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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2012****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2012 calendar year, or tax year beginning August 1, 2012, and ending July 31, 2013                                                                                                                                                                                           |                                                                                                                                                 |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>RACQUET UP DETROIT</b>                                                                                         |
|                                                                                                                                                                                                                                                                                               | Doing Business As                                                                                                                               |
|                                                                                                                                                                                                                                                                                               | Number and street (or P.O. box if mail is not delivered to street address) Room/suite                                                           |
|                                                                                                                                                                                                                                                                                               | P.O. BOX 11404                                                                                                                                  |
|                                                                                                                                                                                                                                                                                               | City, town or post office, state, and ZIP code                                                                                                  |
|                                                                                                                                                                                                                                                                                               | <b>D</b> Employer identification number<br>27-2620275                                                                                           |
|                                                                                                                                                                                                                                                                                               | <b>E</b> Telephone number<br>313-600-9593                                                                                                       |
|                                                                                                                                                                                                                                                                                               | <b>G</b> Gross receipts \$ 412,372                                                                                                              |
|                                                                                                                                                                                                                                                                                               | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
|                                                                                                                                                                                                                                                                                               | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|                                                                                                                                                                                                                                                                                               | <b>H(c)</b> Group exemption number ▶                                                                                                            |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                               |                                                                                                                                                 |
| <b>J</b> Website ▶ WWW.RACQUETUP.ORG                                                                                                                                                                                                                                                          |                                                                                                                                                 |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                            | <b>L</b> Year of formation: 2010 <b>M</b> State of legal domicile: MI                                                                           |

| Part I Summary              |     |                                                                                                                                                                                                                                                                                             |                 |
|-----------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SUPPORTS AND EMPOWERS DETROIT YOUTH TO ACHIEVE THEIR FULL POTENTIAL THROUGH A DEMANDING AND INSPIRING LONG-TERM EXTRA-CURRICULAR MENTORING PROGRAM OF SQUASH, ACADEMICS AND COMMUNITY SERVICE. |                 |
|                             | 2   | Check this box <input type="checkbox"/> 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)                                                                                                                                                                                                                           | 3 12            |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                               | 4 11            |
|                             | 5   | Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                                                                                                                                                                | 5 4             |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                          | 6 60            |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                        | 7a 0            |
| Revenue                     | b   | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                              | 7b 0            |
|                             | 8   | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                               | 355,135 411,505 |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                | 0 0             |
|                             | 10  | Investment income (Part VIII, column (A), lines 8, 9, 10, and 11)                                                                                                                                                                                                                           | 511 867         |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6, 7, 8, 9, 10, and 11)                                                                                                                                                                                                                      | 0 00            |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                            | 355,646 412,372 |
|                             | 13  | Grants and similar amounts paid (Part IX, column (A), lines 13-14)                                                                                                                                                                                                                          | 0 0             |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                               | 0 0             |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                           | 163,478 211,359 |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                               | 0 0             |
| Expenses                    | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶                                                                                                                                                                                                                                 | 0               |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                | 91,837 111,434  |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                   | 255,315 322,793 |
|                             | 19  | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                        | 100,331 89,579  |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)                                                                                                                                                                                                                                                              | 418,471 582,227 |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                         | 0 4,177         |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                  | 418,471 578,050 |

| 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 <i>Derek D. Aguirre</i> Date 1/31/14                                                                                  |
|                                                                                                                                                                                                                                                                                                                       | Type or print name and title DEREK D. AGUIRRE, EXECUTIVE DIRECTOR                                                                          |
| Paid Preparer Use Only                                                                                                                                                                                                                                                                                                | Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN                                  |
|                                                                                                                                                                                                                                                                                                                       | Firm's name ▶ Firm's EIN ▶                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                       | Firm's address ▶ Phone no ▶                                                                                                                |
|                                                                                                                                                                                                                                                                                                                       | May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2012)

SCANNED FEB 25 2014

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:  
**THE ORGANIZATION SUPPORTS AND EMPOWERS DETROIT YOUTH TO ACHIEVE THEIR FULL POTENTIAL THROUGH A DEMANDING AND INSPIRING LONG-TERM EXTRACURRICULAR MENTORING PROGRAM OF SQUASH, ACADEMICS AND COMMUNITY SERVICE.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 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 \$ 228,213 including grants of \$ ) (Revenue \$ )  
**THE ORGANIZATION OPERATES A YOUTH DEVELOPMENT PROGRAM FOR DETROIT PUBLIC SCHOOL STUDENTS AFTER SCHOOL, ON THE WEEKEND, AND DURING THE SUMMER. THIS PROGRAM AIMS TO PROMOTE DETROIT PUBLIC SCHOOL STUDENTS' PHYSICAL FITNESS, READING AND WRITING ABILITIES, SELF-ESTEEM, STRENGTH OF CHARACTER, AND EDUCATIONAL ATTAINMENT. OVERALL, THERE ARE SEVEN MAIN PROGRAM COMPONENTS, INCLUDING: SQUASH INSTRUCTION AND COMPETITION, FITNESS DEVELOPMENT, ACADEMIC TUTORING, LITERACY DEVELOPMENT, COMMUNITY SERVICE, SUMMER OPPORTUNITIES, AND MENTORING.**

