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# Form **990**

Department of the Treasury Unternal Revenue Service

## 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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

A I	or the	e 2010 calendar year, or tax year beginning AUG 1,	2010 and	ending J	UL 31,	2011					
B Check if applicable C Name of organization   D Employer identification number											
	Addres change	RACQUET UP DETROIT									
	Name change	Doing Business As				<u>27-262</u>	20275				
	Initial retum Termin ated	Number and street (or P 0 box if mail is not delivered to str P • O • BOX 11404	reet address)	Room/suite	E Telephone	number (313)	600-9593				
	Ameno		·		G Gross receipt	:s \$	459,015.				
	Applic	DEIROII, HI 40211			H(a) Is this a	group retur					
	pendir	F Name and address of principal officer DEREK AG	ates?	Yes X No							
_		SAME AS C ABOVE			H(b) Are all af						
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert	no) 4947(a)(1)	or 527	1 '		. (see instructions)				
		te: WWW.RACQUETUP.ORG  Organization X Corporation Trust Association	Other -	l v	H(c) Group e		umber  ate of legal domicile MI				
	ert I	organization X Corporation Trust Association  Summary	Other >	L Year	of formation 2	O I O M St	ate of legal domicile P11				
	-	Briefly describe the organization's mission or most significant	t activities: THE	ORGANI	ZATION	SUPPOR	RTS AND				
Å,ÛÅÇtivities & Governance		EMPOWERS DETROIT YOUTH TO ACHI									
Ë	2	Check this box F I If the organization discontinued its	operations or dispos	sed of more	than 25% of	ts net asset	Ss.				
ŏ.	3	Number of voting members of the governing body (Part VI, lir	ne 1a)			3	10				
න න	4	Number of independent voting members of the governing bo	dy (Part VI, line 1b)	-		4	9				
ies	5	Total number of individuals employed in calendar year 2010 (	(Part V, line 2a)			5					
Į.	6	Total number of volunteers (estimate if necessary)		•		6	75				
(A)	7a	Total unrelated business revenue from Part VIII, column (C),				7a 7b	0.				
	D	Net unrelated business taxable income from Form 990-T, line	34	· ·	Prior Yea		Current Year				
Klebenus ()	8	Contributions and grants (Part VIII, line 1h)				550.	446,776.				
يا القر	1	Program service revenue (Part VIII, line 2g)				0.	0.				
<b>₹</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•		<del></del>	0.	22.				
	4.4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	and 11e)		-	0.	12,217.				
<u> Ú</u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, o	column (A), line 12)		72 <b>,</b>	550.	459,015.				
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1:	3)			0.	0.				
ζ	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
Ses ©	15	Salaries, other compensation, employee benefits (Part IX, col	4,	800.	107,237.						
ben	108	Professional fundraising fees (Part IX, column (A), line 11e)	8,9	68.		0.	<u> </u>				
찣	17	Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<del></del>	4 .	943.	96,445.				
	18	Total expenses. Add lines 13: 2 must equal Part IX. column	(A), line 25)	<u> </u>		743.	203,682.				
	19	Total expenses. Add lines 13 2 must equal Part IX, column Reventing less expenses. Subtract line 18 from line 12	, , , 25, .			807.	255,333.				
Net Assets or Fund Balances		78		Be	ginning of Curre		End of Year				
sets	20	Total-assets (Part X, line 16)				035.	318,140.				
at A	21	Total liabilities (Party, Inc. 26)		<u> </u>		228.	0.				
		Net assets or fund balances. Subtract line 21 from line 20			62,	807.	318,140.				
1	art II	Signature Block alties of perjury, I declare that I have examined this return, including a	acampanuna achadula	o and statem	anto and to the	boot of my lea	andadas and balad day				
		allies of perjury, I declare that I have examined this return, including a ct, and complete. Declaration of preparer (other than officer) is based.	· · · · ·			-	iowiedge and deliet, it is				
iiuc	, 001160	a, and complete Declaration of prepares (other than officer) is based	on an information of w	nich prepare		<b>2</b> 1-12					
Sig	ın	Signature of Officer			Date						
He		DEREK AGUIRRE, EXECUTIVE DI	RECTOR								
		Type or print name and title									
		Print/Type preparer's name Preparer's	signature .	/	Date	Check	PTIN				
Pai			Line Det	P.A.	2-1-12-	self-employed					
	parer	Firm's name GEORGE JOHNSON & COMP.	Firm's EIN								
use	Only	Firm's address 1200 BUHL BUILDING, 5 DETROIT, MI 48226	33 GKISMOL	ט	Dhan	eno (31	3) 965-2655				
— Мэ	v the II	RS discuss this return with the preparer shown above? (see ii	nstructions)		Phon	5 NO (31	X Yes No				
	001 02-2			ons.		-	Form <b>990</b> (2010)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) RACQUET UP DETROIT	27-2620275	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
. 1	Briefly describe the organization's mission: THE ORGANIZATION SUPPORTS AND EMPOWERS DETROIT YOUTH TO	ACHIEVE THE	
	FULL POTENTIAL THROUGH A DEMANDING AND INSPIRING LONG-TH	ERM	
-	EXTRACURRICULAR MENTORING PROGRAM OF SQUASH, ACADEMICS,	AND COMMUNI	TY
	SERVICE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	20200	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(***** <u></u> /\'		<u>217.</u> )
	THE ORGANIZATION OPERATES A YOUTH DEVELOPMENT PROGRAM FO		
	PUBLIC SCHOOL STUDENTS AFTER SCHOOL, ON THE WEEKEND, AND		
	SUMMER. THIS, PROGRAM AIMS TO PROMOTE DETROIT PUBLIC SCH	HOOL STUDENT	s'
	PHYSICAL FITNESS, READING AND WRITING ABILITIES, SELF-ES	STEEM, STREN	GTH
	OF CHARACTER, AND EDUCATIONAL ATTAINMENT. OVERALL, THEF	RE ARE SEVEN	
	MAIN PROGRAM COMPONENTS, INCLUDING: SQUASH INSTRUCTION		
•	COMPETITION, FITNESS DEVELOPMENT, ACADEMIC TUTORING, LIT		
	DEVELOPMENT, COMMUNITY SERVICE, SUMMER OPPORTUNITIES, AN		
	DEVELOPMENT, COMMONTH BERVICE, BOMMER OFFORTONTHED, AL	ID MENIORING	•
	KEY ACCOMPLISHMENTS FOR THIS PROGRAM INCLUDE THE FOLLOW	ING:	
	1. ENROLLMENT AND ACTIVE ENGAGEMENT OF 38 STUDENTS	<del>-</del>	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
		<del></del>	<del></del>
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	<u> </u>
	/(COSC)//(COSC)//(COSC)		′
		<del></del>	
		<del></del>	
		<del></del>	
4d	Other program services (Describe in Schedule O.)	-	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 180,585.		

