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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

	artment of	the Treasury		assets less than \$1 ▶ The organization may have to	,250,000 at the end of t use a copy of this retun			nents		Inspe	ection
	For the 2009 calendar year, or tax year beginning MAY 1 , 2009, and ending					IL 30		, 20 10			
_	Check if a		Please	C Name of organization		, , ,				ntification r	
	Address	change	use IRS	TEAM EXCEL, INC					26	-4470815	
	Name cha	ange	label or print or	Number and street (or PO box,	if mail is not delivered to	street address)	Room/suite	E Telepho	ne nur	nber	
님	Initial retu Terminate	Initial return Terminated See 121 DONALD LYNCH BLVD							617	-497-4970	,
님	Amended		Specific	City or town, state or country, an	d ZIP + 4			F Group	Exem	notion	
H		on pending	instruc- tions.	MARLBOROUGH, MA 01752	2			Numbe		.p	N/A
=			organia	rations and 4947(a)(1) nonexe	emnt charitable true	ste muet attach	G Acco	unting Meth		Cash	Accrual
	000			npleted Schedule A (Form 99		nost attach	l l	(specify)			71001441
_	_			<u> </u>	 			k ▶ ☐ if t		ganization	ıs not
	Websit	te:▶ WWV	V.EXCE	LSYNCHRO.ORG				red to attac		•	
•			check o	nly one) — 🔽 501(c) (3) ◀	I (insert no) 494	7(a)(1) or 5		Z, or 990-l		,	
_	Check I			zation is not a section 509(a)(3)				normally no	t mar	e than \$25	000. A
••				turn is not required, but if the							,,000, 71
				9 to determine gross receipts,					\$		
_	art I			enses, and Changes in					ons	for Part	<u>I.)</u>
	1			ts, grants, and similar amou					1	· · · · · · · · · · · · · · · · · · ·	53201
	2			revenue including governme		acts		· —	2		437677
	3			and assessments				<u> </u>	3		
==	4	Investmen	•					· · ·	4		
2011	5a			m sale of assets other than	unventory	5a	1	· ·	•		
₩ • • •	b			er basis and sales expenses	•	. 5b					
O	C			n sale of assets other than		· · · <u></u>	ine 5a)		ic		
<u>~</u>	6 6			tivities (complete applicable parts							
7 6	a	-		ot including \$		-	3,	_			
Bevenue	[reported o				1					
	. Б	•		nses other than fundraising		6b					
<u> </u>	c			ss) from special events and	•		line 6a)		ic i		
É	7a			entory, less returns and all	·	7a		·	_		
•	b	Less: cost		-		. 7b					
7	С		_	ss) from sales of inventory	(Subtract line 7b fr	rom line 7a) .			'c		
	8	Other reve		- ·		,		<u> </u>	8		922
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8				9		491800
	10			r amounts paid (attach sch		RECE	IVED	7	0		
	11	Benefits p	aid to c	or for members				. . [-	11		
ď	12			mpensation, and employee				کا ا	12		
Expense	13	Profession	al fees	and other payments to ind			f 1 2011 $f 1$	위 .	13		27500
9	14			utilities, and maintenance		<u> </u>			14		
ú	15	Printing, p	ublicati	ons, postage, and shipping	1	OGDE			5		2813
	16	Other exp	enses (describe > STATEMENT	1		, .	ᆜ) [16		461274
_	17			Add lines 10 through 16 .					17		491587
Ţ	18) for the year (Subtract line					18		213
ď	19			nd balances at beginning of							
Not Accete	?		-	e reported on prior year's re				F	19	·	-213
4	20			net assets or fund balance					20		16290
_	21			d balances at end of year.					21 _		16290
	Part II	Balanc	e Shee	ets. If Total assets on line 2		\$1,250,000 or			$\overline{}$		
				(See the instructions for	•		<u> </u>	ginning of ye	_		of year
		ash, savings						14:	287 2		101292
							· [23	.
			describ	PROGRAM REVENUE)		0 2		1492
		otal assets					·		287 2		102784
			•	pribe PROG REV IN AD)		500 2		86494
	7 N	er assets of	י זווחרי י	Talances line 27 of collimi	LUST MILIST SOFAA W	コローロー フコー	1	'	71 KI 7	7.7	16200

