Forn	. 99	Return of Organization Exempt From	m Inco	me Tax	(	OMB No 1545-0047
1 0111						2016
	r	Munder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		=	A. 1	Open to Public
Depa	artment o	fithe Treasury  Do not enter social security numbers on this form as it into Service  Information about Form 990 and its instructions is at well as the security numbers on this form as it is security numbers on the security numbers on the security numbers of the security numbers			10	Inspection
_		2 2016 calendar year, or tax year beginning July 1, 2016, and		June	30	<b>, 20</b> 17
		applicable: C Name of organization Supporting Kids' Athletics & E				er identification number
_		change Doing business as SKATE	<u>aucati</u>			54092
_	Name c		Room/suite			ne number
$\vec{\Box}$	Initial re			2	48-7	94-3318
声		un/terminated				
Ħ		ed return Southfield, MI 48076		G	Gross re	eceipts \$ 514,902
		ion pending F Name and address of principal officer Christopher Alfaro				subordinates? Yes X No
_		Same as C above				s included? Yes No
ī	Tax-exe	mpt status	527			a list (see instructions)
J		: ► www.skatefundraising.com		H(c) Group ex	emption	number >
			of formation	2011	M State	of legal domicile MI
P	art I	Summary			<u> </u>	
	1	Briefly describe the organization's mission or most significant activities:	Members	provid	le vo	lunteer services
Çe		at sports and entertainment venue concession stan-	ds to r	aise fu	nds	to support other
Governance	1	501(c)(3) charities who develop childrens' athlet	ics, ec	ducation	and	arts.
/en	2	Check this box ▶☐ if the organization discontinued its operations or disp	osed of n	nore than 2	5% of	its net assets.
်	3	Number of voting members of the governing body (Part VI, line 1a)			3	5
∞8	4	Number of independent voting members of the governing body (Part VI, II	ıne 1b) .		4	5
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2	2a)		5	0
Ę	6	Total number of volunteers (estimate if necessary)		•	6	283
Ac	7a	Total unrelated business revenue from Part-VIII, column (C), line 12			7a	0
	ь	Net unrelated business taxable income from Form Form Form Form Form Form Form F	1		7b	0
				, Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h) gg. MAY · 1 · 8 · 2018.		7	,883	9,096
Ž	9	Program service revenue (Part VIII, line 2g) MAY 1.8 · 2018	1. [		,695	505,806
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1		0	0
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 6d, 6d, 6d, 6d, 6d, 6d, 6d, 6d, 6d	1.		0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)	463	578	514,902
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		384	,182	464,164
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)		0	0
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)	🗀		0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0		<u></u>	
•	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,434	19,567
5	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		391	,616	483,731
· 	19	Revenue less expenses. Subtract line 18 from line 12	<u>.</u>		,962	31,171
So F			Beg	inning of Curr	ent Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		215	,618	246,789
288	21	Total liabilities (Part X, line 26)			0	0
Find	22	Net assets or fund balances. Subtract line 21 from line 20	· · ·	215	,618	246,789
Pa	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules a it, and complete. Declaration of preparer (other than officer) is based on all information of which				my knowledge and belief, it is
		lun & Paine Cyrowshi			5/1	12018
Sig	-	Signature of officer		Date	,	1
He	re	ESTER E. PALMER-CYROWSKI				
		Type or print name and title				<u>}</u>
Pa	id	Print/Type preparer's name Preparer's signature	Date	101.	Check	of PTIN
	onare	Brian R. Marshall	1   5	B [18]		ployed P01387452

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

▶Marshall & Company

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

Form **990** (2016)

🛚 Yes 🗌 No

Firm's EIN ▶ 38-2341146

Phone no 248-553-0621

**Preparer** 

**Use Only** 

ADIO

	Checklist of Required Schedules			
٠,			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	_X	<del></del>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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	,		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u> X</u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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,			
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	ייי		X
• •	Vil, Vill, IX, or X as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
u	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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	j		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	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.	442		.,
12 ^		11f		<u> </u>
14 d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	!	Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	iza		<del>  ^-</del>
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	L	_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			\
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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)	4~		.,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<u> </u>
	If "Yes," complete Schedule G, Part III	19		X
			n <b>990</b>	(2016)