# Form 990 (2010) RACQUET UP D Part 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)?		х	
2	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
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	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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, 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
Ь	•			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	5 5 5			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	}		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		F	000 //	040

# Form 990 (2010) RACQUET UP DETROIT Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
	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 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	
	Schedule L, Part III	27		<u>X</u>
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	_	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
^^	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		v
34	Was the organization related to any tax-exempt or taxable entity?	33_		<u> X</u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		<u>X</u>
		33		
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>5</b> 0	If "Yes," complete Schedule R, Part V, line 2	35		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 21
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	-57		
~	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	140001 1 C C.C. Mario di o rodginoù lo porriptoro corrodoro c		990 (	2010\

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
· c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u>L</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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," provide an explanation in Schedule O	3b		
4a	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 account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b> .		Х
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_ 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 6099 as required.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	718	-11/	-
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			İ
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			
	Enter the amount of reserves on hand			<del></del>
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

RACQUET UP DETROIT 27-2620275 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 9 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7Ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. \_ Own website \_\_\_ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

48235

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

DEREK AGUIRRE - (313) 600-9593 18100 MEYERS ROAD, DETROIT, MI

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated	
	hours per	(ci	(check all that apply)				ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
BOWDEN BROWN	O)	_	_		_	1 8	-				
SECRETARY	5.00	X		Х				0.	0.	0.	
PATRICK MANSFIELD				-							
TREASURER	1.00	X		X				0.	0.	0.	
SUSAN FLORIO-RUANE						<u> </u>					
DIRECTOR	3.00	X					ĺ	0.	0.	0.	
GEORGE A. HAGGARTY											
PRESIDENT	15.00	X		Х		ļ		0.	0.	0.	
PHILLIP KALISMAN											
DIRECTOR	1.00	X						0.	0.	0.	
PETER T. KROSS								,			
DIRECTOR	1.00	X						0.	0.	0.	
SEAN P. MORAN			ĺ								
VICE-PRESIDENT	3.00	X		Х				0.	0.	0.	
MEHUL MEHTA				:							
DIRECTOR	1.00	X			<u></u>			0.	0.	0.	
PETER F. SCHWARTZ							ĺ	_			
DIRECTOR	1.00	X	<u> </u>		_			0.	0.	0.	
DEREK AGUIRRE	60.00							75 707			
EXECUTIVE DIRECTOR	60.00			Х	<u> </u>	<u> </u>	_	75,737.	0.	3,448.	
			<u> </u>	_							
	<del>-   </del>		-		-	├					
			Ì	ļ							
		<del> </del>	<u> </u>	-	$\vdash$	-		-	<del></del>		
			1								
	+			-	<del> </del> —	-					
	<del>                                     </del>	t-	$\vdash$		<u> </u>		-				
		t			<u> </u>	1	t				
			<u> </u>	Ь—	Ь	<del>'</del>		<del></del>			

