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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Brian R. Marshall

Firm's name ► Marshall & Company

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 27620 Farmington Rd., Ste. 203, Farmington Hills, MI 48334

Preparer

Use Only

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

July 1 June 30 For the 2013 calendar year, or tax year beginning 2013, and ending , 20 1 4 C Name of organization Supporting Kids' Athletics & Education D Employer identification number Check if applicable Doing Business As SKATE 45-2064092 Address change Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number 20216 Forestwood St Initial return 248-794-3318 City or town, state or province, country, and ZIP or foreign postal code Terminated Southfield, MI 48076 Amended return G Gross receipts \$ F Name and address of principal officer Christopher Alfaro Application pending H(a) Is this a group return for subordinates?
Yes No Same as C above H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) X 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.skatefundraising.com H(c) Group exemption number ▶ Form of organization X Corporation Trust Association Other ▶ L Year of formation 2011 M State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities: Members provide volunteer services at sports and entertainment venue concession stands to raise funds to support other Governance 501(c)(3) charities who develop children's athletics, education and arts. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) 5,734 080 3,531 9 Program service revenue (Part VIII, line 2g) 0 248,665 Investment income (Part VIII, column (A), 1 2015 10 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 173,691 0 12 Total revenue – add lines 8 through 11 (must equal Part Ville column (A), line 12) 177,222 254,399 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 134,131 209,107 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) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,103 3,614 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 136,234 212,721 19 Revenue less expenses. Subtract line 18 from line 12 40,988 41, Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 54,792 96,470 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 54,792 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 Signature of officer [©] Here MER TREASURER E. PAI STER ଟେ Type or print name and title Print/Type preparer's name parer's signature Date - Paid Check | ıf

self-employed P01387452

X Yes No

Form **990** (2013)

Firm's EIN ▶ 38-2341146

Phone no 248-553-0621

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
1	SKATE's mission is to support the advancement of children's education, athetics and
	arts.
	Did the example to undertake any conificent program conversed during the view which were not better to the
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	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 \$ 209,209 including grants of \$ 209,107) (Revenue \$ 248,665)
	Members raised funds by working on a volunteer basis at sports and entertainment
	venue food and beverage concession stands during events. Funds raised were
	contributed to other 501(c)(3) organizations who support the development of
	children's education, athletics and art. Approximately 150 volunteers worked at 263
	events during the fiscal year ended 6/30/14
	events during the fiscal year ended 6/30/14.
	•
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	•
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ► 209, 209

Part	V · Checklist of Required Schedules			
			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-		
6	Part III	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	4.5 1911 - 1912 1913 - 1913 1914 - 1915 1914 - 1915 1914 - 1915 1914 - 1915 1914 - 1915 1914 - 1915 1915 1915 1915 1915 1915 1915 1915		Γ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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	11b		Х
С	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	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	:	Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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.	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	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.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
_ b		20b	 	 ^

Part	Checklist of Required Schedules (continued)			
			Yes	No
21 `	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	-	х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	海湖	· 188	南 公
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	that a	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37		Х
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u>L</u> _

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page \$
	Check if Schedule O contains a response or note to any line in this Part V			. \sqsubset
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b]
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	l _		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	<u> </u>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		- x-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:		ĺ	
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from members or shareholders	1		
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	
b	Enter the amount of reserves the organization is required to maintain by the states in which			Į

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х

14a

14b

13b

13c

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O							
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	· ·	<u>X</u>				
Section 1	on A. Governing Body and Management		Yes	No				
4	Enter the number of voting members of the governing body at the end of the tax year 1a		165					
ıa	Enter the number of voting members of the governing body at the end of the tax year]						
	If the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b	;						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		_X				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_						
	one or more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		v				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<u>X</u>				
0	the year by the following:							
а	The governing body?	8a	X	'				
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	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	9		Х				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	40-		÷ '				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<u>X</u> _				
Ŭ	describe in Schedule O how this was done	12c	<u> </u>	Х				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
L	with a taxable entity during the year?	16a		<u>X</u>				
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?	16b						
Secti	on C. Disclosure	100	L	L				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 6104 re	n 501	(c)(3)s	onlv)				
	available for public inspection. Indicate how you made these available. Check all that apply.	J	, , •					
	☑ 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 it	terest	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 record	s of the	9					
	organization: ► Ester E. Palmer 20216 Forestwood Dr., Southfield, MI 48076 (24)							
		Fon	m 990	(2013)				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

