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Form **990****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)

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

OMB No. 1545-0047

2011Department of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning****, 2011, and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Fitness Fun & Games, Inc.</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <u>5503 Boxhill Lane</u> City, town or country State ZIP code + 4 <u>Baltimore MD 21210-2001</u>		D Employer identification number <u>52-1724298</u>
	E Telephone number <u>(410) 433-2719</u>		G Gross receipts \$ <u>866,335.</u>
	F Name and address of principal officer: <u>Margaret McFadden 5503 Boxhill Lane Baltimore MD 21210</u>		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list. (see instructions)
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶
J Website: ▶ <u>N/A</u>			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			
L Year of formation: <u>1991</u> M State of legal domicile: <u>MD</u>			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide quality before and after school child care for ages 2-18. A wide variety of activities enrich the student's total development and include sports, games, crafts, homework and the arts.</u>	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	112
	6 Total number of volunteers (estimate if necessary)	10
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	722.
	9 Program service revenue (Part VIII, line 2g)	834,707.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	760.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	912,774.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,181.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,288.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	696,384.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,891.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	846,550.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	19,785.
	20 Total assets (Part X, line 16)	86,380.
	21 Total liabilities (Part X, line 26)	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	86,380.

Part II Signature Block

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	Signature of officer <u>Meg McFadden</u> Date <u>4-22-14</u>				
	Margaret McFadden Meg McFadden President				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Susan M Jeter, CPA	Susan M Jeter, CPA			P00104586
	Firm's name ▶ JETER ASSOCIATES				
	Firm's address ▶ PO BOX 630 LUTHERVILLE MD 21094				
				Firm's EIN ▶ 52-1582974	
				Phone no. (410) 828-8047	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

TEEA0101 07/05/11

Form 990 (2011)

SCANNED APR 30 2014

04/22/2014 3:09PM (GMT-04:00)

Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X****1** Briefly describe the organization's mission:

To provide before and after school quality child care for ages 2-18.
Including a variety of activities to enrich the student's total development.
See Form 990, Page 2, Part III, Line 1 (continued)

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 ☒ 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? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 103,942. including grants of \$ 0.) (Revenue \$ 39,271.)

After school program next to PS#41 for ages 5-16 from 2:30-9:00pm
and school holidays from 7:00am-9:00pm. Includes homework, snack,
dinner, roller-skating dance, computers, sports, board games,
cooking projects, and arts & crafts for 70 students on school days.
Summer camp for 70 students including the previous activities plus
swimming, leadership training, academic enrichment and field trips
from 7:00am-9:00pm.

4b (Code:) (Expenses \$ 115,155. including grants of \$ 0.) (Revenue \$ 128,898.)

Preschool program at Bethesda United Methodist Church for 20
children ages 2-5 6:30am-6:00pm all year. Plus before and after
school care, holidays and summers, for 30 students, ages 4-14.
Includes transportation to kindergarten & pre-K and summer program
including swimming, field trips, reading, crafts, sports and games.

4c (Code:) (Expenses \$ 84,898. including grants of \$ 0.) (Revenue \$ 124,132.)

Before and after school program at PS#47 for 60 students ages 4-14
from 6:30-8:00am and 2:30-6:00pm. Includes sports, crafts,
homework, games, snacks and cooking projects. A summer camp
includes academic enrichment, swimming, sports, art, drama, games
and field trips for 30 students.

4d Other program services. (Describe in Schedule O.)(Expenses \$ 415,380. including grants of \$ 0.) (Revenue \$ 575,389.)**4e** Total program service expenses 719,375.