**KEY ACCOMPLISHMENTS FOR THIS PROGRAM INCLUDE THE FOLLOWING:**

- 1. ENROLLMENT AND ACTIVE ENGAGEMENT OF 40 STUDENTS**
- 2. GREATER THAN 89 PERCENT ATTENDANCE AT OUT-OF-SCHOOL TIME SESSIONS**
- 3. 90 PERCENT RETENTION OF STUDENTS DURING 2012-2013 SCHOOL YEAR**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **288,123**

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> ✓   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | <b>2</b> ✓   |    |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>     | ✓  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <b>4</b>     | ✓  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                                                                               | <b>5</b>     | ✓  |
| <b>6</b> 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 . . . . .                                                    | <b>6</b>     | ✓  |
| <b>7</b> 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 . . . . .                                                                                            | <b>7</b>     | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>     |    |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .            | <b>9</b>     | ✓  |
| <b>10</b> 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 . . . . .                                                                                                     | <b>10</b>    | ✓  |
| <b>11</b> 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.                                                                                                                                                                    |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b>   | ✓  |
| <b>b</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 . . . . .                                                                                                     | <b>11b</b>   | ✓  |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .                                                                                                     | <b>11c</b>   | ✓  |
| <b>d</b> 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 . . . . .                                                                                                                      | <b>11d</b>   | ✓  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b>   | ✓  |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b>   | ✓  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b> ✓ |    |
| <b>b</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 and XII is optional . . . . .                                                                           | <b>12b</b>   | ✓  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>    | ✓  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>   | ✓  |
| <b>b</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 . . . . . | <b>14b</b>   | ✓  |
| <b>15</b> 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 . . . . .                                                                                    | <b>15</b>    | ✓  |
| <b>16</b> 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 . . . . .                                                                                        | <b>16</b>    | ✓  |
| <b>17</b> 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) . . . . .                                                                                            | <b>17</b>    | ✓  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                           | <b>18</b>    | ✓  |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b>    | ✓  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>   | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>   | ✓  |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                      | Yes        | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                                                         | <b>21</b>  | ✓  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                           | <b>22</b>  | ✓  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>                                                      | <b>23</b>  | ✓  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>                            | <b>24a</b> | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 | <b>24b</b> | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        | <b>24c</b> | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           | <b>24d</b> | ✓  |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                                     | <b>25a</b> | ✓  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                        | <b>25b</b> | ✓  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                                                   | <b>26</b>  | ✓  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i> | <b>27</b>  | ✓  |
| <b>28</b> 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):                                                                                                                              |            |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                    | <b>28a</b> | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                 | <b>28b</b> | ✓  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                     | <b>28c</b> | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                  | <b>29</b>  | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  | <b>30</b>  | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        | <b>31</b>  | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      | <b>32</b>  | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                                                      | <b>33</b>  | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                  | <b>34</b>  | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                         | <b>35a</b> | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                          | <b>35b</b> | ✓  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                           | <b>36</b>  | ✓  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                             | <b>37</b>  | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | ✓  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                |                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                         | <b>1a</b> 5    |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                       | <b>1b</b> 0    |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | <b>1c</b>      | ✓   |    |
| <b>2a</b> 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                                                                                        | <b>2a</b> 4    |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                    | <b>2b</b>      | ✓   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | <b>3a</b>      |     | ✓  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                      | <b>3b</b>      |     |    |
| <b>4a</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)?                           | <b>4a</b>      |     | ✓  |
| <b>b</b> If "Yes," enter the name of the foreign country. ▶<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                  |                |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                | <b>5a</b>      |     | ✓  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | <b>5b</b>      |     | ✓  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                     | <b>5c</b>      |     |    |
| <b>6a</b> 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 as charitable contributions?                                                              | <b>6a</b>      |     | ✓  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         | <b>6b</b>      |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |                |     |    |
| <b>a</b> 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>7a</b>      |     | ✓  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       | <b>7b</b>      |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  | <b>7c</b>      |     | ✓  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                     | <b>7d</b>      |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       | <b>7e</b>      |     | ✓  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | <b>7f</b>      |     | ✓  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      | <b>7g</b>      |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    | <b>7h</b>      |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>       |     | ✓  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |                |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | <b>9a</b>      |     | ✓  |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                | <b>9b</b>      |     | ✓  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                              |                |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                              | <b>10a</b> N/A |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                           | <b>10b</b> N/A |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                             |                |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                                             | <b>11a</b> N/A |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                          | <b>11b</b> N/A |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          | <b>12a</b>     |     | ✓  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                 | <b>12b</b>     |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                     |                |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                      | <b>13a</b>     |     | ✓  |
| <b>b</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                                                                                                             | <b>13b</b> N/A |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                                                  | <b>13c</b> N/A |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          | <b>14a</b>     |     | ✓  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                             | <b>14b</b>     |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                         |              | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | <b>1a</b> 12 |     |    |
| 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.                       |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                   | <b>1b</b> 11 |     |    |
| <b>2</b> 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? . . . . .                                                | <b>2</b>     |     | ✓  |
| <b>3</b> 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? . . . . . | <b>3</b>     |     | ✓  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                     | <b>4</b>     |     | ✓  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           | <b>5</b>     |     | ✓  |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                   | <b>6</b>     |     | ✓  |
| <b>7a</b> 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? . . . . .                                                                  | <b>7a</b>    |     | ✓  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            | <b>7b</b>    |     | ✓  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                              |              |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                  | <b>8a</b>    | ✓   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | <b>8b</b>    | ✓   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .         | <b>9</b>     |     | ✓  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                 | Yes          | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b>   | ✓  |
| <b>b</b> 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? . . . . .                                                                   | <b>10b</b>   |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> ✓ |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |              |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> ✓ |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> ✓ |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> ✓ |    |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b> ✓  |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b> ✓  |    |
| <b>15</b> 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?                                                                                  |              |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b> ✓ |    |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b>   | NA |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                             |              |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b>   | ✓  |
| <b>b</b> 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 take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b>   |    |