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RACQUET UP DETROIT

Par	VII Section A. Officers, Directors, Tr		mple	oyee			High	est						
	(A)	(B)			•	C)			(D)	(E)			(F)	
•	Name and title	Average hours per	(6	heck	Pos call t			lv)	Reportable compensation	Reportable compensation		l	stimate	
•		week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	d ns	com fr org	nount of other of the other of	tion e ion ed
										·				<u> </u>
														_ <u>-</u> ;
		<u> </u>								-				
							_			<del></del>				
				_			<u> </u>							
		<u> </u>	<u></u>											
		<u> </u>	-			<u> </u>	-							
		<u></u>		<u></u>				<u> </u>	75,737.	<del>-</del>	0.	-	3,4	10
	Sub-total Total from continuation sheets to Part V	/II. Section A							75,757.	<del></del>	0.	<del> </del>	3,4	0.
ď	Total (add lines 1b and 1c)						<b>•</b>		75,737.		0.	<b></b> -	3,4	
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportab	le			0
							•						Yes	No
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		3		х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15								·	the organization	,	4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				_		relat	ed organization or indiv	dual for services	i	5		х
Sec	tion B. Independent Contractors								·					
1	Complete this table for your five highest c the organization. NONE	ompensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	(A) Name and busines	s address							(B) Description of s	ervices	C	(Compe	C) nsatio	1
		<u></u>												
									<u> </u>					
									· · · · · · · · · · · · · · · · · · ·					
										<del></del> -,	<del></del>	<del></del>		
	Total number of independent contractors	/maludia a but			- 4 h	. +h -			d about of what was a second to	acce there				
	Total number of independent contractors \$100,000 in compensation from the organ		1011	minte	:u (C		0		above) who received n	iore man	<u></u>			