Form 99	0 (2016)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more beguited facilities? If "Vee " complete School de U	00.	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<b></b>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del></del>
	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		X
	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 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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	i	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a 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		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		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
32	Part I	31		X
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37		X
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
		Forr	n 990	(2016)

Form **990** (2016)

rart				_
	Check if Schedule O contains a response or note to any line in this Part V	·	<u>.</u>	<u>, 니</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0	] !		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			<del>                                     </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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	"		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	<del></del>		<del>  ^</del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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		<del>  ^`</del>
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del>30</del>		+
6a		6a	İ	X
<b>h</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ua		+^
b	·	6b		
_	gifts were not tax deductible?	100	<u> </u>	$\vdash$
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,	i	
а	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	+^-
b	Did the organization holly the donor of the value of the goods of services provided?	10		+
С	required to file Form 8282?	7-		
		7c		X
d	The rest, indicate the name of the rest of the object the desiring the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	<del> </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<del> </del>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┼
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<del> </del>	<del>├</del> -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
_	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	┼──
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├	+
10	Section 501(c)(7) organizations. Enter:		1	
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	4		
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders	-	ĺ	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ		
40	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	├	┼
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	+	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	+
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
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		1	
		4	1	1
C	Enter the amount of reserves on hand	4	<del> </del>	+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	┼	X
h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	ı	1

<b>secti</b>	on A. Governing Body and Management			X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			ì
	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.			Ì
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6	Х	X
6 7a	Did the organization have members or stockholders?	<del>-</del>		
7 4	one or more members of the governing body?	7a	Х	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a	^	<del> </del> -
	stockholders, or persons other than the governing body?	7b	]	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u>.</u> .	A
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40.		,,
40		12c		X
13	Did the organization have a written whistleblower policy?	13	├	X
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	<del> </del>	<del>  ^-</del>
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	l	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.		<del>                                     </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	, ,	٠.	
	with a taxable entity during the year?	16a		X
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			
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	n 501	(c)(3)s	only
	available for public inspection Indicate how you made these available. Check all that apply.			
4-	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	_		
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation financial statements available to the public during the tax year.	erest	policy	y, and

# 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles	Pos neck ss pe d a d	tion more rson irect	e than out the thick the t	one n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Officer Institutional trustee		Key employee	Former Highest compensated employee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Christopher M. Alfaro	2									
President	†	Х		х				0	0	0
(2) Ester E. Palmer	20									
Treasurer		Х		Х				0	0	0
(3) Debbie Lyddon	10									
Secretary		X		Х				0	0	0
(4)John Newman	.1									
Director At Large		X			<u> </u>		<u> </u>	0	0	0
(5)Brenda Schooley	.1							ļ.		
Director At Large		X						0	0	0
(6)					ļ					
(7)										
(8)		[								
(9)							-	,		
(10)										
(11)										
(12)										
(13)					_					
(14)	<del> </del>									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	, ar	nd H	ighes	st C	ompensated E	mployees (c	ontinue	d)		
	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles	s pe l a d	ition more rson irecto	than o	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation related		(F) Estima rom amoun othe		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		froi orgai and	ensatio m the nization related nizations	1
(15)												•		
(16)														
(17)												-		
		<u> </u>										·		
		ļ										<del></del>		
		<u> </u>	-									<u>.</u> .		
				-							-			
			<u> </u>						-					
			-								_			
(24)			-											
(25)														
С	Sub-total		n A				•	<b>&gt; &gt; &gt;</b>	0		0			0
d 2	Total (add lines 1b and 1c)	t not limited				ted	abov	e) w	<u>-</u>	<del></del>		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc		or tr				emp	oloyee, or high	hest comper	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe )? <i>I</i>	nsatio f "Ye	on a es,"	and other complete Sci	pensation fron hedule J for	om the r such 	4		X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual 	5		X
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repear.	compensat	ted in ensati	dep on f	end or tl	lent he c	conti	ract lar	ors that receiv year ending wi	ed more that th or within t	n \$100 he org	,000 o anizati	f on's t	.ax 
	(A) Name and business add	dress							(B) Description of	services		(C) Compen		
None														
											-			
								-				····		
2	Total number of independent contractor							o tl	hose listed ab	ove) who				

