

990

# **Return of Organization Exempt From Income Tax**

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.

OMB No 1545-0047 2016

Inten	nal Reven	ue Service		t Form 990 and its instruct	ions is at w	/ww.irs.gov/for	m990. ↓ ;U	/ Inspection				
Α	For the	e 2016 calen	dar year, or tax year beginning (	8/01/2016 at	nd ending ()	7/31/201	7					
В	Check r	f applicable	C Name of organization RACC	UET UP DETROI	T		D Emplo	oyer identification number				
П	Address	s change	Doing business as	<u> </u>	<del></del>		27-2	620275				
Ħ	Name o	•	Number and street (or P O box if	mail is not delivered to street a	ddress)	Room/suite		hone number				
Ħ	Initial re	•	P.O. BOX 11404		}		(313	600-9593				
Ħ		m/terminated	City or town, state or province, co	untry, and ZIP or foreign postal	code	<del></del>	13-3-	<del></del>				
Ħ		ed return	DETROIT, MI 4821				G Gross	receipts \$ 907,140.				
Ħ		n pending	F Name and address of principal of		RE		<del>,</del>	return for subordinates? Yes No				
ш	* * * * * * * * * * * * * * * * * * * *		P.O. BOX 11404 D			~~~	1	rdinates included? Yes No				
		npt status	X 501(c)(3) 501(c)(		7(a)(1) or	7577	1 '	h a list (see instructions)				
			RACQUETUP . ORG	) (msert no) [ 494	1 1 1		H(c) Group exem					
		organization		Association Other ►	L Yea	ar of formation 2	<del>'</del>	State of legal domicile MI				
		Summa		1330clation   Other P	12 .00	2 01 1011110111011	.010	ololo or regal commune 122				
			ribe the organization's mission or i	mont constraint netwitee	4							
•	' ;	The ox	canization suppo	nost significant activities	ore Do	troit vo	uth to	achieve their				
Activities & Governance	The organization supports and empowers Detroit youth to achieve their full potential through squash and academics.											
ī	<ul> <li>full potential through squash and academics.</li> <li>2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets</li> </ul>											
Š			=		oosea oi mor	e than 25% of its	1 1	1 2				
Ö	1		oting members of the governing b				3	13				
es v	1		ndependent voting members of the	0 0 , .	•		4	12				
Ë	5	Fotal numbe	er of individuals employed in calen	dar year 2016 (Part V, line 2	3)		5	18				
`₹	6	Fotal numbe	er of volunteers (estimate if necess	sary)			6	55				
Ą	7a 7	Fotal unrela	ted business revenue from Part V	III, column (C), line 12			7a	0.				
	b N	Vet unrelate	d business taxable income from F	orm 990-T, line 34			7b	0.				
	}		٣	DEOCNIEL	`		Year	Current Year				
	8 (	Contribution	s and grants (Part VIII, line 1h)	RECEIVED	-0	7	50,520.	903,959.				
e	9 F	orogram sei	rvice revenue (Part VIII, line 2g)									
ē			ncome (Part VIII, column (A), line	\$28 4. antivo) 0 1 2018	191		1,768.	3,181.				
Revenue	11 (	Other reven	ue (Part VIII, column (A), lines 5,	6d. 8c. 9c. 10c. and 11e)	USS-OSC							
_	1	Total revenu	52,288.	907,140.								
			similar amounts paid (Part IX, col					·				
			d to or for members (Part IX, colu									
	,		ner compensation, employee bene		s 5-10)	4	14,101.	567,460.				
ses	1		I fundraising fees (Part IX, column		0 0 10,	<u> </u>						
Expenses	1		using expenses (Part IX, column (		7,392.							
쏤	1		ises (Part IX, column (A), lines 11		.,,,,,.		76,475.	221,701.				
-	1	•	, ,,	•			90,576.	789,161.				
	1		ses Add lines 13-17 (must equal				61,712.	117,979.				
		Revenue les	ss expenses Subtract line 18 from	i line 12								
S OF			(5.11/1.10)			Beginning of	Current Year 807, 607.	End of Year 1,432,178.				
sset Bala	20		(Part X, line 16)			1,3						
Net Assets	21		es (Part X, line 26)				4,950.	11,542.				
			or fund balances Subtract line 21	from line 20		1,3	302,657.	1,420,636.				
_			ure Block	<del></del>			<del></del>	<del></del>				
	•		ury, I declare that I have examined this		_			y knowledge and belief, it is				
tru	e, correc	ct, and comp	lete Declaration of preparer (other th	an officer) is based on all inform	nation of which	n preparer has any	<del></del>					
_	.	Diameter 1	2-1-2-5				4-25	5-18				
	ign	ı,	e of officer	D. January			Date					
Н	ere	·	REK D. AGUIRRE,	PRESIDENT			<del> </del>	<del></del>				
			print name and title				<del></del>					
P	aid	Prir	nt/Type preparer's name	Preparer's signature		Date	Check	L				
P	repare	er					self-e	mployed				
	se On		n's name	<del></del>			Firm's EIN	•				
		- 1.	n's address	·	<del>_</del>	_	Phone no					
_												
Ma	y the IR	S discuss t	his return with the preparer shown	above? (see instructions)				Yes No				
			<del></del>	<del></del>			<del></del>					