Pari	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What	is the organization's primary exempt purpose?	PROMOTE SYNCHRONIZED	SKATING		(Requ	ured for section
	ribe what was achieved in carrying out the org			nd concise)(3) and 501(c)(4)
manr	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts, optional
each	program title.					hers)
28	PROMOTE SYNCHRONIZED SKATING AND PREPAR	RE SYNCHRONIZED SKATING	TEAMS FOR NAT	ONAL	1	
	AND INTERNATIONAL COMPETITION, ENCOURAGE	TEAMWORK & SPORTSMAI	NSHIP. SUPPORT			
	INDIVIDUALS AND TEAMS AS THEY SEEK TO ATTA	***************************************				
		includes foreign grants, ch		▶ □	28a	434439
29	The same arroant	modes for orgin gramo, on		<u> </u>	1200	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	
30			99.111010 1 1 1			
	•					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	30a	
31	Other program services (attach schedule)			<u> </u>	000	. <u>-</u> .
•	(Grants \$) If this amount			· .	31a	
32	Total program service expenses (add lines 28a t				32	
Par						ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributi	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benef deferred comp		account and other allowances
DAV	ID WOLFE	· · · · · · · · · · · · · · · · · · ·	omer o y	deletted comple	J1134(10)1	other anowances
	ANIELS STREET, FRANKLIN, MA 02038	PRESIDENT, 4	0		0	0
	Y PFORZHEIMER		<u> </u>			
	CONCORD AVE, BELMONT, MA 02478	Treasurer, 4	0		0	0
	RIET SCHWARTZ CREW					
	NGMEADOW WAY, ACTON, MA 01720	CLERK, 2	0		0	o
	REN NAPHTAL					
	CHOOL STREET, WESTON, MA	DIRECTOR, 2	0		0	o
	SOKOLOV		<u> </u>			0
	EDGELAWN AVE, LEXINGTON, MA	DIRECTOR, 2	0		0	o
	KING			<u>,</u>		
	/ARREN ROAD, DEDHAM, MA	DIRECTOR, 2	0		0	0
	NNE BENSON		-			
	GUGGINS LANE, BOXBOROUGH, MA	VICE PRESIDENT, 4	0		0	0
	DON BENSON					0
	GUGGINS LANE, BOXBOROUGH, MA	DIRECTOR, 2	0		0	0
	ITA MULLEN		-			
	DONALD LYCH BLVD, MARLBOROUGH, MA	DIRECTOR OF SKATING	70000		0	o
	JOHALD ET OTT BEVD, MANEBORGOOTI, MA		70000		- 0	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			-3
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		_	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ▶ MASSACHUSETTS			
42a	9	17-49	7-497	0
	Located at ► 121 DONALD LYNCH BVD, MARLBOROUGH, MA ZIP + 4 ►	01	752	·
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
44	Did the organization maintain any denor advised funded if "Vee " Form 000 must be assented with a first		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		 -	-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	<u> </u>	✓
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part VI

f Total number of other employees paid over \$100,000	Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	exempt charita ritable trusts mu	ble trusts only. A ust answer question	II sec ons 46	tion 5–49i	—— ɔ
47 July 48 Is the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 July 48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E 48 July 49 Did the organization as an exempt non-charitable related organization? 49 20 30 30 30 30 30 30 30					or in opposition to		Yes	No
48 is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E		•						√
Substitute organization make any transfers to an exempt non-charitable related organization? Age Age Age By By By By By By By B			•					√
b f" Ves," was the related organization a section \$27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of position with the position of the specific plans is deferred compensation of the specific plans is deferred compensation of the relationary of		•		•				
Complete this table for the organization's five highest compensated employees (other than officiers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 0) Title and sierage hours and address of each employee pad more than \$100,000		•	•	•				
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(a) Name and address of each employee paid more than \$100,000 Popular George Compensation (e) Compensation employee beeting plans a delivered compressation of where allowances than \$100,000 Popular Statements and some part of the plans of the p								
f Total number of other employees paid over \$100,000		(a) Name and address of each employee paid more	(b) Title and average hours per week		(d) Contributions to employee benefit plans &	(e)	Exper	nse and
f Total number of other employees paid over \$100,000								
f Total number of other employees paid over \$100,000						<u> </u>		
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 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 Sign Here Preparer's 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 Sign Preparer's 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 Sign Preparer's 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 Sign Preparer's 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 to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowle	NONE							
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\$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	f	Total number of other employees paid over \$100	0,000 ▶			• -		
d Total number of other independent contractors 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 Date Date Preparer's identifying number (See instructions) signature					Type of service	(c) Co	mpens	ation
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	NONE							
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	d	Total number of other independent contractors of	each receiving over \$100,0					
Here Signature of officer Francy Type or print name and title Preparer's signature Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions Date Check if self-employed ▶ □ Preparer's identifying number (See instructions) EIN Phone no Yes □ No								
Paid Preparer's Use Only Way the IRS discuss this return with the preparer shown above? See instructions Self- employed ▶□ EIN Phone no Yes □ No	Sign Here	GARY Plo	Przheirier, TI	lasure	3/13/11 Date			
Preparer's Use Only Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ▶ May the IRS discuss this return with the preparer shown above? See instructions	Paid	signature	Date	self-	Preparer's identifying nui	mber (Se	e instruc	tions)
address, and ZIP + 4	•	Firm s name (or			EIN Þ			
		address, and ZIP + 4			Phone no ▶			
	May th	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>	▶ □			