Form **990** (2016)

Part	VIII	Statement of Revenue		<del></del>		<del> </del>	, ugo e
		Check if Schedule O contains a re	esponse or note t			<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns 1	<b>a</b> 0	. ,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	<b>b</b> 9,096	]	-*		
ts, (	С	Fundraising events 1		4	1.		
ia i	d	Related organizations 1	<del></del>				
ins,	e	Government grants (contributions) 1	<b>e</b> 0				
er Si	f	All other contributions, gifts, grants,		, ,	r j		
를 됨		and similar amounts not included above		1		·	-
들	g	Noncash contributions included in lines 1a-1f	\$				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	9,096	· · · · · · · · · · · · · · · · · · ·		
) ju	20			F.O.F. 0.O.C.	505 006		
Program Service Revenue	2a b	Volunteer concession stand services	722513	505,806	505,806	0	0
9	D C					<u> </u>	<del></del>
Ē	d				<del> </del>		
Š	u		-				
ga	f	All other program service revenue.					
P.	g g	Total. Add lines 2a–2f		505,806		<u> </u>	
$\neg \neg$	3	Investment income (including div	<u> </u>	303,300			
1		and other similar amounts)	<b>&gt;</b>	0	l 0	0	0
ł	4	Income from investment of tax-exempt	bond proceeds ▶	0	0	0	0
	5	Royalties		0	0	0	0
ĺ		(i) Real	(iı) Personal	3 ,- "Till 4.			,
	6a	Gross rents					, ,
	b	Less rental expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ι	, ;
	С	Rental income or (loss)	0 0				
	d	Net rental income or (loss)	<u> </u>	0	0	0	0
	7a	Gross amount from sales of (i) Securities	(iı) Other	\$ .		<b>*</b>	
		assets other than inventory			,	, ,	
]	b	Less: cost or other basis and sales expenses				,	
		<del></del>		1,12	- , , ,	, , , , , , , , , , , , , , , , , , ,	
Ì	C	Gain or (loss)	0 0				
	d	Net gaill of (loss)	· · · •	0	0	0	0
e l	8a	Gross income from fundraising		1. 1	4, (1)		
Other Revenue	-	events (not including \$		2			Į
ě		of contributions reported on line 1c)		2 \	, , ,		<u> </u>
- La		See Part IV, line 18	a		,		! !
돌	b	Less: direct expenses	b	. ',		, *	, ,
٠	C	Net income or (loss) from fundraising	g events . ▶	0		0	0
	9a	Gross income from gaming activities		7.2.1	, ,		, , ,
		See Part IV, line 19	a	\$ 1 m			,
	b	Less: direct expenses	b	, , , , , , , , , , , , , , , , , , ,			
	С	Net income or (loss) from gaming ac		0	0	0	. 0
	10a	Gross sales of inventory, less	•				,
1		returns and allowances		3		; ,	
	b	•	p[		**************************************		
}	СС	Net income or (loss) from sales of in	<del>-,</del> -	0	0	0	0
-	44:	Miscellaneous Revenue	Business Code				
	11a						<del></del>
ļ	b		<del></del>				
1	C C	All other revenue					
1	d	All other revenue	L				<del></del> -
	e 12	Total revenue See instructions	<b>&gt;</b>	514 902	505 806		