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TEEA0102 07/08/11

Form 990 (2011)

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 6% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		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.	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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
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.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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TEEA0103 01/23/12

Form 990 (2011)

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 17? 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 27? If 'Yes,' complete Schedule I, Parts I and III	22	X
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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b 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, 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 contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
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	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Form 990 (2011)

TREA104 01/23/12

Statements Regarding Other IRS Filings and Tax Compliance

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

	1a	1b	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	0																																
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0																																
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																	
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			112																														
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?																																	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)																																	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.																																	
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)?																																	
b 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?																																	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8866-T?																																	
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?																																	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																	
7 Organizations that may receive deductible contributions under section 170(e).																																	
a 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?																																	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?																																	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?																																	
d If 'Yes,' indicate the number of Forms 8262 filed during the year																																	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?																																	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																	
9 Sponsoring organizations maintaining donor advised funds.																																	
a Did the organization make any taxable distributions under section 4960?																																	
b Did the organization make a distribution to a donor, donor advisor, or related person?																																	
10 Section 501(c)(7) organizations. Enter:																																	
a Initiation fees and capital contributions included on Part VIII, line 12.																																	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																	
11 Section 501(c)(12) organizations. Enter:																																	
a Gross income from members or shareholders.																																	
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?																																	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year																																	
13 Section 501(c)(28) qualified nonprofit health insurance issuers.																																	
a Is the organization licensed to issue qualified health plans in more than one state?																																	
Note: See the instructions for additional information the organization must report on Schedule O.																																	
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																																	
c Enter the amount of reserves on hand																																	
14a Did the organization receive any payments for indoor tanning services during the tax year?																																	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.																																	

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TEEA0105 07/08/11

Form 990 (2011)

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 ☒ **X**

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year.	9											
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
1b Enter the number of voting members included in line 1a, above, who are independent		6										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?			X									
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X								
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X							
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X						
6 Did the organization have members or stockholders?							X					
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X				
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?									X			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?			X									
b Each committee with authority to act on behalf of the governing body?				X								
9 Is there any officer, director or 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.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												
10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X									
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.		X										
12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			X									
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done				X								
13 Did the organization have a written whistleblower policy?					X							
14 Did the organization have a written document retention and destruction policy?						X						
15 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			X									
b Other officers or key employees of the organization				X								
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 taxable entity during the year?											X	
16b If 'Yes,' did the organization follow 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?												

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed Maryland

18 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 ☒ Upon request

19 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 during the tax year.

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

Margaret McFadden 5503 Boxhill Lane Baltimore MD 21210 (410) 433-2719

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TEEA0106 01/23/12

Form 990 (2011)

Form 990 (2011) **Fitness Fun & Games, Inc.**

52-1724298 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1. 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week devoted to organization's activities in Schedule C	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Key employee	Highest compensated employee	Former officer	Former director/trustee	Former key employee			
(1) Evelyn Beasley Director	0.25	X						0.	0.	0.
(2) Albert Boyce Director	0.25	X						0.	0.	0.
(3) Benita St. Amant Director	0.25	X						0.	0.	0.
(4) Carolyn Iwata Director	0.25	X						0.	0.	0.
(5) Dwayne Williams Director	0.25	X						0.	0.	0.
(6) Anne Zimet Secretary	1.00		X					0.	0.	0.
(7) Joseph McFadden Vice-President	1.00		X					0.	0.	0.
(8) Margaret McFadden President, Treasurer	55.00		X	X	X			65,000.	0.	0.
(9) John McFadden Director	0.25	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (include a line for related organizations in Sub C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key employee	Highest compensated employee	Former			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							65,000.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							65,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form 990 (2011) **Fitness Fun & Games, Inc.**

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Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	722.			
	g Noncash contributions included in lines 1a-1f:	\$				
	h Total. Add lines 1a-1f		722.			
PROGRAM SERVICE REVENUE	2a <u>Child Care Revenue</u>	Business Code 624410	865,611.	865,611.	0.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		865,611.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2.	2.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including: \$ of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 18.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		866,335.	865,613.	0.	0.	

