			2,805,682	2,546,746	0	0
		Total levell	ac. Occ monuci	10113			_,000,002	= , = = 3 , . 2 9		000

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(e)(1) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) Management and (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,382,296 1,382,296 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,627 14,627 1,601 1,601 Other employee benefits 112,494 112,494 10 Payroll taxes 11 Fees for services (non-employees) a Management 175 175 b Legal 29,130 29,130 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 21,457 21,457 12 Advertising and promotion 15,899 15,899 13 Office expenses 14 Information technology 15 Royalties 293,743 293,743 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 24,046 24,046 19 Conferences, conventions, and meetings 37,450 37,450 20 Interest Payments to affiliates 267,897 267,897 22 Depreciation, depletion, and amortization 124,805 124,805 23 Insurance 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) SCHOLARSHIPS GIVEN 289,947 289,947 AFTER SCHOOL SNACKS 62,856 62,856 REPAIRS & MAINTENANCE 39,611 39,611 С VEHICLE EXPENSES 29,622 29,622 109,223 109,223 e All other expenses 2,811,346 45,533 0 2,856,879 25 Total functional expenses. Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest bearing 335,189 350,383 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 274 274 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 27,774 27,774 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 3,089,453 other basis Complete Part VI of Schedule D 10a 2,111,356 2,018,929 1,070,524 10c b Less accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,474,593 2,397,360 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,437 16,595 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, _iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 1,003,773 962,579 25 of Schedule D 1,005,210 26 979,174 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here |X| 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 1,418,186 1,418,186 1,469,383 32 Retained earnings, endowment, accumulated income, or other funds 32 1,469,383 33 Total net assets or fund balances 33 2,474,593 2,397,360 Total liabilities and net assets/fund balances

Form **990** (2018)

orm	1990 (2018) SPORTS CAMP, INC 65-0918561				Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 80</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			<u> 379</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 197</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>, 46</u>	9,3	<u> 383</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	L			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	<u>, 41</u>	<u>8,1</u>	<u> 186</u>
Рa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					\perp
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED	CASI	<u>H</u>		,	ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	ĺ	1
	Schedule O		_	.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					1
	reviewed on a separate basis, consolidated basis, or both				ŀ	1
	Separate basis Consolidated basis Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		L	2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					.
	Separate basis Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1	1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		İ	,		
	Schedule O		_	.	<u></u>	المند
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ĺ	1		
	the Single Audit Act and OMB Circular A-133?		L	3a _		
þ	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	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Open to Public

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

			SPORTS CAMP,	INC			65-091	8201						
Pa	ırt l	(Reas	on for Public Charity	Status (All organization	s must	comple	ete this part) See instru	ctions						
he	orga	inization is no	t a private foundation beca	ause it is (For lines 1 through	12, check	only on	e box)							
1	Ň	A church, co	nvention of churches, or as	ssociation of churches describ	ed in sec	tion 170	D(b)(1)(A)(i).							
2	П			I)(A)(ii). (Attach Schedule E (F				1)						
3	П			vice organization described in										
4	Ħ			ted in conjunction with a hospi				er the hospital's name,						
	L	city, and stat	-					,						
5	\Box	•		it of a college or university owi	ned or or	erated b	v a governmental unit descri	bed in						
•	Ш	_	(b)(1)(A)(iv). (Complete Pa	=	100 01 01	0.0.00	y a governmental and accom							
6	П			governmental unit described	ın sectio	n 170(b)	(1)(A)(v).							
7	H							Loublic						
•	ш	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)												
8	\Box	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	H	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
•	Ш													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.													
10	X	•	tion that normally receives	(1) more than 33 1/3% of its s	support fi	om cont	ributions, membership fees, a	and gross						
	ت	receipts from	activities related to its exe	empt functions—subject to cer	tain exce	ptions, a	ind (2) no more than 33 1/3%	of its						
				and unrelated business taxab				es						
	_		•	: 30, 1975 See section 509(a		•								
11	Ц	-		d exclusively to test for public										
12				d exclusively for the benefit of										
		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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g													
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
				complete Part IV, Sections			ne directors or trustees or the	•						
	b			supervised or controlled in cor			upported organization(s), by	having						
				orting organization vested in t										
				te Part IV, Sections A and C			3	••						
	С	Type III 1	functionally integrated. A	supporting organization oper	ated in c	onnectio	with, and functionally integr	ated with,						
				nstructions) You must comp										
	d			ed. A supporting organization										
			, -	he organization generally mus i must complete Part IV, Sec				nuveness						
	е		,	eceived a written determination				-101						
	C			ion-functionally integrated sup										
	f		mber of supported organiz											
	g	Provide the f	following information about	the supported organization(s))									
(i)		e of supported	(ii) EIN	(III) Type of organization	(IV) is the o		(v) Amount of monetary	(vi) Amount of						
	org	ganization		(described on lines 1–10	listed in you docur		support (see instructions)	other support (see instructions)						
				above (see instructions))	Yes	No	instructions)	instructions)						
/A\					1.00									
(A)														
(B)														
(-,														
(C)														
15:					<u> </u>									
(D)						i								
(E)														
					-									
ot:	ı													