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must cor	<del></del>		ns must complete co	lumn (A).
	Check if Schedule O contains a respon				<u> </u>
8b, 9b	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments See Part IV, line 21	464,164	464,164		<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0	-	-
4	Benefits paid to or for members	0	0		· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified			, i	<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	l ol	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	ol	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	0
b	Legal	0	0	0	0
С	Accounting	2,608	0	2,608	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0		¥	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				0
12	A 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0	0	0
13	Advertising and promotion	6,164	6,000	164	0
14	Information technology	0,104	0,000	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	4,000	0	4,000	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	1,217	0	1,217	0
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		# ','\\	:1.	!
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Volunteer Uniforms	1,788	1,788	0	0
b	Background Checks	3,780	0	3,780	0
С	Filing Fees	10	0	10	0
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	483,731	471,952	11,779	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
_	Ta		(A) Beginning of year	İ	(B) End of year
	1	Cash—non-interest-bearing	215,618	1	246,78
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	. 0		
ts	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 organizations (see instructions) Complete Part II of Schedule L			
Assets	7	Notes and loans receivable, net	0	6	
Ą	8	Inventories for sale or use	0	7	(
	9	Prepaid expenses and deferred charges	0	_8	
	10a	other basis. Complete Part VI of Schodulo D	0	9	
	b	L-04-1 3031			
	11	Investments—publicly traded securities			(
	12	Investments—other securities. See Part IV, line 11	0	11	(
	13	Investments—program-related. See Part IV, line 11	0	12	<u> </u>
	14	Intangible assets	0		<u> </u>
	15	Other assets. See Part IV, line 11	0	14	C
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	15	0
	17	Accounts payable and accrued expenses	215,618		246,789
	18	Grants payable	0	17	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities .	0		0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	20	0
S	22	Loans and other payables to current and former officers, directors,	. 0	21	0
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	23	Secured mortgages and notes payable to unrelated third parties		22	0
	24	Unsecured notes and loans payable to unrelated third parties		23	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	0	24	0
	26		0	25	0
$\dashv$	20	Total liabilities. Add lines 17 through 25	0	26	0
uces	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
흥	27	Unrestricted net assets		27	
ן מ	28 29	Temporarily restricted net assets		28	
	29	Permanently restricted net assets .		29	
wer Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 30 through 34.	2		
ets 	30 24	Capital stock or trust principal, or current funds	0	30	0
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
<u>;</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	246,789
	33	Total net assets or fund balances	215,618		246,789
Щ.	34	Total liabilities and net assets/fund balances	215,618		246,789
					Form <b>990</b> (2016)

Page	1	2

				90
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)		514,	
2	Total expenses (must equal Part IX, column (A), line 25)		483,	731
3	Revenue less expenses. Subtract line 2 from line 1		31,	171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		215,	618
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		246,	789
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
		<del></del>	Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other			i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-	,
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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:	1 , .	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		. '	]
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1, 1	2.2	
	separate basis, consolidated basis, or both:	١,	>	í
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		٠,	3
_			<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	24		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	1000	L
		For	n 990	(2016)

