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## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

A For the 2012 calenda		2012 calendar year, o	ar year, or tax year beginning , 2012, and ending		ing		, 20
В	Check if ap	plicable. C Name	of organization		D Empl	oyer ide	ntification number
Address of		nange CO	mmunity Construct	· Inc.	27	-25	01845
	Name cha	nge Number a	and street (or P.O. box, if mail is not delivered to street	address) Room/s	uite E Telep	hone nur	nber
Initial return 3600 .)			00 Julie Ann Dr		989	7-61	5-2754
<b>7</b>	City or town, state or country, and ZIP + 4				F Gro	ıp Exem	ption
=	American team				nber ▶	•	
G /							the organization is not
	Websit	· ·			ch Schedule B		
J T	ах-ехеп	pt status (check only on	ne) - 🔀 501(c)(3) 🗌 501(c)( ) ◀ (insert n	o.) 4947(a)(1) or 52	7 (Form 9	90, 990-	EZ, or 990-PF).
K	Check ▶	if the organiza	tion is not a section 509(a)(3) supporting organiz	ation or a section 527 orga	nization and it	s gross	receipts are normally
r		ee instructions). But if					
	_		a return, be sure to file a complete return.				
			to determine gross receipts. If gross receipts are		assets (Part II,		
	ne 25, c		00,000 or more, file Form 990 instead of Form 990-		<u> </u>	<b>▶</b> \$	
Р	art l		enses, and Changes in Net Assets o				
	<u>,</u>		anization used Schedule O to respond to	o any question in this I	Parti		
	1	_	, grants, and similar amounts received .			1	<u>O</u>
	2	_	venue including government fees and con	tracts		2	_ <u></u>
	3	· · · · · · · · · · · · · · · · · · ·	and assessments			3	<u>Q</u>
	4	Investment income				4	0
	5a		sale of assets other than inventory .	5a		<i>5</i> €	
	þ		basis and sales expenses			ر د این ا	<b>a</b>
	C	Gain or (loss) from	5c	<u> </u>			
	6	Gaming and fundra		STATILITE LINE			
, O	а	\$15,000)	m gaming (attach Schedule G if grea	1 1		2.0	STATUTE UNI RECEIVED
Revenue			fundraising events (not including \$	of contrit			
Š	b		vents reported on line 1) (attack Schedule	<del></del>	ขนบทร	]	JUN 0 3 2014
Œ		sum of such gross	income and contributions exceeds \$15,00	10)   <b>6b</b>		1.00	TPR BRANCH
	c		ses from gaming and fundraising events	a			OGDEN
	d		s) from gaming and fundraising events (		d subtract		
	"					6d	Ò
	7a	•	ntory, less returns and allowances	7a			
	Ь.	Less: cost of goods		7b			
	c		s) from sales of inventory (Subtract line 7b			7c	0
	8	•	cribe in Schedule O)			8	Ö
	9	Total revenue. Add	d lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	0
	10		amounts paid (list in Schedule O)			10	
	11	Benefits paid to or	for members			11	
Expenses	12	Salaries, other com	pensation, and employee benefits			12	
	13	Professional fees a	nd other payments to independent contra	ctors		13	
	14		tilities, and maintenance			14	
ŵ	1.0		ns, postage, and shipping			15	
	16		escribe in Schedule O)			16	
	17	Total expenses. A	dd lines 10 through 16	<u></u>	<u> ▶</u>	17	0
ţ	18	Excess or (deficit) f	for the year (Subtract line 17 from line 9)			18	
380	19		balances at beginning of year (from line				
Net Assets			reported on prior year's return)			19	<del></del>
ž	20		et assets or fund balances (explain in Sch			20	
_	21	Net assets or fund	balances at end of year. Combine lines 18	through 20	▶	21	0