*					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	1 a b c d	Membership dues Fundraising events Related organizations	1a					513, or 514
Contributions and other sir	f 9	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and ve 1f	446,776.	446,776.			
Program Service Revenue	2 a			Business Code				
	b d							
Proc	e f <u>9</u>	-	enue j	<b>&gt;</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		<b>•</b>	22.			22.
	6 a	Gross Rents	(i) Real	(ii) Personal				
	c d 7 a		(i) Securities	(ii) Other		,		
		assets other than inventory Less: cost or other basis and sales expenses						
e	c d 8 a		g events (not	<b></b>				
Other Revenu	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
		Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	- T	<b>&gt;</b>				
	c	Less: direct expenses  Net income or (loss) from gan Gross sales of inventory, less	<b>b</b> ning activities	<b>&gt;</b>				
	b	and allowances Less: cost of goods sold Net income or (loss) from sale	a . b	<b>-</b>				
1	<u>v</u>	Miscellaneous Revenu		Business Code				
Ì	11 a	OTHER REVENUE		900099	12,217.	12,217.		
	b							
}	C	<del></del>		<del></del>				
	d	,	!		10 017			
		Total. Add lines 11a-11d		<b>P</b>	12,217. 459,015.	12,217.	^	
	12	Total revenue See instructions			407,010.	12,211.	0.	22.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 79,186. 71,267. 3,959. trustees, and key employees 3,960. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,912. 17,021 Other salaries and wages 946. 945. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 2,353. 2,118. 118. 117. Other employee benefits 6,786. 6,107. 10 Payroll taxes 340. 339. Fees for services (non-employees): Management 1,100. 1,100. Legal 1,200. 1,200.C Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 30,000. 27,000. 1,500. Other 1,500. 2,468.  $2,\overline{222}$ . 123. 12 Advertising and promotion 123. 1,852. 1,666. 93. 13 Office expenses 93. 14 Information technology 15 Royalties Occupancy 16 6,635. 5,971. 332. 17 Travel 332. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 5,924. 5,332. 296. 23 Insurance 296. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 19,175. 19,175. PROGRAM MATERIALS FACILITY RENT 7,080. 6,372. 354. 354. EQUIPMENT  $6,\overline{120}.$ 5,508. 306. C 306. GRAPHIC DESIGN 3,334. 3,000. 167. 167. LICENSES AND FEES 2,861. 2,861. 8,696. 7,826. 435 All other expenses 435. 203,682. 180,585. Total functional expenses. Add lines 1 through 24f 14,129. 25 8,968. Joint costs. Check here I I I I following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	•	64,035.	1	244,472
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	70,000
	4	Accounts receivable, net		-	4	,
- [	5	Receivables from current and former officers, d	rectors trustees key		-	
	•	employees, and highest compensated employe	· · · · · ·			
		of Schedule L	os. Complete i ait ii		5	
1	6	Receivables from other disqualified persons (as	defined under section			
	•	4958(f)(1)), persons described in section 4958(c				
İ		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instru	* * * * * * * * * * * * * * * * * * * *		6	
Assers	7	Notes and loans receivable, net	Jetiens)		7	<del></del> -
20	8	Inventories for sale or use	·		8	<del></del>
۱ ۲	9	Prepaid expenses and deferred charges	·		9	2,568
		Land, buildings, and equipment: cost or other	1 1		3	2/300
		basis. Complete Part VI of Schedule D	10a			
İ	h	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	<del></del>	13		
- 1	14	Intangible assets		·	14	
	15	Other assets. See Part IV, line 11				1 100
	16	Total assets. Add lines 1 through 15 (must equ	64,035.	15 16	1,100 318,140	
$\overline{}$	17	Accounts payable and accrued expenses	al life 34)	01,033.		310,140
- 1	18	Grants payable		17		
	19	Deferred revenue	•		18	
- 1	20	Tax-exempt bond liabilities			19	
	21	•	Dort IV of Cobodula D		20	<del> </del>
Liabilities	22	Escrow or custodial account liability. Complete			_21	
	~	Payables to current and former officers, directo				
		highest compensated employees, and disqualif of Schedule L	led persons. Complete Part II			
1	23		et and the real in a return		22	
	23 24	Secured mortgages and notes payable to unrel	·		23	<del></del>
ĺ	2 <del>5</del>	Unsecured notes and loans payable to unrelate Other liabilities Complete Part X of Schedule D	d third parties	1,228.	24	
	26 26	•		1,228.	25 26	0.
$\dashv$	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	oro N X and complete	1,220.	26	U.
ای		lines 27 through 29, and lines 33 and 34.	ere 🕨 🔼 and complete			
Net Assets or Fund Balances	27	Unrestricted net assets		62,807.	27	249 140
Ē	28	Temporarily restricted net assets	-	02,007.		248,140. 70,000.
ă	29	Permanently restricted net assets			28	70,000.
	29	Organizations that do not follow SFAS 117, c	hank have		29	<del></del>
Ī			heck here  and			
8	20	complete lines 30 through 34.				
Se	30	Capital stock or trust principal, or current funds	l l		30	
ž	31	Paid-in or capital surplus, or land, building, or ed	· ·		31	<del></del>
ž	32	Retained earnings, endowment, accumulated in	icome, or other funds	62 007	32	210 140
	33	Total hebitics and act accept for disclarate	}	62,807. 64,035.	33	318,140.
	34	Total liabilities and net assets/fund balances		04,033.	34	318,140.

Form 990 (2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

				UP DETROIT						2	7-2620	275	
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.				
The	organ			because it is: (For lines							_		
1				s, or association of chur					).				
2		A school des	scribed in section 17	<b>′0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hosp	tal service organization (	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital	l's nan	ne,
		city, and stat	te:										
5		An organizat	on operated for the	benefit of a college or un	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental unr	t described	d in <b>sectio</b>	n 170(b)(	I)(A)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		-	<b>(b)(1)(A)(vi).</b> (Comple	•									
8				ection 170(b)(1)(A)(vi).									
9				eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	after June 3	80, 197	<b>'</b> 5.
40			<b>509(a)(2).</b> (Complete	•									
10	H			perated exclusively to te									
11	ت			perated exclusively for the									or
				ations described in section organization and complete in the c				2). See see	ction 509(	a)(3). Che	eck the box	that	
		a Type		<b>-</b>	: Typ	-		caratad		<u>ا</u> ا	T 111	`` ~~.	
e				t the organization is not					r mara dia		Type III - (		_
·				han one or more publicly									n
f				ten determination from t						γ(α)(1) Of S	section 50s	r(a)(z).	
			rganization, check th			,	, , , , , , , ,	, 0 , p.					
g	l	Since August	t 17, 2006, has the d	organization accepted ar	y gift or co	ontribution	from any	of the foll	owing pers	sons?			
				rectly controls, either al								Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?		-					11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)		
h	1	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
			· · · · · · · · · · · · · · · · · · ·	(th) Toront					т				
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization			(vi) is organizatio		(vii) Arr	nount o	f
	orga	nization		(described on lines 1-9	in col (i) lis governing (				(i) organiz U S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes		Yes	No	Yes				
				(and management)	162	140	165	NO	res	No	<del></del>		<del></del>
						i							
										+			
											<del></del> ·		
_	_												