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

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

OMB No 1545-0047

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

2016

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 Employer Identification number 45-2064092 Supporting Kids' Athletics & Education 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🖾 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			:		/	
	include any "unusual grants.")			1			
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		, , ,				
6	shown on line 11, column (f)						<del></del>
6 Sacti	Public support. Subtract line 5 from line 4 on B. Total Support	, ( <u>)</u>	€'		- 1 2/	, ,	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012	(6) 2013	(6) 2014	(u) 2013	(6) 2010	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						İ
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 VI.)						
11	Total support. Add lines 7 through 10	. /	*		٠٠ . الله م		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he				<u> </u>		. ▶ □
	on C. Computation of Public Suppo					T	
14	Public support percentage for 2016 (line					14	%
15	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ			 . on line 12 or		15	shock this
16a	box and <b>stop here.</b> The organization/qua					3 73 76 Or IIIOre,	
b	331/3% support test—2015. If the organithis box and stop here. The organization	ization did not	check a box o	n line 13 or 16	a, and line 15		_
17a 10%-facts-and-circumstances/test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions . $\int$				<u> </u>	<u> </u>	_ · · <b>▶</b> □
			- <del></del> -		Sc	hedule A (Form 99	0 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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 tes	sis listed beit	ow, please co	implete Fait i	1.)	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2012	(5) 2010	(0) 2014	(4) 2010	(0) 2010	(1) 1014
•	received (Do not include any "unusual grants")	3,531	5,734	5,748	7,883	9,096	31,992
2	Gross receipts from admissions, merchandise	3,331	3,734	3,740	7,003	3,030	31, 332
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	174,969	248,665	346,531	455,695	505 906	1,731,666
3	Gross receipts from activities that are not an	1/4,969	248,663	340,331	455,695	303,808	1,731,000
3	unrelated trade or business under section 513	0	0		_	0	0
4			0	0	0		
4	Tax revenues levied for the organization's benefit and either paid	•					
	to or expended on its behalf .		0		_	0	0
_	•	0	0	0	0	0	<u> </u>
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	٥	0		0	0	
_		0	0 0 0 0 0 0	0	0		1 762 650
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	178,500	254,399	352,279	463,578	514,902	1,763,658
<i>i</i> a	received from disqualified persons .				2	^	
	·	0	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				_	^	
_	· ·	0	0	0	0	0	0
С 8	Add lines 7a and 7b	0	0	0	0	0	0
Ü	line C \				´ ','		1 762 650
Sacti	on B. Total Support			100 6-5	3 '	· · ·	1,763,658
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	178,500	254,399	352,279	463,578		1,763,658
10a	Gross income from interest, dividends,	170,300	234,333	332,213	103,370	314,302	1,703,030
·vu	payments received on securities loans, rents,						
	royalties and income from similar sources .	ol	0	0	ol	0	0
b	Unrelated business taxable income (less				-		
-	section 511 taxes) from businesses						
	acquired after June 30, 1975	ol	0	0	ol	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					<u></u>	
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on	ol	0	ol	ol	0	0
12	Other income. Do not include gain or	,				<del></del>	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	ol	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1,763,658
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	or fifth tax ye	ar as a section	
	organization, check this box and stop he	re					🕨 🔲
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	100.00%
16	Public support percentage from 2015 Sch	nedule A, Part I	II, line 15 .			16	N/A %
Secti	on D. Computation of Investment Inc	come Percei	ntage				
17	Investment income percentage for 2016 (	line 10c, colum	ın (f) divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2015					18	N/A %
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box	•	-				
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this t	•	_				
20	Private foundation. If the organization die	d not check a l	oox on line 14.	19a, or 19b, c	heck this box	and see instru	ctions ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ection	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	•		
	organization was described in section 509(a)(1) or (2).	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			and contrar
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	,	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		A
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		-

Part	'Supporting Organizations (continued)			rage <b>o</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
	<b>-</b>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		1
Secti	on C. Type II Supporting Organizations	<del></del>	· · · · · · · · · · · · · · · · · · ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	A STANKE IN SE	1 1 1
Secti	on D. All Type III Supporting Organizations	<u> </u>	l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		,
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	,	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (</li> </ul>			
2	Activities Test. Answer (a) and (b) below.		Yes	No
<b>-</b> а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.63	-110
u	the supported organizations and explain how these activities directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	<b>***</b>	- '
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b		<del></del> ,

Part V 1 ype III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income	iizali	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	`	· .	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		· · · · · · · · · · · · · · · · · · ·	,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•	, , , ,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, <u> </u>	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· .	
4 Enter greater of line 2 or line 3.	4	s s	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part	<ul> <li>Type III Non-Functionally Integrated 509(a)(3</li> </ul>	) Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			<del></del>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	ponsive	
Ū	(provide details in <b>Part VI</b> ). See instructions	Tino organization to too	ponone	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Line o amount divided by Line o amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	_ (i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See	,		,
2	instructions.			,
3	Excess distributions carryover, if any, to 2016:	- ,		
	Excess distributions carryover, if any, to 2010.	,		
<u>a</u> b		· · · · · · · · · · · · · · · · · · ·	·	
	<b>-</b>	2		· · · · · · · · · · · · · · · · · · ·
C			· · · · · · · · · · · · · · · · · · ·	
<u>d</u>	From 2014	ž,		
<u>e</u>	From 2015	7-1	* -	
f	Total of lines 3a through e	, ) <del>[ _"</del> ,		
	Applied to underdistributions of prior years	, , , , ,		,
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)	, ·	·	
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			1
	Section D, line 7.	<u> </u>	*	
а	Applied to underdistributions of prior years	t curt		
b	Applied to 2016 distributable amount	ر يا تا تا تا تا تا تا تا تا تا تا تا تا تا	, <u>, , , , , , , , , , , , , , , , , , </u>	,
С	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>	`
5	Remaining underdistributions for years prior to 2016, if	* **		* `
	any. Subtract lines 3g and 4a from line 2. For result			· ,
	greater than zero, explain in Part VI. See instructions.	3.4		,
6	Remaining underdistributions for 2016 Subtract lines 3h	ų.	,	
	and 4b from line 1 For result greater than zero, explain in	- *!		
	Part VI. See instructions.		•	
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		,	
8	Breakdown of line 7:			
	Dicardown of line 1.	F		
<u>a</u> b	Excess from 2013			
	Excess from 2014			
C				
d	Excess from 2015	*		
<u>e</u>	Excess from 2016			<u> </u>