For Paperwork Reduction Act Notice, see the separate instructions. UYA

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(Expenses \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses

including grants of \$

) (Revenue \$

A 600

Par	t IV 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		,	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Ī	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 1			
	candidates for public office? If "Yes," complete Schedule C, Part I	- 1	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ſ			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	1	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Γ			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	- 1	}		
	Part III	L	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ţ			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ļ	j		l
	"Yes," complete Schedule D, Part I		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	1	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	i	Ì		
	complete Schedule D, Part III	Į.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	ŀ	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ł	- 1		}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	L	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	·	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 1			İ
	VII, VIII, IX, or X as applicable.	[-			
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	X	
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	1	11b	L	X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	ĺ			
	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	Ì			ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. [	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ł		1	ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f	<u> </u>	X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Į			ļ
	Schedule D, Parts XI and XII .	}	12a	X	<del> </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	ļ		)	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	]	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	· [	13		X
14a	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,	- {		ĺ	l
	fundraising, business, investment, and program service activities outside the United States, or aggregate		446	1	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	- 1	14b	<del> </del> -	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		45		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<u>15</u>	├	X
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	•	16	+-	┼^
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1-	+*
.0	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?	-	<u> </u>	<del>                                     </del>	<del>                                     </del>
	If "Yes," complete Schedule G, Part III		19	<u> </u>	x

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		}	Yes	No
20 ~	Did the organization operate one or more hospital facilities? If "Vas " complete Schedule H	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
ь	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	- }	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1	- {	v
	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	i i	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	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	1	}	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 1	ĺ	
	to defease any tax-exempt bonds? .	24c	l	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	X
b	Is this 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?	1 1	. 1	l
	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			
20	· · ·	1		i
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
^~	disqualified persons? If "Yes," complete Schedule L, Part II	20		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 2-		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1 5 4 1	4000	e e
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		<u></u>	32
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1	·	1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b></b> -	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ	}
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	1		}
	Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ì	1	1
	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	<b>!</b>	X
35 a	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Γ
- *	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	1-5	1	1
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	1
	Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	\ <u>``</u>	1	† <del></del>
<b>J</b>	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	1
	to tratal that our overmore are required to complete compatible.	, ~~	,	4 .

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it ochedule o contains a response of note to any line in this rait v		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5	1.00	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	Ö	}	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	7		}
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1	1	[
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country	- 1		ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1	İ	ĺ
	(FBAR)		ļ	l
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	1	v
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	├	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	ļ	ļ
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	60		-
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
_	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	1	<b> </b>	<del> </del>
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		1
е	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	_	l
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.	ļ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	X
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	X
10	Section 501(c)(7) organizations. Enter	-	1	1
a	Initiation fees and capital contributions included on Part VIII, line 12		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		]	
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-	]	]
J	against amounts due or received from them )	ļ		]
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,		<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans		1	
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Į	1

27-2620275 Page 6 Form 990 (2016) RACQUET UP DETROIT Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1 a Enter the number of voting members of the governing body at the end of the tax year 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 12 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10 a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? Х 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 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 interest policy, and 19 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ (313) 600−9593

DEREK AGUIRRE P.O. BOX 11404 DETROIT, MI 48211

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Form **990** (2016)