	(Complete only if you che Part III If the organization	cked the box fails to qualif	on line 5, 7, or fy under the te	r 8 of Part I or sts listed belo	if the organiza w, please com	tion failed to que plete Part III)	ualify under
	tion A. Public Support		<u> </u>		1		
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	1					
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(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 VI)		,				
11	Total support. Add lines 7 through 10				<u> </u>	<u> </u>	
12	Gross receipts from related activities, et-					12	L
13	First five years. If the Form 990 is for the	~ /	first, second, thir	d, fourth, or fifth t	tax year as a sect	ion 501(c)(3)	. —
	organization, check this box and stop h						<u> </u>
	tion C. Computation of Public S	 / 					T
14	Public support percentage for 2018 (line	ှ6်, column (f) div	rided by line 11, o	column (f))		14	%_
15	Public support percentage from 2017 Sc					15	%
16a	33 1/3% support test—2018. If the ofga				14 is 33 1/3% or	more, check this	
_	box and stop here. The organization qu					0/	
b	33 1/3% support test—2017. If the orga				d line 15 is 33 1/3	% or more, cneck	
	this box and stop here. The organizatio	•	• • •	-	40 40 40-		
17a	10%-facts-and-circumstances test—2	_					
.	10% or more, and if the organization meets the 'organization meets the 'organization	facts-and-circum	nstances" test Th	ne organization qu	ualifies as a public	cly supported	▶ [
IJ	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Explain in Part VI how the organization r	on meets the "fac	cts-and-circumsta	inces" test, check	this box and sto	p here.	. –
18	supported organization Private foundation. If the organization	did not check a b	oox on line 13, 16	a, 16b, 17a, or 1	7b, check this box	and see	▶ [_

Page 3

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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		-				
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	277,960	302,559	218,229	287,008	258,936	1,344,692
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	2,606,235	2,691,092	2,805,388	2,447,345	2,546,746	13,096,806
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,884,195	2,993,651	3,023,617	2,734,353	2,805,682	14,441,498
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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 year						
С	Add lines 7a and 7b					-	<u> </u>
8	Public support. (Subtract line 7c from			·			
	tion B. Total Support	1			l		14,441,498
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,884,195	2,993,651	3,023,617	2,734,353	2,805,682	14,441,498
		2,804,193	2,333,031	3,023,017	2,134,333	2,003,002	14,742,730
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	344	303	198	70		915
b	Unrelated business taxable income (les section 511 taxes) from businesses acquired after June 30, 1975	5					
С	Add lines 10a and 10b	344	303	198	70		915
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	2,884,539	2,993,954	3,023,815	2,734,423	2,805,682	14,442,413
14	First five years. If the Form 990 is for the						14,442,415
1-7	organization, check this box and stop h		mat, accord, time	, 1001111, 01 111111 10	n year as a seem	5/1 00 1(0)(0)	▶ □
Sec	tion C. Computation of Public S		ntage				
15	Public support percentage for 2018 (line			olumn (f))	.	15	99.99%
16	Public support percentage from 2017 Se		-			16	99.99%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2018	(line 10c, column	(f), divided by lin	e 13, column (f))		17	%_
18	Investment income percentage from 20	17 Schedule A, Pa	irt III, line 17			18	%
19a	• •						चित्री
	17 is not more than 33 1/3%, check this						► X
b	33 1/3% support tests—2017. If the or						
	line 18 is not more than 33 1/3%, check						` ▶
20	Private foundation. If the organization	did not check a bo	ox on line 14, 19a	ı, or 19b, check th	ils box and see in	structions	▶ ∐