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Form 990 (2011)

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	2,288.	2,288.		
5 Compensation of current officers, directors, trustees, and key employees	65,000.	65,000.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages	582,423.	582,423.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	48,961.	48,961.	0.	0.
11 Fees for services (non-employees):				
a Management				
b Legal	0.	0.	0.	0.
c Accounting	5,120.	0.	5,120.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,877.	1,877.	0.	0.
13 Office expenses	13,007.	6,035.	6,972.	0.
14 Information technology				
15 Royalties				
16 Occupancy	12,900.	12,900.	0.	0.
17 Travel	1,238.	0.	1,238.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,377.	9,377.	0.	0.
23 Insurance	25,796.	15,822.	9,974.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24c expenses on Schedule O.)				
a Background Checks	1,609.	1,609.	0.	0.
b Field Trips	22,248.	22,248.	0.	0.
c Food & Supplies	29,565.	29,565.	0.	0.
d Repairs & Maintenance	13,865.	13,865.	0.	0.
e All other expenses	11,276.	11,276.	0.	0.
25 Total functional expenses. Add lines 1 through 24e	846,550.	823,246.	23,304.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2011)

TEB0110 01/05/12

Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	5,912.	1	22,036.
	2 Savings and temporary cash investments	14,691.	2	25,003.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	181,822.	
b Less: accumulated depreciation	10b	142,481.		
11 Investments — publicly traded securities		46,234.	10c	39,341.
12 Investments — other securities. See Part IV, line 11			11	
13 Investments — program-related. See Part IV, line 11			12	
14 Intangible assets			13	
15 Other assets. See Part IV, line 11			14	
16 Total assets. Add lines 1 through 15 (must equal line 34)		66,837.	15	86,380.
LIABILITIES	17 Accounts payable and accrued expenses	0.	16	0.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25		0.	25
27-34 ORGANIZATIONS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets		26	
	28 Temporarily restricted net assets		27	
	29 Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
33 Total net assets or fund balances		66,837.	32	86,380.
34 Total liabilities and net assets/fund balances		66,837.	33	86,380.

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Form 990 (2011)

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Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	866,335.
2	Total expenses (must equal Part IX, column (A), line 28)	2	846,550.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,785.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,837.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-242.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	86,380.

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII. ☐

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other		Yes		No	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b Were the organization's financial statements audited by an independent accountant?		2b	X		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:					
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	X		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X		

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Form 990 (2011)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unrelated grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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Schedule A (Form 990 or 990-EZ) 2011

TDEA0402 09/25/11

Schedule A (Form 990 or 990-EZ) 2011 **Fitness Fun & Games, Inc.**

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Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")		108,750.	92,850.	77,300.	722.	279,622.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	824,449.	793,470.	757,864.	834,707.		3,210,490.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	824,449.	902,220.	850,714.	912,007.	722.	3,490,112.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						3,490,112.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	824,449.	902,220.	850,714.	912,007.	722.	3,490,112.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,471.	3,599.	3,923.	767.		10,760.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,471.	3,599.	3,923.	767.		10,760.
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	826,920.	905,819.	854,637.	912,774.	722.	3,500,872.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.69 %
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	99.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.31 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.26 %
19a 33-1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	☒	
b 33-1/3% support tests - 2010. 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions.	☐	

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TEEA0493 05/09/11

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**- Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 4, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- Attach to Form 990. - See separate instructions.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

Fitness Fun & Games, Inc.

52-1724298

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (a) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year: _____
- 4 Number of states where property subject to conservation easement is located: _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year: _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 \$ _____
- (ii) Assets included in Form 990, Part X \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 \$ _____
- b Assets included in Form 990, Part X \$ _____

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

TEEA3301 0525/11

Schedule D (Form 990) 2011

Part XIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part XIV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part XV Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part XVI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,534.	4,709.	13,825.
d Equipment		163,288.	137,772.	25,516.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(a).)				39,341.

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Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Fitness Fun & Games, Inc.

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Page 3

Part XIII Investments — Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (b) line 12.)		

Part XIV Investments — Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, column (b) line 13.)		

Part XV Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, column (b) line 15.)	

Part XVI Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, column (b) line 25.)	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

BAA

TEEA3303 01/20/12

Schedule D (Form 990) 2011

Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	866,335.
2	Total expenses (Form 990, Part IX, column (A), line 25)	846,550.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	19,785.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	19,785.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	866,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	866,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	866,333.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	846,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	846,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	846,791.

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental Information (continued)

Supplemental Information (continued)

Form **4562****Depreciation and Amortization**
(Including information on Listed Property)

OMB No. 1545-0172

2011Department of the Treasury
Internal Revenue Service (09)

See separate instructions. Attach to your tax return.