Part VI	'Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<del></del>
	` <u> </u>
	·
	······································

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name d	f the organization		Employer identification number
Supp	orting Kids' Athletics & Education		45-2064092
Par		vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
	<u>-</u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		<del></del>
4	Aggregate value at end of year		<del> </del>
5	Did the organization inform all donors and donor	advects in writing that the accets t	pold in donor advised
J	funds are the organization's property, subject to the		
_		<del>-</del>	<del>-</del> <del></del>
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered		·
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	<i>5</i> , <i>5</i>	•
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$	3	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and coation 170(h)(4)/D)(ii)2		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part			r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		<del></del>
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
b	works of art, historical treasures, or other simila		
	public service, provide the following amounts relati		2224.3.1, 5. 15554.31 III (4.116.4166 6
			•
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
^	(ii) Assets included in Form 990, Part X	historical transverse on other stands	r accete for financial gain provide the
2	If the organization received or held works of art		
	following amounts required to be reported under S	· · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1		
þ	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>

Part	Organizations Maintaining	Collections of A	Art, His	torical 1	reasures,	, or Ot	her Similar As	sets (cont	inued)
3 ,	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner reco	ds, chec	k any of th	e follov	ving that are a s	ignificant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	<b>:</b>							
4									
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintai							☐ No
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:		A	mount	
С	Beginning balance					10			
d	Additions during the year					1d		<del></del>	
e	Distributions during the year					1e	<del>                                     </del>		
f	Ending balance					1f			
2a	Did the organization include an amour							? Tyes	No
	If "Yes," explain the arrangement in Pa								$\overline{\Box}$
	EV Endowment Funds.						<u> </u>		
	Complete if the organization	answered "Yes"	on For	m 990. F	Part IV. line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance							<del> </del>	
b	Contributions							<del>                                     </del>	
c	Net investment earnings, gains, and losses			<del></del>			·		
d	Grants or scholarships						<del></del>	<del></del>	
e	ا بن کی با						<del></del>		
f	Administrative expenses		-				·		
g	End of year balance			<del></del>	l		<del></del>	-	
2	Provide the estimated percentage of the	he current vear en	d balanc	e (line 1c	. column (a	)) held a	 as:		
а	Board designated or quasi-endowmer		%	, ,	( )	,,			
b	Permanent endowment ▶	%	- ' -						
c	Temporarily restricted endowment ▶	·%							
_	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in the			zation the	at are held	and ad	ministered for th	ie	
	organization by:	•	ŭ						es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	•	•			•		L	
Pari					<del></del>				
	Complete if the organization		on For	m 990. f	Part IV. line	e 11a.	See Form 990.	Part X. lin	e 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book v	
	2000p.ion or property	(investme		, , <i>,</i>	ther)	٠.	epreciation	(-,	= =
1a	Land		0	·	0				0
b	Buildings		0		0		0		0
C	Leasehold improvements		0		0		0		0
d	Equipment		0		565		565		0
e	Other		0		0		0		0
	Add lines 1a through 1e (Column (d) m	rust equal Form 90		Column		)c )			0