I Part IVI

Page 4

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion	Α.	AII	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	No
	1	- 1	
_	2		
-	3a		
_	3b		
L	3c		
-	4a		
	4b		;
	4c	- +	!
-	5a		
	5b		
-	5c		
L	6	-	, '
-	7		
_	8		
	 9a		
L	9b		
	9c		· ·
	- 10a		_]
- [-	10b	0 or 990.	EZ) 2018

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Enter 85% of line 1

instructions)

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

and 4c

Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Excess distributions carryover to 2019. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2018 SPORTS CAMP, INC

65-0918561

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2018 Open to Public Inspection

► Go to www irs gov/Form990 for instructions and the latest information. Inspe

ame	of the organization		Employer identification number			
SI	PORTS CAMP, INC		65-0918561			
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6					
	Complete in the enganization and order of	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)	-				
	Aggregate value of 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		☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor advisor	=				
Ü	only for charitable purposes and not for the benefit of the donor or					
	conferring impermissible private benefit?	donor advisor, or for any other purpose	Yes No			
Pa	Irt II Conservation Easements.					
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (ch	neck_all that apply)				
	Preservation of land for public use (e.g., recreation or education	n) 🔲 Preservation of a historically im	nportant land area			
	Protection of natural habitat	Preservation of a certified histo	oric structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a				
	easement on the last day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure	included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 7	/25/06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released	i, extinguished, or terminated by the or	ganization during the			
	tax year ▶					
4	Number of states where property subject to conservation easemen	t is located ▶				
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds	,7	∐ Yes ∐ No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)	(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No			
9	In Part XIII, describe how the organization reports conservation east					
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements	that describes the			
	organization's accounting for conservation easements					
Pa	ort III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		ier Similar Assets.			
4 -			at and halansa shoot			
та	If the organization elected, as permitted under SFAS 116 (ASC 956					
	works of art, historical treasures, or other similar assets held for pu					
L	public service, provide, in Part XIII, the text of the footnote to its fin					
D	If the organization elected, as permitted under SFAS 116 (ASC 95)					
	works of art, historical treasures, or other similar assets held for pu		in further affice of			
	public service, provide the following amounts relating to these item	5	▶ ¢			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
_	(ii) Assets included in Form 990, Part X	n or other complex consts for financial -	► \$			
2	If the organization received or held works of art, historical treasures		ain, provide the			
	following amounts required to be reported under SFAS 116 (ASC 9	relating to these items	▶ ◆			
	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		<u> </u>			

	dule D (Form 990) 2018 SPORTS C	CAMP, INC	- £ A - 4 11:- A		65-09185		Page 2
	urt III Organizations Maintain Using the organization's acquisition, acc						ets (continued)
3	collection items (check all that apply)	ession, and other rec	ords, check a	ny or the following t	illat are a significa	in use or its	
а	Public exhibition	d 🗌	Loan or excha	ange programs			
þ	Scholarly research	e 📙	Other				
С	Preservation for future generations					_	
4	Provide a description of the organization	's collections and exp	olain how they	further the organiz	ation's exempt pu	rpose in Par	t
_	XIII				- 41		
5	During the year, did the organization soli assets to be sold to raise funds rather th						☐ Yes ☐ No
Pa	rt IV Escrow and Custodial A		ao part or the	organization o comp			<u> </u>
	Complete if the organizat		s" on Form	990, Part IV, Irr	e 9, or reporte	d an amou	ant on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, cus	stodian or other interi	mediary for co	ntributions or other	assets not		
	included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Part	XIII and complete th	e following tab	le	г		
							Amount
	Beginning balance					1c	
	Additions during the year				-	1d	
	Distributions during the year				-	1e	
	Ending balance	F 000 D-+ V	line Od for an	araw ar awatadial a	L	1f	Yes No
	Did the organization include an amount of "Yes," explain the arrangement in Part				-		
	irt V Endowment Funds.	Am Check here it th	e explanation	nas been provided	Oli Fait Xiji		
. 'u	Complete if the organizat	ion answered "Ye	s" on Form	990. Part IV. lin	ne 10		
		(a) Current year	(b) Prior ye			ee years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and				ĺ		
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and	-					
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	current year end bal	ance (line 1g,	column (a)) held as	S		
а	Board designated or quasi-endowment						
	Permanent endowment ► %						
C	Temporarily restricted endowment ▶	%					
•	The percentages on lines 2a, 2b, and 2c						
за	Are there endowment funds not in the po	ossession of the orga	nization that a	ire neid and admini	stered for the		Yes No
	organization by						3a(i)
	(i) unrelated organizations(ii) related organizations						3a(ii)
h	If "Yes" on line 3a(ii), are the related org	anizations listed as re	equired on Sci	nedule R2			3b
4	Describe in Part XIII the intended uses of						
	ert VI Land, Buildings, and Ed						
	Complete if the organizat		s" on Form	990, Part IV, Irr	ne 11a See Fo	rm 990, P	art X, line 10
	Description of property	(a) Cost or other		Cost or other basis	(c) Accumulated	i .	(d) Book value
		(investment)		(other)	depreciation		
1a	Land			367,585			367,585
	Buildings				342,	568	-342,568
	Leasehold improvements				610	100	610 100
	Equipment			0 701 000	610,		-610,199
	Other		Dorf V1:	2,721,868	117,	131	2,604,111
ı ota:	I. Add lines 1a through 1e (Column (d) m	iust equai rorm 990,	raπ x, colum	ii (D), iine 100)			2,018,929