UYA

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

Check if Schedule O contains a response or note to any line in this Part VII

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definintion 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 r	nor any rela	ted or	gar	niza	tion	com	pen	sated any curre	ent officer, direct	or, or trustee.
	1			(0	;)					
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck r	nore	than o	ne	Reportable	Reportable	Estimated
	hours per	box, ι	ınles	s pe	rson	is both	an	compensation	compensation from	amount of
	week (list any			dadı	recto	or/truste	ee)	from	related	other
	hours for related	악方	Ξ	Q	<u>چ</u>	육표	F	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dire	stitu	Officer	y e	phe:	Former	(W-2/1099-MISC)	(***2*******************	organization
	below dotted	ctor	tion		퀹	st co	٦	(172/1035-111100)	i	and related
	line)	trus	al tru	[	Key employee	ğ				organizations
	1	Individual trustee or director	Institutional trustee		"	ens		)	]	
	l _		е		<u>.</u>	Highest compensated employee				
(4) TON UTTER MAN										
(1) JON UFFELMAN	<del> </del>			1				}		
DIRECTOR	<del> </del>	X	-	├-	-		├-	<del> </del>	<del></del>	<u> </u>
(2) BOWDEN BROWN	<del> </del>		ł	1		į		1		
SECRETARY	<del> </del>	X		X	-		├-	<del></del>		<u> </u>
(3) SUSAN FLORIO-RUANE	<del> </del>		ł	ł	1	1	l	ì		
DIRECTOR	<del> </del>	X	-		<u> </u>		├-	<del></del>	<u> </u>	
(4) GEORGE A HAGGARTY	<del> </del>				ĺ		ł	1		
CHAIRMAN	<del> </del>	X		X			├	<del> </del>		
(5) SEAN MORAN					{		ſ			
VICE PRESIDENT	<del> </del>	X	<u> </u>	<u> </u>		<del>  -</del>	├	<del> </del>		
(6) PETER SCHWARTZ	<del> </del>	<u></u>								
DIRECTOR	<del> </del>	X		├_	├	<b>.</b>	├-	<del> </del>	L	<del></del>
(7) PATRICK MANSFIELD	<u> </u>									
TREASURER	<del> </del>	X	-	X	<b>├</b>		<b>⊢</b> -	<del> </del>		
(8) DEREK AGUIRRE	<del> </del>				1					
PRESIDENT		X	<u> </u>	Х	<del> </del>	X	<u> </u>	115,984.		
(9) ROBERT MYLOD					Ì	1				
DIRECTOR		X	_	<u> </u>	↓	<u> </u>	_	<u> </u>		
(10) TONY SAUNDERS	ļ			İ		1	1			
DIRECTOR	<u> </u>	X	_	<u> </u>	<del> </del> _	<u> </u>	ļ.			
(11) MAX FRANKLIN	<u></u>	1			•	)	ļ		ļ	1
DIRECTOR	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>			
(12) JOSEPH O'CONNOR	ļ	1		ļ	1	1	1			
DIRECTOR	<u> </u>	X	<u> </u>	<u> </u>	<b> </b>	<u> </u>	ـــ			
(13) NATHAN MARSDEN			1	}	ł		1		}	
DIRECTOR	ļ	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	$\perp$			
(14)	ļ	1		l		1				
	<u> </u>	l	<u> </u>		<u> </u>	<u> </u>	<u>L</u> _	<u> </u>	L	