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made 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: ► **DEREK AGUIRRE, 18100 MEYERS RD, DETROIT MI 48235, 1-313-600-9593**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) JON UFFELMAN<br>DIRECTOR             | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) BOWDEN BROWN<br>SECRETARY            | 1                                                                                          | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) PATRICK MANSFIELD<br>TREASURER       | 1                                                                                          | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) SUSAN FLORIO-RUANE<br>DIRECTOR       | 3                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) GEORGE A. HAGGARTY<br>PRESIDENT      | 15                                                                                         | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) PHILLIP KALISMAN<br>DIRECTOR         | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) PETER T. KROSS<br>DIRECTOR           | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) SEAN P. MORAN<br>VICE-PRESIDENT      | 3                                                                                          | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) MEHUL MEHTA<br>DIRECTOR              | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) PETER F. SCHWARTZ<br>DIRECTOR       | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) CHANTALE FIEBIG<br>DIRECTOR         | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) DEREK AGUIRRE<br>EXECUTIVE DIRECTOR | 60                                                                                         | ✓                                                                                                            |                       | ✓       |              |                              |        | 92,033                                                               | 0                                                                         | 4,506                                                                                         |
| (13)                                     |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14)                                     |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 92,033                                                               |                                                                           | 4,506                                                                                         |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 92,033                                                               |                                                                           | 4,506                                                                                         |

**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**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | ✓  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> |     | ✓  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | ✓  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
| NONE                             |                                |                     |