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				72,550.	446,776.	519,326.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				i		1
	or expended on its behalf		_				
3	The value of services or facilities	į					
	furnished by a governmental unit to				İ		
	the organization without charge						
4	Total. Add lines 1 through 3				72,550.	446,776.	519,326.
5	The portion of total contributions						<u> </u>
	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)						252,502.
_6	Public support. Subtract line 5 from line 4						266,824.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				72,550.	446,776.	(f) Total 519,326.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					22.	22.
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.)					12,217.	12,217. 531,565.
11	<b>Total support.</b> Add lines 7 through 10			•			531,565.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor		<del></del>	<u> </u>			<u> </u>
	ction C. Computation of Publ				·	<del></del>	
	Public support percentage for 2010 (		•	column (f))		14	
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010. If the o				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•				
D	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check the	s box
47.	and stop here. The organization qual						▶∟
174	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring transfer and organization meets" and organization meets the "factoring transfer and organization meets the "factoring tra					τ IV how the organ	ization
	meets the "facts-and-circumstances"					7	▶∟_
O	10% -facts-and-circumstances tes						U% or
	more, and if the organization meets the organization meets the facts-and-circ						▶□
18	Private foundation. If the organization						
	ato roundation. If the organization	n did not check a	DOVINIE 19' IC	a, rop, r/a, or 1/	o, check this box a	nu see instructions	

# Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization	n fails to
qualify under the tests listed below, please complete Part II )	

<u>Sec</u>	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·		·	<del></del>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and	,							
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-						!		
	formed, or facilities furnished in						ı		
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that					_			
9	are not an unrelated trade or bus-								
	iness under section 513								
	Tax revenues levied for the organ-		<u> </u>			<del>  -                                   </del>	-		
4	ization's benefit and either paid to								
	or expended on its behalf								
_	· '								
5	The value of services or facilities	İ							
	furnished by a governmental unit to								
	the organization without charge					<del>                                     </del>			
-	Total. Add lines 1 through 5			ļ		<del> </del>			
7a	Amounts included on lines 1, 2, and	-							
	3 received from disqualified persons					ļ			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that	1							
	exceed the greater of \$5,000 or 1% of the	- I							
	amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
Sed	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on	I			ĺ				
	securities loans, rents, royalties and income from similar sources	I							
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975				ĺ				
_	Add lines 10a and 10b								
11	Net income from unrelated business					<del>                                     </del>			
• •	activities not included in line 10b,								
	whether or not the business is								
10	regularly carried on Other income. Do not include gain				-	<del>                                     </del>			
12	or loss from the sale of capital								
	assets (Explain in Part IV.)								
	Total support (Add lines 9, 10c, 11, and 12)					J	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	zation,		
	check this box and stop here				·		<u> </u>		
	ction C. Computation of Publ								
	Public support percentage for 2010 (		• ,	column (f))		15	··-		
	Public support percentage from 2009			<del></del>		16			
	ction D. Computation of Inves	-				<del></del>			
	· · · · · ·	110 (line 10c, column (f) divided by line 13, column (f))				17			
18	Investment income percentage from	2009 Schedule A,	Part III, line 17		18				
19a	33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not		
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly :	supported organi	zation	▶		
t	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	structions	▶□		
_									

Schedule A (Form 990 or 990-EZ) 2010 RACQUET UP DETROIT	27-2620275 Page 4	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line		
and Part III, line 12. Also complete this part for any additional information (See instructions)	<del> </del>	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
OTHER INCOME		
•		
	<del></del>	
	<del></del>	
	<del></del>	
<del></del>		