	Complete if the organization answered "Yes" on F		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	I derivatives		
Closely-	held equity interests	·	
Other			
A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII	Investments – Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
)			
2)			
3)			
4)			
5) 6)			
		l i	
7)			
(8) (9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(8) (9)	Other Assets	Form 990, Part IV, line	11d. See Form 990, Part X, line 15
8) 9) otal. (Columi		Form 990, Part IV, line	11d. See Form 990, Part X, line 15
8) 9) otal. (Columi Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15
8) 9) Ital. (Columi Part IX	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15
8) 9) otal. (Column Part IX (1)	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15
8) 9) otal. (Column Part IX (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
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8) 9) Ital. (Column Part IX 1) 2) 3) (4)	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
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1) 2) 11) 2) 3) 4) (7)	Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
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8) 9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets.  Complete if the organization answered "Yes" on  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)		>
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8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answered "Yes" on (a) Description  Foliumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" or line 25.	Form 990, Part IV, line	>
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1		Partiv III			
•	Complete if the organization answered "Yes" on Form 990, F Total revenue, gains, and other support per audited financial statements			1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<del></del>	
	Net unrealized gains (losses) on investments	20			
a	Donated services and use of facilities	2a	<del></del>		
b		2b	<del></del>	-	
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		<del></del>		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<del></del>		1 1	
b	Other (Describe in Part XIII.)				
_C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part	XII Reconciliation of Expenses per Audited Financial Statem			er Returr	1.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		] [	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			· ·	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines <b>4a</b> and <b>4b</b>	<del></del>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	
Part	XIII Supplemental Information.				
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide	any additional ir	. £ 4	
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Schedule D (For		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection 2016

OMB No 1545-0047

**Employer identification number** 

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

45-2064092

⊠ Yes

General Information on Grants and Assistance Supporting Kids' Athletics & Education Part I

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?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

מסט, ו מונ זי, וווס ב זי זטן מווץ וכטואיפוו נוומר ופכפואפת זו	ol ally lecipielli		OIG 111 40,000.	ו מון זו כמון מכ מן	יייייייייייייייייייייייייייייייייייייי	וטום ווומון שטיסטט ו מור זו למון טם מתקיינימונים זי מתחווטומו אלמכם זא וופפתפת.	
1 (a) Name and address of organization or government	(p) Ein	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Michigan State University	30,6005004	501 (2) (3)	750 751	C			۲۰۰۰ ۱۰۰۰ ۲۰۰۰
426 Atdatoraum Rd, Rm 301, E Lansang, MI 48824 JO OUU JOG	30-0003964	JU1 (C) (J)	39, 134				Education
(2) University of Notre Dame du Lac							
Controllers office, 724 Grace Hall, Motre Dame, IN 46556	35-0868188	501(c) (3)	19,256	0			Education
(3) University of Nebraska-Lincoln							
2200 Vin- St. 151 Whittier Bach Cen , Lincoln, NE 68583	47-0049123	501(c)(3)	17,295	0	-		Education
(4) College of Wooster							
1101 N Bever St, Wooster, OH 44691 34-0714654	34-0714654	501 (c) (3)	16,956	0			Education
(5) Notre Dame Prep High School							
1300 Giddings Rd, Pontiac, MI 48340	38-1474934	501(c)(3)	10,551	0			Education
(6) Lubscan High School Assoc, of Grater, Decosts							
1100 Bagley Dr, Rochester Hills, MI 48309	38-1434082	501 (c) (3)	9,122	0			Education
(7) Eastern Michigan University							
202 Welch Hall, Ypsilanti, MI 48197	38-6005986	St of MI	8,460	0			Education
(8) Baker of Flint							
1050 W Bristol Rd, Flint, MI 48507 38-0321740	38-0321740	501 (c) (3)	7, 900	0			Education
(9) Oakland University							
2200 N Squirrel Rd, Rochester, MI 48309	38-1714400	St of MI	7,800	0			Education
(10) College for Creative Studies				•			
201 Kerby, Detroit, MI 48202	38-1550064	501 (c) (3)	7,500	0			Education
(11) Kettering University				-			
1700 University Ave, Flint, MI 48504-6214	38-2410852	501 (c) (3)	6,531	0			Education
(12) orchard Lake Sch. 15t Marv's Coll & Prepl.	,						
3535 Indian Ir, Occhard Lake, MI 48324-1623	38-1358403	[501 (c) (3)	5,343	0			Education