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

|                                                                   |                                                    |                                                                                                                                                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                          | Federated campaigns . . . . .                                                                                                                  | <b>1a</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Membership dues . . . . .                                                                                                                      | <b>1b</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           | Fundraising events . . . . .                                                                                                                   | <b>1c</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                           | Related organizations . . . . .                                                                                                                | <b>1d</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                           | Government grants (contributions)                                                                                                              | <b>1e</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                           | All other contributions, gifts, grants,<br>and similar amounts not included above                                                              | <b>1f</b>            | 411,505              |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                           | Noncash contributions included in lines 1a-1f: S                                                                                               |                      | 3,350                |                                                    |                                         |                                                                           |
|                                                                   | <b>h</b>                                           | <b>Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                      |                      | 411,505              |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    |                                                    |                                                                                                                                                |                      | <b>Business Code</b> |                                                    |                                         |                                                                           |
|                                                                   | <b>2a</b>                                          |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                           |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                           |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                           | All other program service revenue .                                                                                                            |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                           | <b>Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                      |                      |                      |                                                    |                                         |                                                                           |
| <b>Other Revenue</b>                                              | <b>3</b>                                           | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶                                                    |                      | 867                  |                                                    |                                         | 867                                                                       |
|                                                                   | <b>4</b>                                           | Income from investment of tax-exempt bond proceeds ▶                                                                                           |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>5</b>                                           | Royalties . . . . . ▶                                                                                                                          |                      |                      |                                                    |                                         |                                                                           |
|                                                                   |                                                    | (i) Real                                                                                                                                       | (ii) Personal        |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>6a</b>                                          | Gross rents . . . . .                                                                                                                          |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Less: rental expenses . . . . .                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           | Rental income or (loss) . . . . .                                                                                                              |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                           | Net rental income or (loss) . . . . . ▶                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>7a</b>                                          | (i) Securities                                                                                                                                 | (ii) Other           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Less: cost or other basis<br>and sales expenses . . . . .                                                                                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           | Gain or (loss) . . . . .                                                                                                                       |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                           | Net gain or (loss) . . . . . ▶                                                                                                                 |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>8a</b>                                          | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Less: direct expenses . . . . . <b>b</b>                                                                                                       |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           | Net income or (loss) from fundraising events . . ▶                                                                                             |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>9a</b>                                          | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Less: direct expenses . . . . . <b>b</b>                                                                                                       |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                           | Net income or (loss) from gaming activities . . ▶                                                                                              |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>10a</b>                                         | Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b>                                                                    |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                           | Less: cost of goods sold . . . . . <b>b</b>                                                                                                    |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          | Net income or (loss) from sales of inventory . . ▶ |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                    |                                                                                                                                                | <b>Business Code</b> |                      |                                                    |                                         |                                                                           |
| <b>11a</b>                                                        |                                                    |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                    |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                    |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          | All other revenue . . . . .                        |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions. . . . . ▶  |                                                                                                                                                |                      | 412,372              |                                                    |                                         | 867                                                                       |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                                                                 |                       |                                    |                                           |                                |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                                                                   |                       |                                    |                                           |                                |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                                                      |                       |                                    |                                           |                                |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                    |                                           |                                |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                | 96,539                | 86,885                             | 4,827                                     | 4,827                          |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                           |                       |                                    |                                           |                                |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                | 88,307                | 79,476                             | 4,415                                     | 4,416                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      |                       |                                    |                                           |                                |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 | 10,547                | 9,492                              | 528                                       | 527                            |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          | 15,966                | 14,370                             | 798                                       | 798                            |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                     |                       |                                    |                                           |                                |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>b</b> Legal                                                                                                                                                                                                                                   |                       |                                    |                                           |                                |
| <b>c</b> Accounting                                                                                                                                                                                                                              | 5,250                 |                                    | 5,250                                     |                                |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                    |                                           |                                |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>f</b> Investment management fees                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                            |                       |                                    |                                           |                                |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 7,163                 | 6,447                              | 358                                       | 358                            |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 6,525                 | 5,873                              | 326                                       | 326                            |
| <b>14</b> Information technology                                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>16</b> Occupancy                                                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>17</b> Travel                                                                                                                                                                                                                                 | 9,596                 | 8,636                              | 480                                       | 480                            |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                    |                                           |                                |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                    |                                           |                                |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                    |                                           |                                |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              |                       |                                    |                                           |                                |
| <b>23</b> Insurance                                                                                                                                                                                                                              | 8,893                 | 8,003                              | 445                                       | 445                            |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                    |                                           |                                |
| <b>a</b> PROGRAM MATERIALS                                                                                                                                                                                                                       | 42,253                | 42,253                             |                                           |                                |
| <b>b</b> FACILITY RENT                                                                                                                                                                                                                           | 14,217                | 12,795                             | 711                                       | 711                            |
| <b>c</b> EQUIPMENT                                                                                                                                                                                                                               | 806                   | 726                                | 40                                        | 40                             |
| <b>d</b>                                                                                                                                                                                                                                         |                       |                                    |                                           |                                |
| <b>e</b> All other expenses                                                                                                                                                                                                                      | 16,731                | 13,257                             | 2,923                                     | 551                            |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 322,793               | 288,213                            | 21,101                                    | 13,479                         |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                    |                                           |                                |

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 350,640                  | <b>1</b>   | 503,800            |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>   |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            | 64,650                   | <b>3</b>   | 74,712             |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>   |                    |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>   |                    |
|                                                                                      | <b>6</b> Loans and other 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)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>   |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         | 2,081                    | <b>9</b>   | 2,615              |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                         | <b>10a</b>               |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>11</b>  |                    |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           |                          | <b>12</b>  |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>  |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>  |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           | 1,100                    | <b>15</b>  | 1,100              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 418,471                                                                                                                                                                                                                                                                                                                                          | <b>16</b>                | 582,227    |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>17</b>  | 4,177              |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> 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 . . . . .                                                                                                                                                        |                          | <b>25</b>  |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 0                        | <b>26</b>  | 4,177              |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                           |                          |            |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      | 383,471                  | <b>27</b>  | 508,050            |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | 35,000                   | <b>28</b>  | 70,000             |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>29</b>  |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                                         |                          |            |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                                                                             |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |                          | <b>32</b>  |                    |
|                                                                                      | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                                                                     | 418,471                  | <b>33</b>  | 582,227            |
|                                                                                      | <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                                                                                                                                                                        | 418,471                  | <b>34</b>  | 582,227            |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

|           |                                                                                                                |           |         |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 412,372 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 322,793 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 89,579  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 418,471 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 0       |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |         |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 70,000  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 578,050 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                               | ✓   |    |
| <b>3a</b> 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? . . .                                                                                                                                                                                                                                                                  |     | ✓  |
| <b>b</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                                                                                                                                                                                                             |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

RACQUET UP DETROIT

Employer identification number

27-2620275

**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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% 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.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-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)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g 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 (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                                  |
| (A)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (B)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (C)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (D)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (E)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| Total                              |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                          | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          | 72,550   | 446,776  | 355,135  | 411,505  | 1,285,966 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        |          | 72,550   | 446,776  | 355,135  | 411,505  | 1,285,966 |
| <b>5</b> 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) . . . . . |          |          |          |          |          | 294,931   |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-------------------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   |          | 72,550   | 446,776  | 355,135  | 411,505  | 1,285,966                           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        |          |          | 22       | 511      | 866      | 1,399                               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    |          |          |          |          |          |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                      |          |          | 12,217   | 0        | 0        | 12,217                              |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          | 1,299,582                           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |          |          |          |          | 12       |                                     |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b>                | % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>15</b>                | % |
| <b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        | <input type="checkbox"/> |   |
| <b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/> |   |
| <b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               | <input type="checkbox"/> |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                             | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</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 . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                          |           |   |
|----------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . .                                                                                                                                                                                                       | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . .                                                                                                                                                                                                                              | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>                                                                                                                                                 |           |   |

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

**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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

RACQUET UP DETROIT

Employer identification number

27-2620275

**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? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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 (c) 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 XIII, 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.

