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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2011

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

► Sponsoring organizations of donor advised funds, 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

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

	A F	or the	2011 calend	ar year, or tax year beginning $July 1$, 2011, and ending	Ju	ne 30	, 20 12
	B 0	heck if ap	plicable	C Name of organization	D Emplo	yer identificatı	on number
		Address c	hange	Supporting Kids' Athletics & Education	45-2	064092	
	ا لِيَا	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Teleph	one number	
		nıtıal retu -		20216 Forestwood St.	248	794-331	.8
	=	Ferminate Amended		City or town, state or country, and ZIP + 4		Exemption	
	_		n pending	Southfield, MI 48076	Numb	-	
			ing Method				anization is no
				11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		to attach Sche	
	JT	ax-exen	npt status (che		•	0, 990-EZ, or	
		heck >		e organization is not a section 509(a)(3) supporting organization or a section 527 organization	` 		
				0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may			
				uses to file a return, be sure to file a complete return	be requi	red (see mour	actions, but ii
		_		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II.		
				ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	` .	▶ €	75,006
		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruct	tions for Pa	
	_			the organization used Schedule O to respond to any question in this Part I	111011101	10113 101 1 2	X
		1		ns, gifts, grants, and similar amounts received		1	لیما
		2		ervice revenue including government fees and contracts		2	
		3		ip dues and assessments		3	3,469
		4	Investment	•		4	3,403
		5a		ount from sale of assets other than inventory . 5a	-	4	·
∞		b		or other basis and sales expenses 5b		ļ	
2013		C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		- Eo	(
เล		6		id fundraising events	-	5c	
©		a	_	ome from gaming (attach Schedule G if greater than			
	Revenue	a	\$15,000)	· · · · · · · · · · · · · · · · · · ·			
MAR		b	· ·				
				me from fundraising events (not including <u>\$</u> of contributions alsing events reported on line 1) (attach Schedule G if the	•	į	
()	œ				527		
[4]		С			, 537		
تبري		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub			
SCANNED			line 6c)	o or (1000) from gaming and fundraising events (and lines of and ob and sub	- 1-	64	6E 761
တ္တ		7a	•	s of inventory, less returns and allowances 7a	-	6d	65,761
		b		s of inventory, less returns and allowances 7a 7b			
				it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		7-	
		8		nue (describe in Schedule O)	-	7c	
		9		ரப்சு Add Ines (# இ 3, 4, 5c, 6d, 7c, and 8	}	8	69 220
		10	Grants and	Strellaramounts baid (list in Schedule O)		9	69,230
		11		aid to or for members 9		10	52,561
	S	12				11	
	Expenses	13	Profession	theாமுmpeBsatiരிப் and employee benefits al fees and other <u>payments</u> to independent contractors		12	200
)en	14		ren utilities, and maintenance	⊢	13	200
	×	15			}	14	100
		16		ublications postage, and shipping	<u> </u>	15	122
		17		mises (describe in Schedule O)	-	16	2,543
	_	18		enses. Add lines 10 through 16		17	55,426
	ets	19		(deficit) for the year (Subtract line 17 from line 9)		18	13,804
	Assets	1.3		or fund balances at beginning of year (from line 27, column (A)) (must agree r figure reported on prior year's return)			_
	et A	20		ringule reported on prior year's return)	<u> </u>	19	
	4	ZU	COME! COAD	iues in nei asseis or inno naiances reyniain in Schodulo (1)		20	

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2011)