SCHEDULE A

(Form 990 or 990-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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization Employer identification number TEAM EXCEL, INC. 26 4470815 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No

Par	(Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.		:				
6	tion B. Total Support					I	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4	(4) 2000	(5) 2000	(0) 2001	(4) 2000	(e) 2009	(i) Total
7 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 .				<u> </u>		
12	Gross receipts from related activities, etc	(see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth			
<u>Sec</u>	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2009 (line	6, column (f) dı	vided by line 1	1, column (f))		14	N/A %
15	Public support percentage from 2008 Sci	hedule A, Part I	l, line 14 .			15	%
16a	33% % support test-2009. If the organiand stop here. The organization qualifies						
b	33\% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances facts-and-circumstances facts-and-circumstances facts-and-circumstances facts-and-circumstances facts-and-circumstances facts-and-circumstances facts-and-circumstances facts	acts-and-circun	nstances" test,	check this box	and stop here.	. Explain in Parl	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circum	stances" test, o	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gıfts, grants, contributions, membership fees received. (Do not include 1520 53201 54721 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1626 437677 439303 organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 3146 490878 494024 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 is for the year					39444	39444
С	Add lines 7a and 7b				0	39444	39444
8	Public support (Subtract line 7c from line 6)						454580
Sec	tion B. Total Support					<u> </u>	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				3146	490878	494024
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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 IV.)				0	922	922
13	Total support. (Add lines 9, 10c, 11, and 12)				3146	491800	494946
14	First five years. If the Form 990 is for organization, check this box and stop	here				ear as a section	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin	ne 8, column (i	f) divided by lir	ne 13, column	(f))	15	%
<u>16</u>	Public support percentage from 2008 S	Schedule A, P	art III, line 15	<u> </u>	· · · ·	16	%
Sec	tion D. Computation of Investmen	<u>nt Income P</u>	ercentage				
17	Investment income percentage for 2009					17	%
18	Investment income percentage from 20					18	%
19a	17 is not more than 331/3 %, check this b	ox and stop h	e re. The organ	zation qualifies	s as a publicly s	supported organ	nization 🕨 🔲
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nizatıon qualıfıe	s as a publicly	supported orgar	nization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	l4, 19a, or 19b	, check this bo	x and see instr	ructions ► 🗌
						edule A (Form 990	
_	-						

Part IIV Supplemental Information. Complete this part to provide the explanations required by Part III, line 10. Part III, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
			Complete this art III, line 12.	part to provide th Provide any othe	e explanations required radditional information.	
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TEAM EXCEL, INC. 26-4470815 ATTACHMENTS TO YEAR ENDED 4/30/2010 FORM 990-EZ

PART I - REVENUE, EXPENSES, AND CHANGES IN NET ASSETS LINE 16 - OTHER EXPENSES

FUNDRAISING	26835
PROGRAM COSTS - CLOTHING	52886
PROGRAM COSTS - COMPETITIONS	91132
PROGRAM COSTS - ICE & COACH	285185
BANQUET	3225
OTHER EXPENSES	2011
TOTAL	461274

PART I - REVENUE, EXPENSES, AND CHANGES IN NET ASSETS LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TEMPORARILY RESTRICTED NET ASSETS