1a 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 XIII, 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 . . . . . ► \$

**Part III 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 IV 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 XIII and complete the following table:
- |                                         | Amount |
|-----------------------------------------|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V 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 |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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 |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI 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 |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  |                                      |                                 |                              |                |
| <b>b</b> Buildings              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements |                                      |                                 |                              |                |
| <b>d</b> Equipment              |                                      |                                 |                              |                |
| <b>e</b> Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                         |                |                                                             |
| (2) Closely-held equity interests . . . . .                                 |                |                                                             |
| (3) Other . . . . .                                                         |                |                                                             |
| (A) . . . . .                                                               |                |                                                             |
| (B) . . . . .                                                               |                |                                                             |
| (C) . . . . .                                                               |                |                                                             |
| (D) . . . . .                                                               |                |                                                             |
| (E) . . . . .                                                               |                |                                                             |
| (F) . . . . .                                                               |                |                                                             |
| (G) . . . . .                                                               |                |                                                             |
| (H) . . . . .                                                               |                |                                                             |
| (I) . . . . .                                                               |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |                                                             |

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

| (a) Description of investment type                                          | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) . . . . .                                                               |                |                                                             |
| (2) . . . . .                                                               |                |                                                             |
| (3) . . . . .                                                               |                |                                                             |
| (4) . . . . .                                                               |                |                                                             |
| (5) . . . . .                                                               |                |                                                             |
| (6) . . . . .                                                               |                |                                                             |
| (7) . . . . .                                                               |                |                                                             |
| (8) . . . . .                                                               |                |                                                             |
| (9) . . . . .                                                               |                |                                                             |
| (10) . . . . .                                                              |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |                                                             |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description                                                                       | (b) Book value |
|---------------------------------------------------------------------------------------|----------------|
| (1) . . . . .                                                                         |                |
| (2) . . . . .                                                                         |                |
| (3) . . . . .                                                                         |                |
| (4) . . . . .                                                                         |                |
| (5) . . . . .                                                                         |                |
| (6) . . . . .                                                                         |                |
| (7) . . . . .                                                                         |                |
| (8) . . . . .                                                                         |                |
| (9) . . . . .                                                                         |                |
| (10) . . . . .                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► |                |

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

| 1. (a) Description of liability                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes . . . . .                                          |                |
| (2) . . . . .                                                               |                |
| (3) . . . . .                                                               |                |
| (4) . . . . .                                                               |                |
| (5) . . . . .                                                               |                |
| (6) . . . . .                                                               |                |
| (7) . . . . .                                                               |                |
| (8) . . . . .                                                               |                |
| (9) . . . . .                                                               |                |
| (10) . . . . .                                                              |                |
| (11) . . . . .                                                              |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                |

**2. FIN 48 (ASC 740) Footnote.** In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII . . . . . ☐

|          |                                                                                                          |           |                |
|----------|----------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | <b>447,372</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |                |
| <b>a</b> | Net unrealized gains on investments . . . . .                                                            | <b>2a</b> | <b>00</b>      |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |                |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> | <b>35,000</b>  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |                |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | <b>35,000</b>  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | <b>412,372</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |                |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | <b>00</b>      |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> | <b>00</b>      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | <b>00</b>      |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | <b>412,372</b> |

|          |                                                                                                          |           |           |         |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|---------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     |           | <b>1</b>  | 322,793 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                        |           |           |         |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> | 0         |         |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> | 0         |         |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> | 0         |         |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> | 0         |         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> | 0       |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | 322,793 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |           |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 0         |         |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> | 0         |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> | 0       |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 322,793 |

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**RACQUET UP DETROIT**

Employer identification number

**27-2620275**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**4. SCHOOL ATTENDANCE FOR RACQUET UP STUDENTS EXCEEDS NON-RACQUET UP PEERS**

**5. A LARGER PERCENTAGE OF RACQUET UP STUDENTS ARE ATTAINING "PROFICIENT" OR "ADVANCED" LEVELS ON THE MEAP**

**(MICHIGAN EDUCATION ASSESSMENT PROGRAM) THAN THE GENERAL STUDENT BODY AT BOTH PARTNER SCHOOLS**

**6. 48% OF RACQUET UP STUDENTS PROGRESSED BY MORE THAN ONE YEAR'S READING LEVEL IN 2012-2013 AS MEASURED**

**BY THE GATES MACGINITIE READING TEST**

**7. DEEP ENGAGEMENT IN THE SPORT OF SQUASH RESULTING IN NOTABLE PERFORMANCES IN LOCAL, REGIONAL, AND**

**NATIONAL SQUASH TOURNAMENTS**

**8. COMPLETION OF 10 HOURS OF COMMUNITY SERVICE BY STUDENT**

**9. COMPLETION OF 2 COLLEGE VISITS PER STUDEENT**

**FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING FORM 990, THE EXECUTIVE DIRECTOR SHARES THE FINAL DRAFT WITH THE**