13,804

21

Pa	Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to ar	y question in this		,	
22	Cook assumes and assessment			(A) Beginning of year	-	(B) End of year
22 23	Cash, savings, and investments	•	•	0	22	13,804
24	Land and buildings Other assets (describe in Schedule O)	•			23	
25	Total assets	•			25	13,804
26	Total liabilities (describe in Schedule O)				26	13,004
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	13,804
Par		<u> </u>			12.,	
	Check if the organization used Schedule				(Par	Expenses purred for section
Wha		Support children				(c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplis neasured by expenses. In a clear and concise mones benefited, and other relevant information for ea	shments for each of anner, describe the	its three largest p	rogram services,	494	inizations and section 7(a)(1) trusts, optional others)
28	Members raised funds by working enter volunteers. These funds were then con who support the development of kids' (Grants \$ 52,561) If this amount	tainment venue tributed to oth athletics and e	ner 501(c)(3)on education		28a	2,865
29	(Grants \$) If this amount				29a	
30						,
21	(Grants \$) If this amount Other program services (describe in Schedule O)	ıncludes foreign gra	ints, check here	. •	30a	
31	· · · · · · · · · · · · · · · · · · ·	ıncludes foreign gra	inte check horo	▶ □	31a	
32	Total program service expenses (add lines 28a		ints, check here		312	2,865
Par			ch one even if not cor	npensated (see the		
	Check if the organization used Schedule					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	'	Estimated amount of other compensation
Chr	ristopher M. Alfaro	President				
	Orbit Dr Lake Orion, MI 48360	4 hrs/week	(_	
	er E. Palmer	Treasurer				
2021	6 Forestwood Dr. Southfield, MI 48076		()		
	bie Lyddon	Secretary				
	3 N Canton Center Rd. Plymouth, MI 48167	4 hrs/week	()		
	n Newman	At Large				
	9 Rosewood Ct Northville, MI 48167 enda Schooley	4 hrs/week At Large)		
		4 hrs/week			ł	
870	Hidden Pine Bloomfield Hills, MI 48304	1 III 5 / WEEK		,		
					+	
		1				
				-		
				 	 -	
						·
					+	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
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		Yes	No
24	·	_33		X
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		X
35a	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		Х
b	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		
С	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		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	,	Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] 0			
b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	38a		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4915 ▶ 0 , section 4955 ▶ 0	-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	-	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_	X
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Ester Palmer Telephone no ▶248		4 - 3	318
	Located at ▶ 20216 Forestwood Dr., Southfield, MI ZIP+4 ▶ 480	76	1.4	
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	No X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country	42c		X
43	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			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Х
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	-	X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		

46	to candidates for public office? If "Yes," of			penait of or in opposition			
Part '		•		charitable trusts of	146	Section	X n
· uit	501(c)(3) organizations and sect						
	and 52, and complete the tables		oxompt onamable th	aoto maot anower qu	2000013	11 40	
	Check if the organization used Sci		to any question in th	is Part VI			
						Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) election	n in effect during the	tax		
	year? If "Yes," complete Schedule C, Part	t II			47		X
48	Is the organization a school as described in	n section 170(b)(1)(A)(וו)? If "Yes," complete :	Schedule E	48		X
49a	Did the organization make any transfers t	•		ation? .	49a		X
b	If "Yes," was the related organization a se				49b		
50	Complete this table for the organization's						key
	employees) who each received more than	1 \$100,000 of compen	isation from the organ	,	e, enter "N	ione "	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other cor		
None	2						
					 		
f	Total number of other employees paid over	er \$100 000	•	0	<u></u>		
51	Complete this table for the organization's		nsated independent o		received i	more t	han
•	\$100,000 of compensation from the orga	nization If there is no	ne, enter "None "				
(a)	Name and address of each independent contractor pai	d more than \$100 000	(b) Type of serv	uce (c	c) Compensat	ion	
			(b) Type of Self	100	ny compensar		
None	·						
			1				
						·	
			_				
		·					
		·					
d	Total number of other independent contra	ctors each receiving of	over \$100,000 .	>			0
52	Did the organization complete Schedule A			and 4947(a)(1)			
	nonexempt charitable trusts must attach a				► X Yes		No
Under p	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than	return, including accompany	ying schedules and stateme rmation of which preparer h	nts, and to the best of my knas any knowledge	nowledge an	d belief,	ıt ıs
Sign	Signature of officer	mu/U	-	3/11/20	19		
Here		PALMER.	Treamous,	/ Date			
	Type or print name and title	T PLANTE IC J	Treasury				
	Print/Type preparer's name	Pregrarer's signature.	Da Da	te,	n PTIN	<u></u>	
Paid	Brian P Marchall	13 12 Y	Mesel Ti	_ Check ∟	oyed P01	3874	152
Preparent Use (arer	Company		Firm's EIN ▶ 3			
	Firm's address > 27620 Farmington		ngton Hills. MI 48				
May th	e IRS discuss this return with the preparer	shown above? See ii	nstructions .	•	► X Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