- CONTRIBUTIONS RECEIVED FOR NEXT

FISCAL YEAR PROGRAM EXPENSES 16290

	Page 2
 	

Part II	Additional (Not Automatic) 3-Mont	h Extension	of Time. Only file the original (no	copies ne	eded).	
ype or	Name of exempt organization				ntification number	
rint	TEAM EXCEL, INC.				26-4470815	
e by the						
tended ie date for	121 DONALD LYNCH BLVD					
ng your turn See structions	City, town or post office, state, and ZIP code MARLBOROUGH, MA 01752	For a foreign a	ddress, see instructions			
nter the F	Return code for the return that this applicati	on is for (file a	separate application for each return)		0	
Applicati	ion	Return	Application	· · · · · · · · · · · · · · · · · · ·	Return	
s For	· - ··	Code	Is For		Code	
orm 990)	01				
orm 990		02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	08	
orm 990		03	Form 4720		09	
orm 990		04	Form 5227		10	
orm 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	O-T (trust other than above) not complete Part II if you were not alread	06	Form 8870		12	
f the org f this is t r the wh	ganization does not have an office or place for a Group Return, enter the organization's ole group, check this box	FAX of business in s four digit Gro l . If it is for pa	oup Exemption Number (GEN)		. If this is	
If the org	ne No. ► 617-497-4970 ganization does not have an office or place for a Group Return, enter the organization's	FAX of business in s four digit Gro l. If it is for painsion is for ime until inning 12 months, ch	No. ► the United States, check this box . pup Exemption Number (GEN) rt of the group, check this box . MARCH 15 , 20 5/1 , 20 09 , and ending heck reason: ☐ Initial return ☐	0 11	. If this is and attach a	
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If the org If this is in the who If the ST For If the ST AD If th	ne No. ► 617-497-4970 ganization does not have an office or place for a Group Return, enter the organization's ole group, check this box ► □ the names and EINs of all members the extereduest an additional 3-month extension of the tax year entered in line 5 is for less than Change in accounting period ate in detail why you need the extension obtitional TIME IS NEEDED TO COMPLETE A his application is for Form 990-BL, 990-PF in application is for Form 990-PF, 990 timated tax payments made. Include any nount paid previously with Form 8868. Ilance due, Subtract line 8b from line 8a. Include actionic Federal Tax Payment System). See instructions.	FAX of business in s four digit Gro l. If it is for painsion is for ime until inning 12 months, ch AUDIT THAT IS , 990-T, 4720, -T, 4720, or in prior year ov de your payments structions.	the United States, check this box . bup Exemption Number (GEN) rt of the group, check this box . MARCH 15 , 20 5/1 , 20 09 , and ending neck reason	O 11	. If this is and attach a o , 20 10 n	
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Form 8868 (Rev 1-2011)

Form **8868**

(Rev April 2009)
Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 d	of this form)	▶ □
Part I	blete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded).	ea Form 886	18
	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	nd complete	• ▶ 🗆
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to req	uest an exte	ension of
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed arone details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file if	ver, you ca s 990-BL, 6 nd signed pa	nnot file Fo 069, or 887 ge 2 (Part II)	rm 8868 0, group of Form
Type or	Name of Exempt Organization		dentification	
print	Team Excel, Inc	26	44708	15
File by the due date for	Number, street, and room or suite no. If a P.O box, see instructions			
filing your return See	NESC; Attn: SCOB/TeamExcel; 121 Donald Lynch Blvd City, town or post office, state, and ZIP code For a foreign address, see instructions		 	
instructions	Marlborough, MA 01752			
Check type	of return to be filed (file a separate application for each return):			
☑ Form 99	Form 990-T (corporation)		Form 4720	
☐ Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227	
☐ Form 99	0-EZ		Form 6069	
☐ Form 99	0-PF		Form 8870	
Telephone If the orga If this is for the whole	Treasurer, Gary Pforzheimer No. ► (508) 229-2700 FAX No. ► () anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). The group, check this box ► □ . If it is for part of the group, check this box ■ In the group is the group, check this box		 If this	▶ □ s is ach
until for the ▶ □	rest an automatic 3-month (6 months for a corporation required to file For February 15, 20, 11, to file the exempt organization return for the organization organization's return for: calendar year 20		ve The exte	
2 If this	tax year is for less than 12 months, check reason: Initial return Final return (Change	ın accountir	ng period
less ar	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tarry nonrefundable credits. See instructions.	3a	\$	0.00
payme	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to the made. Include any prior year overpayment allowed as a credit.	3b	\$	0.00
deposi	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymenn) See instructions.), Januari	1.	0.00
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO and	Form 8879-	EO

Cat No 27916D