Assessment
Requirement No. 179

Name(s) shown on return

Identifying number
52-1724298**Fitness Fun & Games, Inc.**

Business or activity to which this form relates

Form 990 / Form 990EZ

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 28	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Notes: Do not use Part II or Part III below for listed property. Instead, use Part V.

Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,242.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A	
17	MACRS deductions for assets placed in service in tax years beginning before 2011
17	8,135.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐

Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Description of property	(b) Month and year placed in service	(c) Basis for depreciation (business use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	9,377.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD420812 06/2011

Form 4562 (2011)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?									Yes	No	24b If "Yes," is the evidence written?									Yes	No						
(a) Type of property (the vehicle first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost																			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25																		
26 Property used more than 50% in a qualified business use:																											
27 Property used 50% or less in a qualified business use:																											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1																			28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1																			29								

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Section D – Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					
					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Fitness Fun & Games, Inc.

52-1724298

1

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Before and after school program at PS#373 for ages
Expenses	62,669.	4-8, 6:30-8:00am for 15 students, and 2:30-6:30pm
Grants Of	0.	for 75 students. Includes homework, snack, arts,
Revenue.	80,935.	crafts, sports and games.

Code:	Description:	Before and after school program at PS#327 for
Expenses	56,027.	ages 5-14, from 6:30-8:00am and 2:45-6:30pm,
Grants Of	0.	includes homework, snacks, arts, crafts and games
Revenue.	92,078.	for 45 students. A summer camp includes
		academic enrichment, swimming, sports, art, drama,
		games and field trips for 30 students.

Code:	Description:	Before and after school program at PS#328 for
Expenses	52,146.	ages 5-8, from 7:00-8:00am and 3:00-6:00pm,
Grants Of	0.	includes homework, snack, arts, crafts and games
Revenue.	56,713.	for 50 students.

Code:	Description:	Before and after school program at PS#332 for
Expenses	49,456.	ages 5-11 from 7:30-8:30am and 3:00-6:30pm,
Grants Of	0.	Monday-Thursday, and 1:00-6:00pm, Friday.
Revenue.	50,244.	Includes homework, snack, arts, crafts and
		games for 40 students.

Code:	Description:	Before school program at PS#233 - child care for
Expenses	45,124.	30 students 7-8:30am. After school care for
Grants Of	0.	grades 4-8 for 75 students. Program includes
Revenue.	91,492.	snacks, crafts, homework, sports and games from
		2:30-6:00pm.

Code:	Description:	Before and after school program at PS#212 for
Expenses	36,116.	30 students. Includes sports, games, arts,
Grants Of	0.	crafts, homework and snack for ages 5-12 from
Revenue.	39,242.	7:00-9:00am and 3:30-6:00pm.

Fitness Fun & Games, Inc.

52-1724298

2

Schedule O (Form 990), Supplemental information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Before and after school program at PS#347 for
Expenses	34,289.	ages 5-7, 6:30-8:30am for 30 students, 5-6:30p,
Grants Of	0.	for 20 students.
Revenue.	29,965.	

Code:	Description:	Before and after school care at PS#236 for 60
Expenses	34,056.	students, ages 4-14 from 6:30-8:00am and
Grants Of	0.	2:30-6:00pm. Includes sports, crafts, cooking
Revenue.	66,034.	projects, dance, drama, snacks, homework and
		games. Summer camp for 8 weeks.
		Students were located at Bethesda United
		Methodist Church.

Code:	Description:	After school program at PS#84 for ages 5-9.
Expenses	23,345.	2:30-6:30pm for 25 students. Includes homework,
Grants Of	0.	snack, arts, crafts, sports and games.
Revenue.	33,251.	

Code:	Description:	Before and after school program at Holy Angels
Expenses	11,152.	Catholic School for ages 4-14, 3:00-6:30pm,
Grants Of	0.	for 20 students. Including homework, snack, arts,
Revenue.	0.	crafts, sports and games.

Code:	Description:	After school program at PS#45 for ages 5-14,
Expenses	11,000.	2:30-5:30pm, for 20 students. Includes homework,
Grants Of	0.	snack, arts, crafts, sports and games.
Revenue.	15,435.	