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SCANNED AUG 07 2017

**990-EZ** 

## **Short Form**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **013** 

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 05/31 A For the 2013 calendar year, or tax year beginning 06/01 20 , 2013, and ending B Check if applicable. C Name of organization D Employer identification number Address change 46-3574182 Synchro Stars Synchronized Skating Teams, Inc. Name change Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Initial return 617-999-3976 Terminated City or town, state or province, country, and ZiP or foreign postal code F Group Exemption Amended return Number > Nashua, NH 03060 ✓ Application pending ✓ Cash Accrual Other (specify) H Check ► ☑ if the organization is not G Accounting Method: Website: ▶ synchrostars.org required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . 75538 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Sched Par Tespore to prove estion in this Part I Contributions, gifts, grants, and similar amounts required.

Program service revenue including government rees and contributions. 8396 2 2 3 Membership dues and assessments . . 3 67142 JUL 21 2017 Investment income . . . . . . 4 4 Gross amount from sale of assets other than the BRANCH Less: cost or other basis and sales expense. 5a 5b Gain or (loss) from sale of assets other than investor to the from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from-line 7a) 7c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 75538 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members . . . . . . . . 411 Salaries, other compensation, and employee benefits . . . . 12 12 Professional fees and other payments to independent contractors. . . 13 13 19641 14 14 21077 15 15 16 16 22643 Total expenses. Add lines 10 through 16 . . . . . . 17 17 63361 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 12177 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 2873

Other changes in net assets or fund balances (explain in Schedule O) . . . . .

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 106421

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Form 990-EZ (2013)

Pa	rt II	Balance Sheets (see the instructions	•				
		Check if the organization used Schedul	e O to respond to a	ny question in this	(A) Beginning of year	<del>-</del> -	(B) End of year
22	Cac	h, savings, and investments		}	the beginning of year	22	Г -
23		d and buildings				23	18650
24		er assets (describe in Schedule O)			<del></del>	24	
25		al assets				25	18650
26			 			26	<del></del>
27		assets or fund balances (line 27 of colum		<b>-</b>	287:	3 27	
Par		Statement of Program Service Accor					
		Check if the organization used Schedul	•		-	ے ا	Expenses equired for section
Wha	t is the	organization's primary exempt purpose?					1(c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accomp	lishments for each o	of its three largest r	program services.		ganizations and section 47(a)(1) trusts, optional
as m	neasure	ed by expenses. In a clear and concise nefited, and other relevant information for	manner, describe th				others.)
28		uced skaters to the sport of Synchronized Sk					
		Further their skill development in figure ska		s become part of a te	eam. Our		}
		zation has grown to 60 young skaters divided					
	(Grant	s \$ ) If this amour	it includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	28	63361
29						1	}
						1	-
	(Cront	s\$ ) If this amour				29	
30	(Grant					129	la
30							
		······································	*			1	ł
	(Grant	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	t includes foreign gr	ants check here	▶ □	30	a
31	<del></del>	program services (describe in Schedule O)		1	<del>-</del>		
	(Grant		it includes foreign gr		▶ □	31	a
32	Total	program service expenses (add lines 28a	through 31a)		•	32	<del></del>
Par		List of Officers, Directors, Trustees, and Ke				instr	
		Check if the organization used Schedul	e O to respond to a	ny question in this	Part IV		🗸
			(b) Average	(c) Reportable	(d) Health benefits		- \ Fat at-d a
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC			e) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensati	on	
Caro	Johns	on		1		1	
Trest	ırer	<del></del>	8		0	0	0
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			· <del> </del>	†			<del>. =                                   </del>
			1		=		e •

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П		
	mistractions for Fair Vy oneon in the organization used defleate of to respond to any question in this	7 (2/1	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>✓</b>		
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1		
b b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<b>√</b>		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9	-				
ь 40а	Gross receipts, included on line 9, for public use of club facilities					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	~-·	- <b>/</b>		
41	List the states with which a copy of this return is filed ▶ New Hampshire					
42a		617-99	<del></del>	6		
h	Located at ► 6 Winterberry Drive, Amherst NH ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	031	Yes	No		
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	7		
	If "Yes," enter the name of the foreign country: ▶			<u> </u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			  -  -		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	T NA		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1		
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	1		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
	Form 990-EZ (see instructions)	45b		lacksquare		