Check this box if neither the organization	nor any relate	u org.	arıız)) (2)	ompe	nsa	ited any curren	lt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christopher M. Alfaro	4								,	
President		_X	ļ	Х				0	0	0
(2) Ester E. Palmer	4									
Treasurer		X		Х				0	0	0
(3) Debbie Lyddon	4				ĺ					
Secretary		Х		Х				0	0	0
(4) John Newman	4	ļ								
Director At Large		Х	ļ	<u> </u>				0	0	0
(5) Brenda Schooley Director At Large	4	x						0	0	0
(6)										
(7)					_					
(8)							_			
(9)				-						
(10)			-							
(11)			-				_			
(12)										
(13)			-		_					
(14)					\vdash		_			
						1.	Ì			

		hours per week (list any hours for related organizations below dotted line)	Individua or directo				화 해 Highest compensated bott employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)			tee	ustee			ensated				
(16)											
(17)											
(18)											
(19)								 			
(20)										· · · · · · · · · · · · · · · · · · ·	
(21)											
(22)											
(23)											· · · · · · · · · · · · · · · · · · ·
(24)											
(25)										-	
			_								
1b c d	Sub-total	VII, Sectio	n A					>	0	0	(
2	Total number of individuals (including but	not limited	to th	iose				e) w			
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete:	ficer, direc	tor, c	or tri	uste indi	ee,	key e	emp	oloyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole d	com	per	nsatio	n a s,"	nd other comp	ensation from the	ne A C
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," c	ompei compl	nsat ete :	ion Sch	fror edu	n any ıle J f	un or s	related organiz such person	ation or individu	al 5 X
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensat	ed inc	dene	and	ant	contr	20t/	are that recove	d mars than \$1	20,000 -4
•	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ie c	alend	ar y	ear ending wit	h or within the o	rganization's tax
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
None			-								
					_						
	Total number of independent contractor	_ _									

Part	VIII	Statement of Reversible Check if Schedule O		nonse or note to	any line in this	Part VIII		
 ,		Check if Schedule C	COMMINS & TES	porise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	0				
irar our	b	Membership dues .	1b	5,734				
s, G Am	С	Fundraising events .	1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	3 1d	0				
s, (imi	е	Government grants (con	tributions) 1e	0				
ion r Si	f	All other contributions, gi						
but		and similar amounts not inc	cluded above 1f	0				
ž o	g	Noncash contributions includ	ded in lines 1a-1f: \$	0				
a Co	h	Total. Add lines 1a-1	f	•	5,734			
			V - V -	Business Code				
ĠŪ.	2a	Volunteer concession	stand services	722210	248,665	248,665	0	0
æ	b							
Se	c							
er	d							
a S	e							
gra	f	All other program ser	vice revenue .					
Program Service Revenue	g	Total. Add lines 2a-2			248,665			
	3	Investment income	(including divid	lends, interest.			· · · · · · · · · · · · · · · · · · ·	
	_	and other similar amo	ounts)	>	ol	0	0	О
	4	Income from investmen			0	0	0	0
	5	Royalties	•	•	0	0	0	0
	•	rioyamoo	(ı) Real	(ii) Personal				
	6a	Gross rents	0	0				'
	b	Less: rental expenses	0	+				
	C	Rental income or (loss)						'
	d	Net rental income or			0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other	 			
	' "	assets other than inventory	0					
	ь	Less: cost or other basis		 				
		and sales expenses .	l 0					
		Gain or (loss)	0					
	C	Net gain or (loss)						_
•	d			•	0	0	0	0
Other Revenue	8a	Gross income from fu events (not including \$	0					
er Re		of contributions reporte See Part IV, line 18 .	ed on line 1c).					
Æ	b	Less: direct expenses	s b	0				
•	С	Net income or (loss) f	rom fundraising	events . >	0	· ·	0	l
	9a	Gross income from ga						
		See Part IV, line 19 .	· · · · a	0				
	b	Less: direct expenses	s b	0	1			
	С	Net income or (loss) f	from gaming act	ivities ▶	0	0	0	0
	10a	Gross sales of in	nventory, less					
		returns and allowance	es a	0	<u> </u>			
	Ь	Less: cost of goods s	sold b	0	1 .			
	c	Net income or (loss) f		rentory .	1		ō	
	l	Miscellaneous F		Business Code	 		<u>-</u>	<u> </u>
	11a							
	b				 			
	C				 			
	d	All other revenue .			 			
	e	Total. Add lines 11a-	-11d .		0			
	12	Total revenue. See in			254.399	248 665		