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

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

RACQUET UP DETROIT

Employer identification number 27-2620275

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEMANDING AND INSPIRING LONG-TERM EXTRACURRICULAR MENTORING PROGRAM OF
SQUASH, ACADEMICS, AND COMMUNITY SERVICE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
2. GREATER THAN 90 PERCENT ATTENDANCE AT OUT-OF-SCHOOL-TIME SESSIONS
3. OVER 80 PERCENT RETENTION OF STUDENTS ENROLLED FROM YEAR ONE TO YEAR TWO
4. 100 PERCENT PROMOTION RATE FROM GRADE TO GRADE FOR PARTICIPANTS
5. DEEP ENGAGEMENT OF PARTICIPANTS IN THE SPORT OF SQUASH, LEADING TO INTENSIVE EXERCISE THREE DAYS EACH WEEK FOR THE DURATION OF THE SCHOOL YEAR
6. ESTABLISHMENT OF A RESEARCH-BASED LITERACY PROGRAM IN PARTNERSHIP WITH MICHIGAN STATE UNIVERSITY COLLEGE OF EDUCATION PROFESSOR AND
DOCTORAL STUDENTS; BASELINE READING AND WRITING ASSESSMENTS HAVE BEEN ADMINISTERED, SETTING THE STAGE FOR LONG-TERM EVALUATION
7. COMPLETION OF 10 HOURS OF COMMUNITY SERVICE BY EACH STUDENT
8. COMPLETION OF THREE COLLEGE VISITS BY EACH STUDENT

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

### Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an **Exempt Organization Return**

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

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

 $\triangleright \overline{X}$ 

<b>*</b> '	are filing for an Additional (Not Automatic) 3-Month Ex	•		,						
	complete Part II unless you have already been granted a									
	nic filing (e-file). You can electronically file Form 8868 if y				•					
	d to file Form 990-T), or an additional (not automatic) 3-moi				· · · · · · · · · · · · · · · · · · ·					
	to file any of the forms listed in Part I or Part II with the exc	-								
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on t	ne elec	ctronic filing of this f	orm,				
Part	w.irs.gov/efile and click on e-file for Chanties & Nonprofits  Automatic 3-Month Extension of Time		about original (no copies paeded)							
	pration required to file Form 990-T and requesting an autor			nolote	<del> </del>					
Part I o		nano o me	onth extension - check this box and cor	ilbiere	•					
	r corporations (including 1120-C filers), partnerships, REM	ICs and t	rusts must use Form 7004 to request a	n evten	ision of time					
	come tax returns.	100, 0110 1	radio made ade rom root to request as	I CALCII	ision of time					
Туре о	Name of exempt organization	Emp	loyer identification	number						
print										
	RACQUET UP DETROIT	27-2620275								
File by the due date filing your	date for Number, street, and room or suite no. If a P.O. box, see instructions.  P.O. BOX 11404									
retum Se instruction	n See									
Enter th	ne Return code for the return that this application is for (file	a separa	te application for each return)			0 1				
Applica	etion	Return	Application			Return				
is For		Code	Is For			Code				
Form 9	90	01	Form 990-T (corporation)			07				
Form 9		02	Form 1041-A			08				
Form 9	· · · · · · · · · · · · · · · · · · ·	03	Form 4720			09				
Form 9	<del></del>	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870		12					
	DEREK AGUIRRE									
	books are in the care of $\triangleright$ 18100 MEYERS RO	DAD -	DETROIT, MI 48235							
Tele	phone No. ► (313) 600-9593		FAX No. ▶							
• If the	e organization does not have an office or place of business	s in the Ur	nited States, check this box		<u> </u>					
<ul><li>If the</li></ul>	s is for a Group Return, enter the organization's four digit (									
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for.				
1	request an automatic 3-month (6 months for a corporation		•							
_	MARCH 15, 2012 , to file the exemp	above.	The extension							
IS	for the organization's return for:									
	calendar year or									
•	X tax year beginning AUG 1, 2010	, an	id ending JUL 31, 2011		<del>-</del> ·					
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period									
	this application is for Form 990-BL, 990-PF, 990-T, 4720,									
_	onrefundable credits. See instructions.	3a	\$	0.						
	this application is for Form 990-PF, 990-T, 4720, or 6069,			^						
_	stimated tax payments made. Include any prior year overp	3b	\$	0.						
	lalance due. Subtract line 3b from line 3a. Include your pa	-	•			^				
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>				
	n. If you are going to make an electronic fund withdrawal v		orm cobs, see Form 8453-EO and Form	88/9-						
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev.										