	50-12 (2013)						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political complete Schedule C	ampaign activities Part I	on behalf of	or in opposition	on 46		1
Part		only					or lin	es
	Check if the organization used Sc	hedule O to respond	l to any question i	n this Part \	<u>/I</u>	<u> </u>		<u>,                                    </u>
47	Did the organization engage in lobbying				t during the ta		Yes	No
40	year? If "Yes," complete Schedule C, Par				 -	47	├	1
48 49a	Is the organization a school as described in Did the organization make any transfers t				E	48 49a	+	1
49a b	If "Yes," was the related organization a se	-	•			49b		<del>  •</del>
50	Complete this table for the organization's employees) who each received more than	s five highest compen	sated employees (	other than o	fficers, directo	rs, truste	es an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Hea	lth benefits,	(e) Estimate other con	ed amo	unt of
None								
				<del>                                     </del>				
		<u> </u>		_				
	Total number of other employees paid ov	\$100 000	. ▶					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independe	ent contracto	ors who each	received	more	e thar
	(a) Name and business address of each independ	dent contractor	(b) Type of	service	(c) (	Compensat	ion	
None								
				· · ·				
d	Total number of other independent contra	actors each receiving	over \$100,000 .	<b>•</b>				
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? <b>Note</b> . All section 5 a completed Schedul	01(c)(3) organization	ons and 494	7(a)(1)	► ☑ Yes	• 🗆	No
Under p	nenalties of perjust I declare that Lawe examining his rrect, and complete Declaration of preparer (other that	return, including accompan	ving schedules and stat	ements, and to	the best of my kno	wledge and	d belief	, it is
	Huly 1/km				5-21-	2017		
Sign Here	Signature of officer  David Weiher, President	3		1	Date			
	Type or print name and title							
Paid Prep	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		
Use	1 = .			I	ırm's EIN ▶			
	Firm's address ▶				Phone no			
May th	ne IRS discuss this return with the prepare	r shown above? See	instructions	<u> </u>	<u></u>	Yes	3 📙	No

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

### **Public Charity Status and Public Support**

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organiza	tion						Employer i	dentificatio	n number		
	chronized Skating Tea								74182	<u> </u>	
Part I Reas	on for Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstruction	ons.		
1	, convention of church described in <b>section</b> alor a cooperative ho	ation because it is: (Fo ches, or association of n 170(b)(1)(A)(ii). (Attac ospital service organiza	churches ch Sched ation desc	s describ ule E.) cribed in	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).				
	al research organizati s name, city, and sta	on operated in conjunt te:	ction with	n a hospit	al descri	bed in <b>se</b>	ction 17	0(b)(1)(A)	)(iii). Ente	r the	<b></b>
	nization operated for 170(b)(1)(A)(iv). (Com	the benefit of a colle	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit d	escribed	in
7 🗌 An organ	ization that normally	rnment or government r receives a substantia )(A)(vi). (Complete Par	al part of					nit or from	n the ge	neral pub	olic
8  A commi	unity trust described	in section 170(b)(1)(A	<b>)(vi).</b> (Cor	mplete Pa	art II.)						
receipts support	from activities relate from gross investme	receives. (1) more that ad to its exempt funct ent income and unre- after June 30, 1975. Se	ions-su lated bus	bject to o	certain e xable ind	xceptions	s, and (2 ss <i>sectio</i>	) no mor	e than 3	31/3% of	its
11 An organ	nization organized a of one or more pub	d operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th nizations	ne benefi describe	t of, to d in sect	perform i	the funct a)(1) or so	tions of, ection 50	9(a)(2) S		
other that or section <b>f</b> If the or	ing this box, I certify n foundation manag n 509(a)(2).	that the organization ers and other than one a written determination	is not co e or more	ntrolled o	directly of support	r indirectl ed organ	izations (	or more described	disqualifi d in section	ied perso on 509(a)	ns
	gust 17, 2006, has persons?	the organization acce	pted any	gift or co	ontributio	on from a	iny of the	€		•	
(i) A per	son who directly or	indirectly controls, eithody of the supported							nd	Yes N	0
	-	son described in (i) abo	-						11g(ii		_
		a person described in							11g(iii		
									9(	<u>n</u>	
(i) Name of supported organization organization (iii) EIN (iii) Type of organization (iv) Is the organization (v) Drd (described on lines 1–9 in col (i) listed in your the organization above or IRC section governing document?		(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organi	(vi) Is the organization in col (i) organized in the US?		nt of monet	ary			
			Yes	No	Yes	No	Yes	No	ļ		
(A)											
(B)										-	
(C)					,			1			
(D)											
(E)											
·				<del> </del>	<del>                                     </del>		<b>†</b>		†	<del></del>	