Schedule D (F	-orm 990) 2018 SPORTS CAMP, INC		62-0318361	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11h See Form 000) Part X line 12
		(b) Book value	(c) Method of	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-yea	
		ļ	Cost of Grid-Or-yea	T Market Value
(1) Financial				
	eld equity interests			
(3) Other				·····
(A)				
(B)				
(C)			•	
(D)				
(E)				
(F)				
(G)				
(H)	on (h) much acual Form 200, Rad V, and (R) line 40.1 h			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶	<u> </u>		
Part VIII	Investments—Program Related.	Farms 000 Dart IV	line 11e Cae Farm 000	Nort V line 12
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)		,		
(6)				
(7)				
		- 		
(8)				
(9)	(1) 15 000 D. 17 1/D. 1. 101 D.	 		
	nn (b) must equal Form 990, Part X, col (B) line 13) ▶	. J 	<u></u>	
Part IX	Other Assets.	5 000 D 4 1) (L 44 - O Farma 004	2 Dank V June 45
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11a See Form 990	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Part X	Other Liabilities.			·
LiaitX	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11e or 11f See Fo	rm 990 Part X
		on rollingso, raitiv,	ille The of The Oce To	iiii 550, i ait X,
	line 25	(h) Daalissatua		
1.	(a) Description of liability	(b) Book value		
	income taxes	260 550		
(2) NOTE	PAYABLE - FIRST CITIZENS	962,579		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25) ▶	962,579		
. Jan. John	(2)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

4a

4b

4c

5

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2018 SPORTS CAMP, INC Part}XIII Supplemental Information (continued)

65-0918561

Page 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. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

SPORTS CAMP, INC

Form 990, Part III, Line 4b - Second Accomplishment

65-0918561

Employer identification number

Form 990 - Organization's Mission

FOUNDED IN 1999, SPORTS CAMP, INC. IS AN INDEPENDENT NON PROFIT 501(C)(3) ORGANIZATION WHOSE PURPOSE IS TO PROVIDE CHILDREN A SAFE AND INSPIRING AFTER SCHOOL, SUMMER CAMP AND YOUTH SPORTS ENVIRONMENT THROUGH EDUCATIONAL, PHYSICAL AND CREATIVE ACTIVITIES. OUR SCHOLARSHIP PROGRAM ALLOWS HUNDREDS OF DESERVING CHILDREN THE OPPORTUNITY TO EXPERIENCE QUALITY EDUCATIONAL AND SPORTS PROGRAMS WHO MIGHT NOT OTHERWISE BE AFFORDED THE OPPORTUNITY.

THE K6 YOUTH SPORTS PROGRAM/EXTRA CURRICULAR YOUTH ACTIVITIES AND FAMILY OUTREACH EVENTS: K6 YOUTH SPORTS PROVIDE A MEDIUM FOR CHILDREN TO RECEIVE QUALITY INSTRUCTION FROM TRAINED YOUTH SPORTS PROFESSIONALS IN AREAS SUCH AS FLAG FOOTBALL, BASKETBALL, CHEERLEADING AND GYMNASTICS. OVER 26% OF THE CHILDREN PARTICIPATING IN THE YOUTH SPORTS ACTIVITIES RECEIVE FINANCIAL SUPPORT in 2018. SPORTS CLUB PARTNERS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS SCHOOLS, CHURCHES AND LOCAL RECREATION DEPARTMENTS TO BETTER SERVE OUTLYING AREAS OF THE COMMUNITY THAT WOULD OTHERWISE NOT HAVE ACCESS TO SUCH SERVICES AND OPPORTUNITIES. THE SPORTS CLUB CENTER HEADQUARTERS PROVIDES A SAFE VENUE TO HOST FAMILY EVENTS (SEE SCHEDULE O) IN WHICH CHILDREN CAN PARTICIPATE IN SAFE, PROFESSIONALLY SUPERVISED ACTIVITIES DURING THE EVENINGS AND ON WEEKENDS.