Part VII Section A. Officers, Directors, Tru	istees, Ke	/ Emi	oloy	yee:	s, a	nd Hi	ghe	est Compensa	ted Employe	es (cor	tinued)		
	}			(0	>)			1					
(A)	(B)			Posi				(D)	(E)			F)	
Name and title	Average hours per	'				than o		Reportable compensation	Reportable compensations from	m		nated unt of	
	week (list any			•		or/trusto		from	related			ner	
	hours for related	-					r –	the	organizations (W-2/1099-MISC)		compensation from the		
	organizations	dividual :	stitut	Officer	eg .	Highest co	Former	organization (W-2/1099-MISC)	( <b>VF</b> 2 1035-MISC)	<b>'</b> [		ızatıon	
	below dotted	ual t	iona		Key employee	\e 8	-	(**************************************		and related			
	line)	Individual trustee or director	institutional trustee		8	Highest compensated employee	1	<b>f</b>			organi	zatons	
	1	ď	tee	Ì	İ	i sag		†		Ì			
(4E)	<b> </b>			├-	}	<u> </u>	<u> </u>	<del> </del>					
(15)	<del> </del>				Ì		ł	ļ		ł			
(16)	<del> </del>	<u> </u>	Н	-	-	$\vdash$				_			
					<u> </u>	<u> </u>							
(17)		,		}									
(40)	<del> </del>			-	<del>                                     </del>	ļ	<u> </u>	<u></u>	ļ				
(18)					ļ		ł	ļ					
(19)				╁╌	<del>                                     </del>		┢╌	<del> </del>		_			
						<u> </u>	<u> </u>						
(20)													
701		ļ		_	<u> </u>	<b> </b>	<u> </u>	<b>}</b>					
(21)	ļ			}	ļ	ļ	]	1	ļ	1			
(22)		<del> </del>	H	╁	├	<del> </del>	╁╌	<del> </del>					
<u></u>			'	1	İ		ļ			ļ			
(23)	<u> </u>						$\sqcap$			$\neg \vdash$			
		L	_	L	1_	ļ	<u> </u>	<u> </u>	ļ				
(24)	ļ	1			1	1	1			ł			
(25)	<del> </del>	<del> </del>	├-	┢┈	┢	├	╀╌	<del> </del>	<del> </del>				
(20)	<u> </u>	1	{	Ì	{	ţ	1	1		- (			
1b Sub-total .	<del>'</del>			•	<u> </u>		▶	115,984.					
c Total from continuation sheets to Pa	art VII, Sec	tion i	A					,					
d Total (add lines 1b and 1c)	<del></del>							115,984.		100.000			
2 Total number of individuals (including reportable compensation from the organization)				se	iiSt€	a abo	ove,	) wno received	more than \$1	100,000	JOT		
	anizadon p		<u> </u>									Yes	No
3 Did the organization list any former office	er, director	, or tr	uste	ee,	key	empl	loye	e, or highest o	ompensated				
employee on line 1a? If "Yes," comple									•		3		X
4 For any individual listed on line 1a, is the											}		Į
organization and related organizations g individual	reater than	\$150	,000	0?	IT	"Yes,	." CC	ompiete Scried	ule J for such		4	ļ	
5 Did any person listed on line 1a receive	Or accrue c	omne	Insa	ation	1 fro	m an	V III	nrelated organ	zation or indi	vidual	<del>  *</del>	<del> </del> -	X
for services rendered to the organization											5		X
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Re	compensation compe	ted in ensati	dep on f	end or t	lent he d	contr	acto dar	ors that receive year ending w	ed more than th or within th	\$100,0 ne orga	00 of nizati	on's	
tax year. (A)	(A) (B)									(C	)		
Name and business address							╀	Description o	services	c	omper	sation	<u></u>
		<del></del> -			_		+-			<u>.                                    </u>			
			_				+-						
							T						
2 Total number of independent contractors							se l	listed above) w	no				
received more than \$100,000 of comper	isation fron	ı tne	orga	anız	atic	n₽				L			