Open to Public Inspection

Supporting Kids' Athletics & Education 45-2064092 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 \square A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (III) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your above or IRC section (i) organized in the support? US2 (see instructions)) Yes No Yes Νo Yes No (A) (B) (C) (D) (E) Total

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instructions

	le A (Form 990 or 990-EZ) 2011						Page ∠
Part	(Complete only if you checked the Part III If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
Secti	on A. Public Support	quality unde	ei the tests iis	ited below, pi	ease comple	ie Fait III)	
	dar 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")	(4) 2001	(2) 2000	(0) 2000	(4)2010	(6) 2011	(i) rotal
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						
	on B. Total Support		T	T	T	T	
Calen 7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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	•	,			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, second	d, third, fourth,	or fifth tax ye	ar as a sectior	1 501(c)(3) ► □
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6		•	1, column (f))		14	%_
15 16a	Public support percentage from 2010 Sch				d l 44 221	15	<u>%</u>
IVa	331/3% support test—2011. If the organization qua				1 line 14 is 33	73% or more, c	
b	33½% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or		. 15 is 33 ¹ / ₃ %	or more,
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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization mesupported organization.	ion meets the	facts-and-cir	cumstances" te	est, check this	box and st	op here
	-						- []

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 fails to qualify under the tests listed below, please complete Part II)

1 Gifts, grants, contributions, and membership fees received (Donn include any missal grants*) 2 Gross receipts from admissions, merchandes sold or soverces performed, or facilities furnished in any activity that is related to the organization is the exempt purpose. 3 Gross receipts from admissions, merchandes sold or soverces performed, or facilities furnished in any activity that is related to the organization is the exempt purpose. 4 Tax revenues levied for the organization's benefit and either pand to or expended on at behalf in the organization without charge. 5 To talk. Add lines 1 through 5 6 Total. Add lines 1 through 5 7 Total. Add lines 1 through 5 7 A Amounts miculded on lines 2 and 3 received from disqualified persons a boundary of the amount on line 13 for the year called the control of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called any organization of the amount on line 13 for the year called year organization organization of the amount on line 13 for the year called year organization organization organization organization organization, check this box and stop here. Section D. Computation of Pulses and the organization of the organization organiza	Secti	on A. Public Support	·					
received (Do nol include any "unusual grains") Goos receipts from admissions, merchands sold or services performed, or facilities furnation any activity that is related to the unusual grains of any activity that is related to the grain any activity that is related to the grain and any activity that is related to the grain and any activity that is related to the grain and any activity that is related to the grain and any activity that is related to the grain and activity and any activity that is related to the grain and activity and any activity that is related to the grain and activity and any activity that is related to the organization's benefit and either paid to or expended on its behalf of the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disputified persons b Amounts included on lines 2 and 3 received from other than disquighted 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 10 Gross mome from intenst, dividends, payments received on securities loans, rents, reyables and income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10b 12 Other moome Do not include gain or loss from unrelated business acquired after June 30, 1975 not the business is regularly carried on 10s from unrelated business acquired on the sale of capital assets to 10s from unrelated business acquired on the sale of capital assets to 10s from unrelated business acquired on the sale of capital assets to 10s from unrelated business acquired on the sale of capital assets to 10s from unrelated business acquired on the sale of capital assets to 10s from unrelated business acquired in the 10s whether or not the business as regularly carried o	Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross recepts from admissions, mechanides sold or services performed, or facilities furnished in any activity that is related to the organization's laxe-sempt purpose of an interest of activities that are not all an interest of activities that are not an interest of activities that are not an interest of activities that are not an interest of activities and activities activities and activities and activities and activities and activities and activities activities activities and activities activities activities and activities activities activities activities activities and activities activitie	1	Gifts, grants, contributions, and membership fees						
sold or services performed, or facilities furnament any activity that realized to the furnament any activity that is realized to the surprised any activity that is realized to the group of the group of the group of the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf of the organization without charge of Total. Add lines 1 through 5 7a. Amounts included on lines 1, 2, and 3 received from disqualified persons. The organization without charge of Total. Add lines 1 through 5 7a. Amounts included on lines 2 and 3 received from disqualified persons that exceet the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7 and 7 b. 8. Public support (Subtract line 7c from line 6) 9. Amounts from line 6 10a. Gross income from interest, dividends, payments received or minimal sources b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after Junes 30, 112, 112, 112, 113, 113, 113, 113, 113							3,469	3,469
furnished many activity that is related to the organizations bax exempt purpose 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 7a Amounts included on lines 1, 2, and 3 received from disputalitied persons b Amounts included on lines 2 and 3 received from disputalitied persons can define the relation of the second of the	2	Gross receipts from admissions, merchandise						
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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Name of the organization