Form 990, Part III, Line 4d - All Other Accomplishments SPORTS CAMP, INC. DBA SPORTS CLUB IS CELEBRATING ITS 19TH YEAR OF BRINGING EXEMPLARY AFTER SCHOOL PROGRAMS AND SUMMER CAMPS TO THE CHILDREN OF COLLIER Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

SPORTS CAMP, INC

Employer identification number

65-0918561

AND LEE COUNTIES. IN 2018, SPORTS CLUB AWARDED \$485,506 IN DIRECT FINANCIAL ASSISTANCE TO DESERVING CHILDREN AND THEIR FAMILIES THROUGH THEIR OWN SCHOLARSHIP PROGRAM AND DISCOUNTED FEES SCHEDULE. ONE OF THE KEYS TO SPORTS CLUB'S SUCCESS IS THAT THE PRESIDENT AND FOUNDER, LANE BEATTY, IS A FORMER EDUCATOR, WHO WORKS DAILY IN THE FIELD WITH DIRECTORS AS WELL AS INTERACTING WITH THE CHILDREN. THIS HANDS-ON APPROACH GUARANTEES THE HIGHEST LEVEL OF CARE IS BEING PROVIDED TO EACH CHILD AND PARENTS KNOW FIRST HAND THAT THEIR CHILDREN HAVE BEEN "ACTIVE" FOLLOWING THEIR HOMEWORK SPORTS CLUB RETAINS SOME THE SESSION AT THE END OF THEIR SCHOOL DAY. INDUSTRIES' HIGHEST LONGEVITY RATES DUE TO THE QUALITY RELATIONSHIPS MANAGEMENT BUILDS WITH STAFF ALONG WITH SCHEDULING FLEXIBILITY FOR ITS THE SPORTS CLUB CENTER SERVES AS A LEADING EXAMPLE FOR CHILDCARE TRAINING AND IMPLEMENTATION IN THE STATE. CORE VALUES OF HONESTY, INTEGRITY, PERSEVERANCE AND SELF DISCIPLINE ARE BUT A FEW OF THE BENEFITS CHILDREN GAIN FROM PARTICIPATING IN SPORTS CLUB AS WELL AS OUR K6 YOUTH SPORTS PROGRAMS AND GYMNASTICS SESSIONS. UNLIKE MOST RECREATION PROGRAMS, USUALLY OPERATED BY VOLUNTEER COACHES AND PARENTS, K6 SPORTS TEAMS ARE COACHED BY CERTIFIED YOUTH PROFESSIONALS WHO TEACH AND COACH THE GAME IN CAREFULLY PLANNED PROGRESSIONS. QUALITY INSTRUCTION DEVELOPED FROM THE EDUCATORS WHO FOUNDED THE ORGANIZATION HAS ALLOWED THE K6 PROGRAM TO FLOURISH INTO A UNIQUE COMMUNITY EXPERIENCE UNLIKE ANY OTHER IN THE NAPLES IN 2018, SPORTS CLUB PROVIDED \$9,860 IN SCHOLARSHIPS TO OVER 143 BOYS AND GIRLS SO THEY COULD PARTICIPATE IN K6 SPORTS AND K6 CHEER. NO CHILD IS EVER TURNED AWAY BECAUSE OF THEIR INABILITY TO PAY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE PREPARED 990 IS PROVIDED TO THE BOARD ELECTRONICALLY OR AT REGULARLY

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

SPORTS CAMP, INC

Employer identification number

65-0918561

SCHEDULED BOARD MEETINGS FOR APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY AT A BOARD OF DIRECTORS MEETING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION'S FEDERAL FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT OUR HEADQUARTERS LOCATED AT 3275 PINE RIDGE RD., NAPLES, FL 34109.