**BOARD PRESIDENT FOR REVIEW. THE BOARD PRESIDENT WILL THEN SHARE IT WITH OTHER OFFICERS IF THERE ARE ANY AREAS**

**OF CONCERN. ALL BOARD MEMBERS RECEIVE AN ELECTRONIC COPY OF FORM 990 BEFORE IT IS FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST EXECUTE A CONFLICT OF INTEREST DISCLOSURE FORM**

**ANNUALLY AT THE SEPTEMBER BOARD MEETING. THE EXECUTED FORMS ARE THEN REVIEWED BY BOARD PRESIDENT AND**

**SECRETARY.**

**FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD PRESIDENT AND THE SECRETARY CONDUCT A WRITTEN REVIEW OF THE**

**EXECUTIVE DIRECTOR PRIOR TO THE END OF THE FISCAL YEAR. THEN MEET WITH THE EXECUTIVE DIRECTOR IN PERSON TO**

**SHARE FEEDBACK AND ADDRESS CONCERNS. THE EXECUTIVE DIRECTOR ALSO COMPLETES A WRITTEN SELF-ASSESSMENT,**

**WHICH CONTRIBUTES TO THE PRESIDENT'S AND SECRETARY'S REVIEW. AN EXECUTIVE SESSION IS HELD AT THE BOARD**

**MEETING TO APPROVE A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR. A NEW EMPLOYMENT AGREEMENT IS THEN**

**EXECUTED BY THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR.**

Name of the organization

RACQUET UP DETROIT

Employer identification number

27-2620275

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9: OTHER CHANGES IN NET ASSETS REFLECTS THE CHANGE IN TEMPORARILY RESTRICTED CONTRIBUTIONS,  
TIME-RESTRICTED UNCONDITIONAL PROMISES DUE AFTER THE FISCAL YEAR END

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

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**GEORGE JOHNSON  
& COMPANY**

Certified Public Accountants and Consultants

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## **INDEPENDENT AUDITOR'S REPORT**

January 16, 2014

To the Board of Directors  
Racquet Up Detroit

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Racquet Up Detroit (the "Organization," a Michigan non-profit Corporation), which comprise the statement of financial position as of July 31, 2013, and the related statements of activities and cash flows for the year then ended, as well as the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

The Organization's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion.

Board of Directors  
Racquet Up Detroit  
January 16, 2014  
Page Two

**INDEPENDENT AUDITOR'S REPORT (CONTINUED)**

**Auditor's Responsibility (continued)**

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Racquet Up Detroit as of July 31, 2013, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

**Prior-Year Financial Statements**

The financial statements as of, and for the year ended, July 31, 2012 were reviewed by us, and our report thereon, dated October 31, 2012, stated we were not aware of any material modifications that should be made to those financial statements for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements.



CERTIFIED PUBLIC ACCOUNTANTS  
Detroit, Michigan

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**STATEMENTS OF FINANCIAL POSITION**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

|                                                                                             | <u>2013</u>              | <u>2012</u>              |
|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>ASSETS</b>                                                                               |                          |                          |
| <b>Current Assets:</b>                                                                      |                          |                          |
| Cash and cash equivalents                                                                   | \$ 503,800               | \$ 350,640               |
| Pledges receivable - current portion (no allowance<br>considered necessary) (Note C)        | 40,850                   | 60,650                   |
| Prepaid expenses                                                                            | <u>2,615</u>             | <u>2,081</u>             |
| <b>Total Current Assets</b>                                                                 | <u><b>547,265</b></u>    | <u><b>413,371</b></u>    |
| <b>Other Assets:</b>                                                                        |                          |                          |
| Pledges receivable (net of current portion)<br>(no allowance considered necessary) (Note C) | 33,862                   | 4,000                    |
| Deposits                                                                                    | <u>1,100</u>             | <u>1,100</u>             |
| <b>Total Other Assets</b>                                                                   | <u><b>34,962</b></u>     | <u><b>5,100</b></u>      |
| <b>Total Assets</b>                                                                         | <u><b>\$ 582,227</b></u> | <u><b>\$ 418,471</b></u> |
| <b>LIABILITIES AND NET ASSETS</b>                                                           |                          |                          |
| <b>Current Liabilities:</b>                                                                 |                          |                          |
| Accounts payable and accrued expenses                                                       | <u>\$ 4,177</u>          | <u>\$ -0-</u>            |
| <b>Total Liabilities</b>                                                                    | <u><b>4,177</b></u>      | <u><b>-0-</b></u>        |
| <b>Net Assets:</b>                                                                          |                          |                          |
| Unrestricted                                                                                | 508,050                  | 383,471                  |
| Temporarily restricted for use in future periods                                            | <u>70,000</u>            | <u>35,000</u>            |
| <b>Total Net Assets</b>                                                                     | <u><b>578,050</b></u>    | <u><b>418,471</b></u>    |
| <b>Total Liabilities and Net Assets</b>                                                     | <u><b>\$ 582,227</b></u> | <u><b>\$ 418,471</b></u> |