Part IX Statement of Functional Expenses

<u> </u>	n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			:	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				1
_	organizations in the United States. See Part IV, line 21	209,107	209,107		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				į
	organizations, and individuals outside the				i
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members Compensation of current officers, directors,	0	0		
5	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	o	o	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes [0	0	0	0
11	Fees for services (non-employees):				
а	Management	0	0		0
b	Legal	0	0	0	0
C	Accounting	1,762	0	1,762	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
f g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	٥١	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	31	0	31	0
14	Information technology	Ō	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	114	0	114	0
20 21	Interest	0	0	0	0
21 22	Depreciation, depletion, and amortization	- 0	0	0	0
23	Insurance	1,585	0	1,585	0
24	Other expenses. Itemize expenses not covered			1,000	0
	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.)				
_	Volunteer uniforms	100	100		
a b	MI Annual Update	102	102	20	0
C	111 Immual opuace			20	0
ď					
e	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	212,721	209,209	3,512	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	, , = -		5,512	

Form 990 (201	3)	Page 1
Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	54,792	1	96,470
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net [0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees		١.	:
		Complete Part II of Schedule L	0	5	0
	6	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			
sts		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 0			
	b	Less: accumulated depreciation		10c	0
	11	Investments—publicly traded securities	0		0
	12 13	Investments—other securities. See Part IV, line 11	0	12	0
	14	Investments—program-related. See Part IV, line 11		14	0
	15	Other assets. See Part IV, line 11		$\overline{}$	0
İ	16	Total assets. Add lines 1 through 15 (must equal line 34)	54,792	16	96,470
_	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
ļ	19	Deferred revenue	0	19	0
i	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	Ö
S	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_		
	00		0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			i.
a	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.	<i>:</i>	-	1
Net Assets or	30	Capital stock or trust principal, or current funds	0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ţ	32	Retained earnings, endowment, accumulated income, or other funds.	54,792	32	96,470
Ne	33	Total net assets or fund balances	54,792		96,470
	34	Total liabilities and net assets/fund balances	54,792	34	96,470
					Form 990 (2013)

Page	1	2
rauc		•

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1`	Total revenue (must equal Part VIII, column (A), line 12)	1			254,	399
2	Total expenses (must equal Part IX, column (A), line 25)	2			212,	721
3	Revenue less expenses. Subtract line 2 from line 1	3			41,	678
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54,	792
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7						
8	·					
9	Other changes in net assets or fund balances (explain in Schedule O)	9_				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	_10	L		96,	470
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· · </u>			
					Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🗍 Other		-			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	ın			į
2a				 2a		л. Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com		or I	20		
	reviewed on a separate basis, consolidated basis, or both:	JiiCu .	Ŭ			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
h	b Were the organization's financial statements audited by an independent accountant?					 X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					1
	separate basis, consolidated basis, or both:					1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					į
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersia	ht			·ن
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
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.					:
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		
				Form	n 990	(2013)