907,140

3,181

11 a b

> d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all col	lumns. All other organiz	ations must complete c	olumn (A).	
	<ul> <li>Check if Schedule O contains a response or note to an</li> </ul>	y line in this Part IX			X
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and :	10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	}			
	individuals. See Part IV, line 22 .				
3	Grants and other assistance to foreign organizations,	Ì			}
	foreign governments, and foreign individuals. See Part IV,	ſ	<b>,</b>	1	İ
	lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees,			44 004	
_	and key employees	113,912.	91,130.	11,391.	11,391.
6	Compensation not included above, to disqualified persons	}	}	1	
	(as defined under section 4958(f)(1)) and persons	ì	Ì	Ì	
_	described in section 4958(c)(3)(B)	200 472	205 720	30 017	20 017
7	Other salanes and wages	382,173.	305,739.	38,217.	38,217.
8	Pension plan accruals and contributions (include section			<u> </u>	
۵	401(k) and 403(b) employer contributions)	21 161	24 020	2 116	2 116
9 10	Other employee benefits .	31,161. 40,214.	24,929. 32,172.	3,116. 4,021.	3,116. 4,021.
11	Payroll taxes	40,214.	32,112.	4,021.	4,021.
	Fees for services (non-employees)			ł	
	Management Legal .				<del></del>
	Accounting	12,366.		12,366.	
	Lobbying	12,300.	L	12,300.	<del></del>
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
3	(A) amount, list line 11g expenses on Schedule O.)		}		
12	Advertising and promotion				<del></del>
13	Office expenses	16,730.	13,384.	1,673.	1,673.
14	Information technology	5,370.	4,296.	537.	537.
15	Royalties				
16	Occupancy	29,292.	23,434.	2,929.	2,929.
17	Travel .	16,915.	13,531.	1,692.	1,692.
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest .				
21	Payments to affiliates	L			
22	Depreciation, depletion, and amortization .	6,570.	5,256.	657.	657.
23	Insurance	6,777.	5,421.	678.	678.
24	Other expenses. Itemize expenses not covered above	ļ			
	(List miscellaneous expenses in line 24e If line 24e amount		ļ		
	exceeds 10% of line 25, column (A) amount, list line 24e	<b>(</b>			
	expenses on Schedule O.)				
a	Program Materials	102,870.	102,870.		
b	Equipment	2,051.	1,641.	205.	205.
C		J	<b> </b>		
d	<del></del>	00 500	10 000		
	All other expenses	22,760.	18,208.	2,276.	2,276.
25	Total functional expenses. Add lines 1 through 24e	789,161.	642,011.	79,758.	67,392.
26	Joint costs. Complete this line only if the organization	<b>[</b>	j l		
	reported in column (B) joint costs from a combined	1	}		
	educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) .	1			
	here ▶ ☐ if following SOP 98-2 (ASC 958-720) .	<del></del>	<u></u>	<u> </u>	

1

2

3

4

5

6 7

8

11 12

13

14

15

16

(B)

End of year 1,370,198.

50,000.

3,587.

7,293

1,100.

1,432,178.

Form 990 (2016) RACQUET UP DETROIT Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1,186,974. Cash --- non-interest-bearing 2 Savings and temporary cash investments . 101,697 3 Pledges and grants receivable, net ... 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 7 Notes and loans receivable, net Inventories for sale or use 5,168 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment. cost or 35,893 other basis. Complete Part VI of Schedule D 28,600 12,668 10b b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments — other securities. See Part IV, line 11. 13 Investments -- program-related See Part IV, line 11 14 Intangible assets 1,100 15 Other assets. See Part IV, line 11 307,607. 16 Total assets. Add lines 1 through 15 (must equal line 34) Liabilities

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	17	Accounts payable and accrued expenses	4,950.	17	11,542.
	18	Grants payable		18	
	19	Deferred revenue		19	
G	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Loans and other payables to current and former officers, directors, trustees, key employees,			
ja	1	highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	4,950.	26	11,542.
es	1	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27	1	}	
Balances	1	through 29, and lines 33 and 34.			
ala	27	Unrestricted net assets	1,202,657.	27	1,370,636.
	28	Temporanly restricted net assets	100,000.	28	50,000.
pun	29	Permanently restricted net assets		29	
Ē	}	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete	}		1
5	{	lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	L	30	<u> </u>
ssets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,302,657.	33	1,420,636.
ž	34	Total liabilities and net assets/fund balances	1,307,607.	34	1,432,178.

	10 (2016) RACQUET UP DETROIT 27-26	2027	<b>5</b> Pa	ge 1
art	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		$\Box$
1	Tòtal revenue (must equal Part VIII, column (A), line 12)		7,1	
2	Total expenses (must equal Part IX, column (A), line 25).		9,1	
3	Revenue less expenses. Subtract line 2 from line 1		<u>7,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,30	2,6	<u>57</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	1,42	0,6	36
ırt	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Γ
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	-		ł
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	2a	X	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate			Т
	basis, consolidated basis, or both	- {		
	X Separate basis	-	ŀ	i
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	1 -
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated			T
	basis, or both		{	
	X Separate basis	1	ł	
	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	j		
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<del> -</del> -
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	-	$\vdash$
	Schedule O	- }	l	
3 -	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
υd	the Single Audit Act and OMB Circular A-133?	3a	]	k
<b>1</b> .	•	Ja	+-	+
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	ì	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	1 3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2016