Part								
	(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.)							
Sect	on A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>	L	· · · · · · · · · · · · · · · · · · ·	L	<u> </u>	
	on B. Total Support	(-) 0000	(1.) 0040	4 > 0044	( n 2010	(1) 0040		
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u></u>			ear as a sectio		
	on C. Computation of Public Suppor							
14	Public support percentage for 2013 (line					14	<u>%</u>	
15 16a	Public support percentage from 2012 Sch					15	<u>%</u>	
iva	331/3% support test—2013. If the organization qua							
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line			
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumstai	nces" test, che t. The organiza	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly s	xplain in	
b								
18	Private foundation. If the organization di							
	instructions							
			<del></del>		Sci	nedule A (Form 99	0 or 990-EZ) 2013	

### 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.)

Saati	if the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Part	II.)	
	on A. Public Support	(=) 2000	(h) 0010	(-) 0011	(-1) 0010	(-) 2012	(f) Total
Calen	Idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
•	received. (Do not include any "unusual grants.")		į	Ļ	ţ		75500
2	Gross receipts from admissions, merchandise	<u> </u>	<del> </del>	<del> </del>	<del> </del>	75538	75538
	sold or services performed, or facilities	l	ł			į l	
	furnished in any activity that is related to the	1	1	1	1	1 1	
3	organization's tax-exempt purpose Gross receipts from activities that are not an					<del>                                     </del>	
	unrelated trade or business under section 513	l	Į.	Į.	l	l l	
4	Tax revenues levied for the	<del></del>	<del></del>	<del> </del>	<del> </del>	<del>                                     </del>	
7	organization's benefit and either paid	ſ			1	ĺ	
	to or expended on its behalf	{	ł	l	ł	ł	
5	The value of services or facilities				<del></del>		
•	furnished by a governmental unit to the				1	1	
	organization without charge				1	1	
6	Total. Add lines 1 through 5					75538	75538
7a	Amounts included on lines 1, 2, and 3			1		1	
	received from disqualified persons .	ļ				1	
b	Amounts included on lines 2 and 3					-	
	received from other than disqualified		1		1	1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
C4:	line 6.)	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	75538
	on B. Total Support	(-) 0000	410010	1 1 20011	( , , , , , , , , , , , , , , , , , , ,	1 1 2010	
9	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a		<del></del>	<del> </del>	<del> </del>	<del> </del>	75538	75538
IVa	payments received on securities loans, rents,			1	]		
	royalties and income from similar sources .			Į.			
b	Unrelated business taxable income (less		<del> </del>			1	
	section 511 taxes) from businesses	i			}	}	
	acquired after June 30, 1975	Į	į	Į	l	1 1	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		İ	1	)		
	or not the business is regularly carried on		]		1	]	
12	Other income. Do not include gain or						
	loss from the sale of capital assets					ł	
	(Explain in Part IV.)				L		
13	Total support. (Add lines 9, 10c, 11,	·					
	and 12.)		<u> </u>	L	<u> </u>	75538	75538
14	First five years. If the Form 990 is for the				-		
Casti	organization, check this box and stop he		<u> </u>	<del></del>	<u> </u>	<del></del>	· <b>&gt;</b> 🗸
3ecti	on C. Computation of Public Suppor			10 (0)		Tart	
16	Public support percentage for 2013 (line in Public support percentage from 2013 Sal		-			15	<u>%</u>
	Public support percentage from 2012 Sci on D. Computation of Investment In			<del></del>	<del></del>	16	%
17	Investment income percentage for 2013 (			w line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2012					18	<del></del>
19a	331/3% support tests—2013. If the organ					1 -7 1	
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organization	on . $ ightharpoondoon$
b	331/3% support tests - 2012. If the organiz						
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

Part IV	Supplemental Information. 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).						
	Part III, line 12. Also complete this part for any additional information. (See instructions).						
·							

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

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number					
Synchro Stars Synchronized Skating Teams, Inc.	46-3574182					
Part I, Line 16: Organization Expenses, Competition entry fees, Team clothing, dresses, competition expenses, travel						
Part I, Line 20: Deposits for participants - pending joining						
Part II, Line 26: Pending Services for new participants						
Part IV: Officers listed as of 2013; this return filed with officers of record in Tax Year 2016						
Filed late due to inadequate organizational controls; now remedied						
***************************************						
***************************************						