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Form <b>990-F7 (</b> 20	112)	١
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		Check if the	3		o o to respond to	, any quotie			ning of year	<u> </u>	(B) End o	of year
22	Cast	n, savings, and	investment:	s	. <b></b>		٢		7)	22	,	<u>~</u>
23		_			. <b>.</b>		[		T	23		Y-
24	Othe	er assets (desc	ribe in Sche	dule O)			[			24		1
25					. <b></b>		· · [			25		
26		ıl liabilities (de								26		
27					n (B) must agree			4	<u>′                                    </u>	27	}	<u> </u>
Part	Ш				nplishments (see				_	]	Exper	ises
Mhat	ic the			n usea Scheau Impt purpose?	e O to respond to				<u> Ц</u>		ured for	
		•	•	• • •	Mork with						:)(3) and : nizations	and section
ıs m	easure	ed by expense	es. In a clea	r and concise	lishments for eacl manner, describe each program title.	the services	provided	the nu	services, imber of		(a)(1) trus thers.)	its; optional
28											<u> </u>	
										}		
											}	
	(Grant	s \$		) If this amoun	t includes foreign	grants, check	here .	<u> </u>		28a	<u> </u>	
29										}	}	
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	(Grant	< \$		\ If this amoun	t includes foreign	grante check	here			29a	ĺ	
30	101th									236		
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	(Grant	e ¢		\ If this	t includes foreign	grants check	here		▶ 🗍	30a	l	
			<del></del>		t includes foreign	grants, check						
31	Other	program servi	ces (describ	e in Schedule O)								
	Other (Grant	program servi		e in Schedule O) ) If this amoun	t includes foreign	grants, check			▶ □	31a		
32	Other (Grant Total	program servi s \$ program serv	ice expense	e in Schedule O)  ) If this amount s (add lines 28a	t includes foreign through 31a)	grants, check	here		· □ · ►	31a 32		Dark NA
32	Other (Grant Total	program servings \$ program servings to of Officer	ice expense s, Directors,	e in Schedule O) ) If this amounts (add lines 28a Trustees, and Ke	t includes foreign through 31a) . Ey Employees List e	grants, check	here	pensated		31a 32 struct		Part IV)
32	Other (Grant Total	program servings \$ program servings to of Officer	ice expense s, Directors,	e in Schedule O) ) If this amounts (add lines 28a Trustees, and Ke	t includes foreign through 31a) ey Employees List e e O to respond to	grants, check cach one even of any question (c) Rep	there  if not compon in this location	pensated	> □ (see the in	31a 32 struct	<del>:</del> -	<u> </u>
32	Other (Grant Total	program servings \$ program serving List of Officer Check if the	ice expense s, Directors,	e in Schedule O) ) If this amounts (add lines 28a Trustees, and Ke	t includes foreign through 31a) . Ey Employees List e	grants, check each one even any questio	if not component in this is ortable installed in the control of th	pensated Part IV (d) He contributed benefit		31a 32 struct	:: Estimate	<u> </u>
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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th		ege.
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this			. [
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	<u> </u>	•
5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
6	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		
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30	£3.	#1.2 #1.2
Ь	Did the organization file Form 1120-POL for this year?	37b		Z
18a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	77. Vag		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	137		27.5
9	Section 501(c)(7) organizations. Enter:		E P	*
а	Initiation fees and capital contributions included on line 9	1.6		1
b	Gross receipts, included on line 9, for public use of club facilities	140		
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		<b>强</b>	1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			20
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			-7
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	E Tar	سفتكم
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	Sen - Ward .	in the contract of	X4.
٠	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			100 m
8	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	List the states with which a copy of this return is filed Michigan	100	Ц	Ь-
2a	The organization's books are in care of ▶ Enck ters her Telephone no. ▶ (98	7219	- 33	5
	Located at > 3600 Julie Ann Anne Midland ZIP+4 > 1	1860	75	_ب_
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 account)?	42b	Yes	N
	If "Yes," enter the name of the foreign country: ▶	2 494.5	200 - 1 C	95. K
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			10 m
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
	If "Yes," enter the name of the foreign country: ▶			
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>&gt;</b> [
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	· .	Yes	N
	completed instead of Form 990-EZ	44a		~~ ~?\
b	completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		L
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-72.	ر میرد موسده
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
5b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	20 mg	100	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.

	I Jail dal				9-10-1	3	
Sign	Signature of officer			Date	•		
Here	President						
j	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name ▶			Firm's EIN ▶			
Joe Gilly	Firm's address ▶		Phone no.				
May the IRS	discuss this return with the preparer	shown above? See instructions			▶ [	☐ Yes ☐ No	
					F	orm <b>990-EZ</b> (2012)	