Open to Public Inspection

nternal Re	emal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.											
lame of the organization Employer Identification number												
	UET UP D			· · · · · · · · · · · · · · · · · · ·	<del> </del>		27-2620275					
Part				organizations must				ns.				
The org		•		s: (For lines 1 through		•	,	1				
1				on of churches descri								
2 _				(Attach Schedule E	•		• •	$O_{I}$				
3	A hospital or	r a cooperative hos	spital service org	anızation described ıı	n section	170(b)(ʻ	1)(A)(iii).	•				
4	A medical re	esearch organization	on operated in co	onjunction with a hosp	oital desc	ribed ın s	ection 170(b)(1)(A)	(iii). Enter the				
	•	me, city, and state										
5 [	•	tion operated for th ( <b>b)(1)(A)(iv).</b> (Con		llege or university ow	ned or op	perated b	y a governmental u	nit described in				
6	A federal, st	ate, or local goverr	nment or govern	mental unit described	ın sectio	on 170(b	)(1)(A)(v).					
7 X												
	described in	section 170(b)(1)	(A)(vi). (Compl	ete Part II.)								
8 🗀	A communit	y trust described ir	section 170(b)	(1)(A)(vi). (Complete	Part II.)							
9 🗀	An agricultu	ral research organi	zation described	in section 170(b)(1)	(A)(ix) o	perated in	conjunction with a	land-grant college				
	or university	or a non-land grai	nt college of agri	culture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or				
	university:						·	_				
10	An organiza	tion that normally i	eceives: (1) moi	re than 33 1/3% of its actions—subject to cer	support 1	from cont	ributions, members	hip fees, and gross				
	receipts from	n activities related	to its exempt fur	nctions–subject to cer related business taxat	tain exce	ptions, a	nd (2) no more than	33 1/3% of its				
	acquired by	the organization at	ter June 30, 197	'5. See <b>section 509</b> (	a <b>)(2)</b> . (Co	e (less si molete F	ection 5 i i tax) from Part III.)	businesses				
11				sively to test for public								
12	_	-	•	ively for the benefit of,	-		· · · ·	out the purposes o				
		_		scribed in section 50	-		•	• •				
		•	-	the type of supporting								
a [	Type I. A	supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), to	pically by giving				
_				gularly appoint or ele								
				ections A and B.	-	•						
ь	Type II. A	supporting organiz	ation supervised	d or controlled in conf	nection w	ith its sur	ported organization	n(s), by having				
			-	anızation vested in th			-					
				Sections A and C.			Ţ					
c [	_		·	ng organization opera	ted in coi	nnection	with, and functional	v integrated with.				
•				s).You must comple				, ,				
d [				porting organization of				ted organization(s)				
•				zation generally must								
		-	-	nplete Part IV, Secti	•		•					
e i		-	•	written determination		-		II. Type III				
				onally integrated supp				, .,,,				
f	Enter the num	ber of supported o	rganizations			•						
				orted organization(s)	-			<u> </u>				
	) Name of suppor		(ii) EIN	(iii) Type of organization	· ·	organization	(v)Amount of monetary	(vi) Amount of				
	•				listed in you	ur governing	support (see	other support (see				
				above (see instructions))	gocui	ment?	instructions)	instructions)				
					Yes	No						
A)												
<u>~,                                    </u>						]						
В)												
C)					]							
					<u> </u>							
D)												
					ļ	ļ						
E)					1							