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 organization						Ţ	Employer ic	dentification	numbe	7	
	orting Kids'							5-2064				
Par			rity Status (All orga						<u>nstructic</u>	ns.		
The c 1 2 3 4	☐ A church, conv☐ A school descr☐ A hospital or a☐ A medical rese	vention of church ribed in section cooperative hos earch organization	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedi ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). En	ter the	
5	☐ An organizatio	e, city, and state on operated for t)(1)(A)(iv). (Com	the benefit of a colleg	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit	describ	ed in
6 7	☐ A federal, state ☐ An organizatio	e, or local govern n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the g	eneral _l	public
8	☐ A community t	rust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	oject to d siness tax	ertain ex xable inc	ceptions	s, and (2) ss sectio	no more	than	331/3%	of its
10 11	An organization purposes of o	on organized an ne or more pub	operated exclusively nd operated exclusive dicly supported organ describes the type of	ely for th	e benefit described	t of, to p d in sect	oerform [.] ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2).	See se	
	a 🗌 Type I	b 🗌 Type	II c ☐ Type II	I–Functio	nally inte	arated	d \Box	Type III-N	- Non-funct	ionally	integra	ted
е	☐ By checking the	nis box, I certify ndation manage	that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	disqual	ified pe	rsons
f	organization, o	check this box .	written determination							e III s	upportii	ng . 🔲
g	following person	ons?	he organization accep	•				-				
	(ıiı) below,	the governing bo	ndirectly controls, eitlody of the supported	organizat	ion?					nd 11g	Yes	No
			on described in (i) abo							119	(ii)	<u> </u>
_			a person described in							11g	(iii)	<u> </u>
h			on about the support					,. <u>.</u>				
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis governing	organization sted in your document?	the organ col (i) supp	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	1 -	ount of me support	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota						<u>-</u>						0.00

Part	Support Schedule for Organiza						
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0000	43.0040		1 1 2 2 1 2		
	dar year (or fiscal year beginning in)	(a) 2009	(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.						
	on B. Total Support		1	· · · · · · · · · · · · · · · · · · ·	γ	<u> </u>	γ
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			-			ļ . _
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the			d. third. fourth		12 ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2013 (line 6					14	%
15	Public support percentage from 2012 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2013. If the organization qua	lifies as a publ	licly supported	organization			. ▶ □
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no ization qualifie	ot check a box es as a publicly	c on line 13 or supported org		15 is 33 ¹ / ₃ %	•
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-circi	and-circumsta imstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and <mark>st</mark> n qualifies as a	op here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

Secti	on A. Public Support	under the te	ata liated Deit	ow, please co	implete i art i	·· <i>y</i>	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2005	(5) 2010	(6) 2011	(0) 2012	(0) 2010	
•	received (Do not include any "unusual grants.")			3,469	3,531	5,734	12,734
2	Gross receipts from admissions, merchandise	· ·		3,405	3,331	3,731	12,751
	sold or services performed, or facilities			1		[
	furnished in any activity that is related to the			71,537	174 060	248,665	495,171
2	organization's tax-exempt purpose Gross receipts from activities that are not an			11,337	174,969	240,003	493,171
3	unrelated trade or business under section 513	,		ا م		ام	0
				0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			ا ا			0
_	•	<u> </u>	·	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
				75 006	170 500	0 0 0 0 0 0	0
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			75,006	178,500	254,399	507,905
7a	received from disqualified persons .						0
	· · ·	-		0	0	0	0
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			ا ا	اه	o	0
^	Add lines 7a and 7b		 	0	0	0	0
8	Public support (Subtract line 7c from						<u> </u>
•	line 6.)						507,905
Secti	on B. Total Support		·				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			75,006	178,500	254,399	507,905
10a	Gross income from interest, dividends,				· · · · ·		·
	payments received on securities loans, rents,		i				
	royalties and income from similar sources .			0	0	0	0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			0	0	0	0
C	Add lines 10a and 10b			0	0	0	0
11	Net income from unrelated business		ļ			ļ	
	activities not included in line 10b, whether						
	or not the business is regularly carried on			0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			_			
40	(Explain in Part IV.)			0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14		L organization	's first seem	d third fourth	or fifth toy yo		507,905
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 		<u> </u>	► <u>X</u>
15	Public support percentage for 2013 (line			3 column (fl)		15	%
16	Public support percentage from 2012 Scl		_			16	%
	on D. Computation of Investment In					1 10	
17	Investment income percentage for 2013 (v line 13. colun	nn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ	ization did not	check the box	x on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2012. If the organize	zation did not d	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this	box and stop I	nere. The organ	zation qualifies	as a publicly su	upported organi	zation 🕨 🔲
	Private foundation. If the organization di	•	J	•	. ,		

Schedule A (F	form 990 or 990-EZ) 2013 Pa	ige 4
Part IV		
•		
		-
		·
	······································	
·		

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Supporting Kids' Athletics & Education