See notes to financial statements.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**STATEMENTS OF ACTIVITIES**

**For the Years Ended July 31, 2013 (Audited) and 2012 (Reviewed)**

|                                                                           | <u>2013</u>           | <u>2012</u>           |
|---------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Changes in Unrestricted Net Assets:</b>                                |                       |                       |
| <b>Revenue:</b>                                                           |                       |                       |
| Contributions                                                             | \$ 408,155            | \$ 355,135            |
| Other revenue                                                             | <u>867</u>            | <u>511</u>            |
| Total Unrestricted Revenue Before<br>In-Kind Contributions                | 409,022               | 355,646               |
| In-kind contributions                                                     | <u>3,350</u>          | <u>-0-</u>            |
| Total Unrestricted Revenue                                                | 412,372               | 355,646               |
| Net assets released from restrictions due<br>to passage of specified time | <u>35,000</u>         | <u>35,000</u>         |
| <b>Total Unrestricted Revenue<br/>    and Other Support</b>               | <u><b>447,372</b></u> | <u><b>390,646</b></u> |
| <b>Expenses (Note B):</b>                                                 |                       |                       |
| Salaries and benefits                                                     | 211,359               | 163,478               |
| Program expenses                                                          | 42,253                | 26,724                |
| Classroom and athletic space rent                                         | 14,217                | 12,180                |
| Student transportation                                                    | 9,596                 | 9,756                 |
| Insurance                                                                 | 8,893                 | 7,671                 |
| Communications and events                                                 | 7,163                 | 6,985                 |
| Office expenses                                                           | 6,525                 | 5,809                 |
| Professional fees                                                         | 5,250                 | 5,100                 |
| Newsletter                                                                | 3,764                 | 3,255                 |

See notes to financial statements.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**STATEMENTS OF ACTIVITIES (CONTINUED)**

**For the Years Ended July 31, 2013 (Audited) and 2012 (Reviewed)**

|                                                                        | <u>2013</u>              | <u>2012</u>              |
|------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Changes in Unrestricted Net Assets (continued):</b>                 |                          |                          |
| <b>Expenses (Note B) (continued):</b>                                  |                          |                          |
| Printing                                                               | \$ 2,395                 | \$ 1,366                 |
| Licenses and fees                                                      | 2,372                    | 2,451                    |
| Graphic design and website development                                 | 2,275                    | 4,167                    |
| Office equipment charges                                               | 806                      | 5,171                    |
| Other expenses                                                         | <u>2,575</u>             | <u>1,202</u>             |
| Total Expenses Before In-Kind Expenses                                 | 319,443                  | 255,315                  |
| In-kind expenses                                                       | <u>3,350</u>             | <u>-0-</u>               |
| <b>Total Expenses</b>                                                  | <u><b>322,793</b></u>    | <u><b>255,315</b></u>    |
| <b>Net Increase in Unrestricted Net Assets</b>                         | <u><b>124,579</b></u>    | <u><b>135,331</b></u>    |
| <b>Changes in Temporarily Restricted Net Assets:</b>                   |                          |                          |
| Contributions                                                          | 70,000                   | -0-                      |
| Net assets released from restrictions due to passage of specified time | <u>(35,000)</u>          | <u>(35,000)</u>          |
| <b>Net Increase (Decrease) in Temporarily Restricted Net Assets</b>    | <u><b>35,000</b></u>     | <u><b>(35,000)</b></u>   |
| <b>Net Increase in Net Assets</b>                                      | <b>159,579</b>           | <b>100,331</b>           |
| Net Assets, Beginning of Year                                          | <u>418,471</u>           | <u>318,140</u>           |
| <b>Net Assets, End of Year</b>                                         | <u><b>\$ 578,050</b></u> | <u><b>\$ 418,471</b></u> |

See notes to financial statements.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**STATEMENTS OF CASH FLOWS**

**For the Years Ended July 31, 2013 (Audited) and 2012 (Reviewed)**

|                                                                                                      | <u>2013</u>              | <u>2012</u>              |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Cash Flows from Operating Activities:</b>                                                         |                          |                          |
| Net increase in net assets                                                                           | \$ 159,579               | \$ 100,331               |
| Adjustments to reconcile net increase in net assets<br>to net cash provided by operating activities: |                          |                          |
| (Increase) decrease in:                                                                              |                          |                          |
| Pledges receivable                                                                                   | (10,062)                 | 5,350                    |
| Prepaid expenses                                                                                     | (534)                    | 487                      |
| Increase in accounts payable and accrued expenses                                                    | 4,177                    | -0-                      |
| <b>Net Cash Provided by Operating Activities</b>                                                     | <u>153,160</u>           | <u>106,168</u>           |
| <b>Net Increase in Cash and Cash Equivalents</b>                                                     | <b>153,160</b>           | <b>106,168</b>           |
| Cash and Cash Equivalents Balance, Beginning of Year                                                 | <u>350,640</u>           | <u>244,472</u>           |
| <b>Cash and Cash Equivalents Balance,<br/>End of Year</b>                                            | <u><b>\$ 503,800</b></u> | <u><b>\$ 350,640</b></u> |

See notes to financial statements.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

## **NOTES TO FINANCIAL STATEMENTS**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

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### **NOTE A – NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **Nature of Activities and Purpose**

Racquet Up Detroit (the “Organization”) is a Michigan non-profit Corporation organized to support and empower Detroit youth to achieve their full potential through a demanding and inspiring long-term extracurricular mentoring program of squash, academics, and community service.