Schedule A (Form 990 or 990-EZ) 2016 RACQUET UP DETROIT 27-2620275 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	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 received. (Do not				1	l	ŀ
	include any "unusual grants.")	411,505.	555,274.	745,438.	750,520.	903,959.	3,366,696.
2	Tax revenues levied for the						
	organization's benefit and either paid	ł				1	1
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	ļ					
	organization without charge				1		
4	Total. Add lines 1 through 3	411,505.	555,274.	745,438.	750,520.	903,959.	3,366,696.
5	The portion of total contributions by				1		
	each person (other than a					1	
	governmental unit or publicly					l	
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount			1			Į
	shown on line 11, column (f)						<u>519,684.</u>
6	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>	<u> </u>	2,847,012.
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·		T .	Ţ	<del> </del>	
	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	411,505.	555,274.	745,438.	750,520.	903,959.	3,366,696.
8	Gross income from interest, dividends,				1		Ì
	payments received on securities loans,				1		[
	rents, royalties and income from similar						
^	sources .	866.	1,348.	2,509.	1,768.	3,181.	9,672.
9	Net income from unrelated business		:		ļ		
	activities, whether or not the business	1			Ì		
10	is regularly carried on	<u> </u>					
10	Other income. Do not include gain or loss from the sale of capital assets			1			
	(Explain in Part VI.)			İ		1	
11	Total support. Add lines 7 through 10				<del> </del>	<del> </del>	
12	Gross receipts from related activities, etc	(see instruct	lone)	<u> </u>	L	12	3,376,368.
13	First five years. If the Form 990 is for th			third fourth	or fifth tay you		F01(a)(2)
	organization, check this box and stop he	e organization re	S III St, Second	, uma, ioarei,	or murtax yea	ii as a section	501(c)(3)
Section	on C. Computation of Public Suppo		. <u>.</u>	• • • • • •	<del></del>	• • • •	
14	Public support percentage for 2016 (line			11. column (f)	<u> </u>	14	84.32%
15	Public support percentage from 2015 Sci	• • •	•	,	,	15	84.00%
	33 1/3 % support test-2016. If the organ			on line 13. an	d line 14 is 33		check this
	box and stop here. The organization qua	lifies as a pub	licly supported	organization		70 70 01 111010	. <b>X</b>
b	33 1/3 % support test-2015. If the organ				oa. and line 15	is 33 1/3 % or	more.
	check this box and stop here. The organ					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
17a	10%-facts-and-circumstances test-20					i. or 16b. and I	
_	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly s	upported
	organization				·		▶ □
b	10%-facts-and-circumstances test-20	15. If the orga	nization did no	t check a box	on line 13, 16	a. 16b. or 17a.	
	15 is 10% or more, and if the organization	n meets the "f	acts-and-circu	mstances" tes	t, check this b	ox and stop h	еге.
	Explain in Part VI how the organization m	neets the "facts	s-and-circumst	tances" test. T	he organizatio	n qualifies as a	a publicly
	supported organization		•				▶□
18	Private foundation. If the organization of	lid not check a	box on line 13	3, 16a, 16b, 17	′а, ог 17b, che	ck this box and	d see
	instructions .						▶ □

Part	Support Schedule for Organiza	ations Desci	ribed in Sect	tion 509(a)(2	<u>')                                    </u>	<del></del>	
	(Complete only if you checked th						under Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	11.)	
Secti	on A. Public Support						
Calen	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				Ţ		
	received (Do not include any "unusual grants.")				l		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				Ĭ	//	1
	organization's tax-exempt purpose		i	1		ľ	1
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513		{	1			{
4	Tax revenues levied for the			<del> </del>		<del>                                     </del>	<del> </del>
-	organization's benefit and either paid		]	}	1/	1	}
	to or expended on its behalf			ı		1	ł
5	The value of services or facilities				1	<del> </del>	<del> </del>
•	furnished by a governmental unit to the		{	1 /	<b>}</b>		ł
	organization without charge	1		/			:
6	Total. Add lines 1 through 5		<del></del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>
7a	Amounts included on lines 1, 2, and 3		<del>[</del>	<del>                                     </del>	<del> </del>	<del> </del>	<del></del>
<i>,</i> a	received from disqualified persons		1 /	ſ	1	ļ	1
b	Amounts included on lines 2 and 3	<del> </del>	<del> /-</del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
5	received from other than disqualified		/	}	1	Ì	}
	persons that exceed the greater of \$5,000			ŀ	-	ļ	1
	or 1% of the amount on line 13 for the year	1	/		1	ł	
•	Add lines 7a and 7b	ļ <u>-</u>	<del>                                     </del>	<del> </del>	<del></del>		<del> </del>
C	Public support (Subtract line 7c from	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
8		, /				1	
Santi	on B. Total Support	L	<u> </u>	<del></del>		<del></del>	
	idar year (or fiscal year beginning in)	(=) 2042	(h) 2012	(0) 2014	(d) 2015	(e) 2016	(f) Total
	•	/ <b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(4) 2015	(e) 2016	(I) I Olai
9	Amounts from line 6	<del></del>		<del> </del>	<del> </del>	<del> </del>	<del></del>
10a	. , ,	Į	1	}			}
	payments received on securities loans, rents,	{		ł	ł	1	
	royalties and income from similar sources	<u> </u>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
b	Unrelated business taxable income (less	1	ţ	{	f		
	section 511 taxes) from businesses	1	1	[	į	ļ	
	acquired after June 30, 1975	<u></u>	<u> </u>	<del> </del>	<del></del>	<del></del>	<del></del>
C	Add lines 10a and 10b	ļ	ļ	ļ	ļ	<del> </del>	<del>-</del>
11	Net income from unrelated business	1	Į	1	1		
	activities not included in line 10b, whether	}	ļ	}	1	1	
	or not the business is regularly carried on	<u> </u>	<b></b> _	<del> </del>	<del></del>	<del> </del>	
12	Other income. Do not include gain or	ł	l	1	ł	<b>{</b>	}
	loss from the sale of capital assets	<b>{</b>	ļ		i	Ì	İ
	(Explain in Part VI.)				<b></b>		
13	Total súpport. (Add lines 9, 10c, 11,	Ì	į				Ì
	and 12.)	<b></b> _	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for th		i's first, second	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re .					
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2016 (line				(f))	15	%
16	Public support percentage from 2015			15 .		16	%
Sect	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2016	(line 10c, col	umn (f) divide	d by line 13, c	olumn (f)) .	. 17	%
, <sup>7</sup> 18	Investment income percentage from 20	15 Schedule	A, Part III, line	17 .		18	%
<sup>′</sup> 19a	33 1/3 % support test-2016. If the organ				and line 15 is	more than 3	31/3 %, and line
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test-2015. If the organi						
	line 18 is not more than 331/3 %, check this						
20	Drivete foundation If the econstration of	-	_	-	-		-