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. 2 6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule ! (Form 990) (2016)

See next page

▲

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supporting Kids! Athletics & Education

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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► Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection Employer identification number

45-2064092

Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amother selection criteria used to award the crants or assistance?	on Grants and ain records to sub award the grants	Assistance stantiate the amount assistance?	unt of the grants or	assistance, the g	rantees' eligibility for	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and 🖂 🗸 🖰 No
Describe in Part IV the organization's procedures for monitoring	nization's procedur		the use of grant funds in the United States.	nds in the United	States.		-
Part II Grants and Other Assistance to Domestic Organizations and Dom 990, Part IV, line 21, for any recipient that received more than \$5,000.	ssistance to Do for any recipient	mestic Organiz that received m	zations and Dom	estic Governm Part II can be do	ents. Complete il uplicated if additi	zations and Domestic Governments. Complete if the organization answered "Yes" on Form nore than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
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, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Dearborn Figure Skating Club 14900 Ford Rd, Dearborn, MI 48126	38-3294710	501(c)(3)	23,160	0			Athletics
(2) Elite All Star Booster Club	90-0061743	501 (c) (3)	24,598	0			Athletics
(3) Onyx Skating Academy 52999 Deguindre Rd, Rochester, MI 48307	38-3507892	501(c)(3)	9,537	0			Athletics
(4) Onyx Phoenix 908 First St, Rochester, MI 48307	27-1648235	501 (c) (3)	8,525	0			Athletics
(5) Livonia Gymnastics Academy Boosters PO Box 51237, Livonia, MI 48151	38-3116261	501 (c) (3)	8,210	0			Athletics
(6) Detroit Skating Club	38-1350642	501(c)(3)	5,802	0			Athletics
(7) Big Time Cheer 32489 Schoolcraft Rd, Livonia, MI 48150	47-3271084		5,627	0		•	Athletics
(8) St Clair Shores Figure Skating Club 20000 Stephens Dr, St Clair Shores, MI 48080	23-7429749	501 (c) (3)	5,084	0			Athletics
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and govorganizations listed	vernment organiza	ations listed in the li	ine 1 table			19
Рар	, see the Instruction	is for Form 990.					Schedule I (Form 990) (2016)

Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	nestic Individual space is needed.	ls. Complete if the	s organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance,
1						
2						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information rec	quired in Part I, lin	ie 2; Part III, columr	(b); and any other additi	onal information.
SKATE m	monitors the use of funds accor	according to provi	provisions outline	ed in its Const	itution and Bylaws	outlined in its Constitution and Bylaws. Only organizations
devoted	devoted to the advancement of childrens' ath	ins' athletics	letics, education and arts		are eligible to receive cash assistance	cash assistance
contrib	contributions from the funds raised by SKATE		volunteer members.	•		
		*	• 1	/		
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						Schedule I (Form 990) (201

#### 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 2016

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
Supporting Kids' Athletics & Education	45-2064092
Part VI Line 6:	
Full Work Eligible Members receive the right to elect the Board o	f 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 Director	s has entire authority
in the management of affairs and finances. No members are to rece	ive a share of net assets
upon dissolution. Such net assets are to be distributed for chari	table purposes under the
meaning of Section 501(c)(3) of the Internal Revenue Code or dist	ributed to a governmental
entity for public purposes.	
Part VI Line 7a:	
Each Full Work Eligible Member has the right to elect board membe	rs at the annual
	15 at the amidat
General Membership Meeting.	
Part VI Line 11b:	
Form 990 (or 990-EZ as in previous years) is reviewed and discuss	ed by the Board of
Directors and Membership during the annual meeting.	
bileocolo and nemberomp during the annual meeting.	
Part VI Line 19:	
The governing documents and financial statements of SKATE are ava	ilable for members to
view on the group's website. These documents are made available t	o the general public
upon request.	·

Schedule O (Form 990 or 990-EZ) (2016)	Page Z
Name of the organization	Employer Identification number
Supporting Kids' Athletics & Education	45-2064092