#### **Basis of Accounting**

The financial statements have been prepared on the accrual basis of accounting.

#### **Basis of Presentation**

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

#### **Tax-Exempt Status**

The Organization has been classified by the Internal Revenue Service (“IRS”) as a non-profit organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Additionally, the Organization has been classified by the IRS as an organization that is not a private foundation. The Organization’s management is not aware of any unrecognized tax benefits as of July 31, 2013 or 2012. The Organization is potentially subject to federal income tax examinations by the IRS for all years of the Organization’s existence.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### **Concentration of Credit Risk**

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash, cash equivalents, and pledges receivable.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

---

**NOTE A – NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Concentration of Credit Risk (continued)**

Cash and cash equivalents are maintained at financial institutions and, at times, balances may exceed the federally insured limit of \$250,000 per depositor at each financial institution. Cash and cash equivalents on deposit in excess of the federally insured limit as of July 31, 2013 approximated \$254,000. Pledges receivable are due from various individuals, corporations, and foundations located primarily in southeastern Michigan.

During the year ended July 31, 2013, the Organization utilized one supplier for purchases of \$14,390, or 18 percent of total purchases. No amounts were due to this supplier as of July 31, 2013.

**Recognition of Contributions**

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Contributions with donor-imposed restrictions that are met in the same year as received or earned are reported as unrestricted support. Contributions that are designated for future periods or are restricted by the donor for specific purposes that are not met in the same year as received or earned are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities as net assets released from restrictions.

**Cash Equivalents**

For purposes of the statements of cash flows, the Organization considers all short-term securities with original maturities of three months or less to be cash equivalents.

**Fair Value Measurements**

The Organization uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Organization utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Organization applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

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**NOTE A – NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Fair Value Measurements (continued)**

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy, based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the fair value hierarchy are described as follows:

- Level 1 - Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Organization has the ability to access
- Level 2 - Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 - Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

As of July 31, 2013 and 2012, the Organization does not have any financial assets or liabilities subject to being classified in any of the above categories.

**Subsequent Events**

The Organization's management has evaluated subsequent events through January 16, 2014, the date that the accompanying financial statements were available to be issued.

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

**NOTE B - FUNCTIONAL EXPENSES**

The expenses of the Organization for the years ended July 31, 2013 and 2012 have been allocated to the following services based on management's estimates:

|                             | <u>2013</u>              | <u>2012</u>              |
|-----------------------------|--------------------------|--------------------------|
| Program services:           |                          |                          |
| Other than in-kind expenses | \$ 284,863               | \$ 225,660               |
| In-kind expenses            | <u>3,350</u>             | <u>-0-</u>               |
| Total Program Services      | <u>288,213</u>           | <u>225,660</u>           |
| Supporting services:        |                          |                          |
| Management and general      | 21,101                   | 18,603                   |
| Fund raising                | <u>13,479</u>            | <u>11,052</u>            |
| Total Supporting Services   | <u>34,580</u>            | <u>29,655</u>            |
| <b>Total Expenses</b>       | <b><u>\$ 322,793</u></b> | <b><u>\$ 255,315</u></b> |

Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different allocation.

**NOTE C - PLEDGES RECEIVABLE**

Pledges receivable consist of the following unconditional promises to give as of July 31, 2013:

|                                              |                         |
|----------------------------------------------|-------------------------|
| Amounts due in:                              |                         |
| Less than one year                           | \$ 40,850               |
| One to five years                            | <u>35,000</u>           |
|                                              | 75,850                  |
| Less: Unamortized discount (at 3.25 percent) | <u>(1,138)</u>          |
|                                              | <b><u>\$ 74,712</u></b> |

RACQUET UP DETROIT  
(A Michigan Non-Profit Corporation)

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**July 31, 2013 (Audited) and 2012 (Reviewed)**

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**NOTE D – LEASES**

The Organization has entered into two lease agreements for classroom and athletic space and for a vehicle that expire at various dates through 2016. Future minimum payments under these leases are as follows:

| <b>For the Years Ending July 31:</b> |                         |
|--------------------------------------|-------------------------|
| 2014                                 | \$ 19,018               |
| 2015                                 | 12,017                  |
| 2016                                 | <u>1,754</u>            |
| <b>Total Minimum Lease Payments</b>  | <b><u>\$ 32,789</u></b> |

Total rental expense under these lease agreements for the years ended July 31, 2013 and 2012 was \$21,218 and \$19,198, respectively.