Employer identification number

Supi	porting Kids' Athle	etics & E	ducatio	on		45-20640	92
Par	Cundraining Activities				ered "Yes" to Fo	orm 990, Part IV, I	ne 17.
r au	Form 990-EZ filers are	not required to	complete	this part		_	
1	Indicate whether the organization	on raised funds					* -
а	☐ Mail solicitations		e [☐ Solicitati	on of non-govern	ment grants	
b	Internet and email solicitation	ons	f [Solicitati	on of government	grants	
С	☐ Phone solicitations		g [fundraising events	1	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Form		•		•	_	
b	If "Yes," list the ten highest paid			draisers) pi	ursuant to agreem	nents under which th	e fundraiser is to be
	compensated at least \$5,000 by	y the organization	on				
					·	·	
	(i) Name and address of individual		(III) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(II) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
						col (ı)	organization.
			Yes	No			
1							
2							
				1			
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5							
5							
6							
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7							
•							
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10						· · · · · · · · · · · · · · · · · · ·	
				-			
Total	List all states in which the orga	<u> </u>		▶			
3	List all states in which the orga	anization is regi	istered or lic	censed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing						
			····				

					·		

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions a			
		gross receipts greater tha	(a) Event #1 Venue concessions (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	71,537		-	71,537
	3	Gross income (line 1 minus line 2)	71,537	<u>.</u>		71,537
	4	Cash prizes				0
	5	Noncash prizes				0
suses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direc	8	Entertainment				0
	9	Other direct expenses	5,776			5,776
Pa	10 11 rt III	Direct expense summary Ac Net income summary. Comb Gaming. Complete if the	ine line 3, column (d), ai	nd line 10	Part IV line 19 or i	(5,776) 65,761
		than \$15,000 on Form 9			1	Topontou moro
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	_1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	│	☐ Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	1
	7	Direct expense summary Ac	dd lines 2 through 5 in co	olumn (d)	>	()
	8	Net gaming income summar	y Combine line 1, colum	nn d, and line 7		<u> </u>
	a Ist	iter the state(s) in which the or the organization licensed to op 'No," explain	- · · · · · · · · · · · · · · · · · · ·	in each of these states		. Yes 🗌 No
10		ere any of the organization's g Yes," explain:	aming licenses revoked	, suspended or termina	ted during the tax year	Yes No

on equ	C C (1 0111 000 01 000-LL) 2011		r age 0
11 12	Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity operated in	□ res	□ №
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b c	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, I columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also co part to provide any additional information (see instructions)		nis

· SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization	Employer identific	Employer identification number			
Supporting Kids' Athletics & Education	45-206409				
	1				
Form 990-EZ					
Part I, Line 10: Grants and similar amounts paid in	excess of \$	55,000			
1. Spartan Synchronized Skating					
923 Ann St., East Lansing, MI 48823	Athletics	\$6,924			
2. Detroit Skating Club					
888 Denison Ct., Bloomfield Hills, MI 48302	Athletics	17,384			
3. Dearborn Figure Skating Club					
14900 Ford Rd., Dearborn, MI 48126	Athletics	9,169			
Aggregate other athletic contributions		7,027			
Aggregate education contributions		12,057			
Total		\$52,561			
	·				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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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.

Name of the organization Employer identification number Supporting Kids' Athletics & Education 45-2064092 Form 990-EZ Part 1, Line 16: Other expenses \$104 Bank fees Business registration fees 500 Insurance 959 Exempt status application 980 Total \$2,543