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2013

OMB No 1545-0047

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 45-2064092 **%** □

Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Governments and Ornanizations in the United States Complete if the organization asswared "Ves"
	nce, the grantees' eligibility for the grants or as	¥ × · · · · · · · · · · · · · · · · · ·	ne United States.	Inited States Complete if the organization
	sistance, and	X		"Soy" Poromisus u

to Form 990, urants and Omer Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Dearborn Figure Skating Club					(Suppl		
14900 Ford Rd Dearborn, MI 48126	38-3294710	501(c)(3)	18,392	0			Athletics
(2) Elite All Star Booster Club	1						
25151 Terra Industrial, Chesterfield, MI 48051	90-0061743	501(c)(3)	14,451	0			Athletics
(3) Onyx Skating Academy							
52999 Dequindre Rd , Rochester, MI 48307	38-3507892	501(c)(3)	11,200	0			Athletics
(4) Hayden Synchronized Skating Teams							
26 Eastern Ave , Lexington, MA 02421	27-2242233	501 (c) (3)	8,841	0			Athletics
(5) Detroit Skating Club							
888 Denison Ct , Bloomfield Hills, MI 48302	38-2996755	501 (c) (3)	6,988	0			Athletics
(6) St. Clair Shores Figure Skating Club						,	
20000 Stephens Dr , St Clair Shores, MI 48080	23-7429749	501(c)(3)	5,602	0			Athletics
(7) Troy Youth Hockey Association	·	_					
1819 E Big Beaver Rd , Troy, MI 48083	38-3347202	501(c)(3)	5,178	0			Athletics
(8) Michigan State University				•			
426 Auditoriun Rd , Pn 301, East Lansing, HI 48824	38-6005984	501(c)(3)	22,171	0			Education
(9) Central Michigan University							
304 Warriner Hall, Mt Pleasant, MI 48859	38-6004447	St. of MI	12,610	0			Education
(10) Oakland University							
2200 N Squirrel Rd , Rochester, MI 48309	38-1714400	St. of MI	10,697	0			Education
(11) Cranbrook Educational Community							
PO Box 801, Bloomfield Hills, MI 48303	38-2015048	501(c)(3)	10,594	0			Education
(12) University Liggett School							
1045 Cook Rd , Grosse Pointe Woods, MI 48236	38-1360536	501 (c) (3)	9,934	0			Education
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	remment organiza	tions listed in the li	ne 1 table			. •
3 Enter total number of other organizations listed in the line 1 tab	organizations listec	in the line 1 table					•

Schedule I (Form 990) (2013)

Schedule I (Fo	Schedule I (Form 990) (2013)					Page 2
Part III	Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed.	viduals in the U space is needed	Inited States. Com I.	plete if the organiza	ation answered "Yes" to	ne United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ded.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က						
4						
ഹ						
9						
7						
PartIV Supplem SKATE monitors	nental Informa the use of	tion. Provide the information required in funds according to provisions	equired in Part I, line 2	e 2, Part III, column d in its Const	column (b), and any other additior	onal information.
organiza	organizations devoted to the advancement of children's athletics, education and	ent of child	iren's athletic	s, education a	art are	eligible to receive cash
assistar	assistance contributions from the funds raised		by SKATE volunteer members	er members.		
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			1 1 1 1 1 2 3 3 4 3 4 3 4 6 6 6 6 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8			

Schedule I (Form 990) (2013)

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.

al information.

Employer identification number

OMB No 1545-0047 20**13**

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Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Supporting Kids' Athletics & Education 45-2064092 Part VI Line 6: Full Work Eligible Members receive the right to elect the Board of Directors and may participate in all activities approved by the Board of Directors. Work Restricted Members and Participant Members do not receive the right to vote and may only participate in certain activities due to age restrictions. The Board of Directors has entire authority in the management of affairs and finances. No members are to receive a share of net assets upon dissolution. Such net assets are to be distributed for charitable purposes under the meaning of Section 510(c)(3) of the Internal Revenue Code or distributed to a governmental entity for public purposes. Part VI Line 7a: Each Full Work Eligible Member has the right to elect board members at the annual General Membership Meeting. Part VI Line 11b: Form 990 (990-EZ in previous years) is reviewed and discussed by the Board of Directors and Membership during the annual meeting. Part VI Line 19: The governing documents and financial statements of SKATE are available for members to view on the group's website. These documents are made available to the general public upon request.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Supporting Kids' Athletics & Education	45-2064092
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