## 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.)

Jecu	on A. An Supporting Organizations		V1	
4	Are all of the aggerization's supported arganizations listed by some in the arganization's governing		Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing	- 1	- 1	
	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.	1		لــــا
2	Did the organization have any supported organization that does not have an IRS determination of status	+		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<del></del> -+		
Ja	(b) and (c) below	3a		i
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<del>-</del>		<del></del>
Ü	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			İ
	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	<del></del> +		
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		l
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			1
	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 Part VI what controls the organization used			l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			L
	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 Part VI, including (i) the names and EIN			1
	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		ļ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			<u> </u>
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		↓
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			İ
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	]		ł
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			·
7	Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		┼
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		<del> </del>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	┝┷┥	· · · · ·	<del> </del>
J	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	<u> </u>		<del> </del>
Ja	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	- T		1
-	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	<u> </u>	1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	]	1	
	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			1
_	determine whether the organization had excess business holdings.)	10b		1

Scriedu	ex(ruin 990 to 990-E2) 2010 RACQUET OF DETROIT	<u> </u>	<u>,,                                   </u>	age C
Part	Supporting Organizations (continued)			
		ــــا	Yes	<u>No</u>
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)	44		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations		V	<u> </u>
4	Did the directors twistons as more baselin of one or more consected associations have the power to	<del></del>	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	ļ !	, ,	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the experient as expects for the honelit of any expended experiential other than the expected	-	$\vdash$	
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,	} '	1	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	. ~	ــــــــــــــــــــــــــــــــــــــ	
<u> </u>	on or type it eappoining organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 63	.,,,
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	Ш.,	
<u> </u>	on D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1	ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<b> </b> -	<b></b>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del></del>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	}		ĺ
	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	1		ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		i	
	supported organizations played in this regard.	3	1	
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	nstru	ctions	5)
a	The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	tion.
•	y a series of the series of th	,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			}
	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	L		
	that these activities constituted substantially all of its activities.	2a	<u></u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		_
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	l
	reasons for the organization's position that its supported organization(s) would have engaged in these	_		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
ь	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 Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI.
See instructions. All other Type III non-functionally integrated supporting of	gar	nizations must complete S	ections A through E.
Section A - Adjusted Net Income		(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)  7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	J	(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		
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		
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-ir	ntegrated Type III support	ing organization (see

_	on D - Distributions	-,pp	(	Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		- Carrone Tour
	Amounts paid to perform activity that directly furthers exe		rted	
_	organizations, in excess of income from activity	ampt purposes or suppo	1100	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable 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 instr.		;	
3	Excess distributions carryover, if any, to 2016:			
a				 
b	<u>}</u>		······································	
c	From 2013			
<u>d</u>	From 2014			
<u>         e                           </u>	From 2015			
<u>     f                               </u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years		L	
_ <u>_h</u> _	Applied to 2016 distributable amount			<del> </del>
	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2016 from Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
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.	,		
6	Remaining underdistributions for 2016. Subtract lines 3h 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:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
UYA			Schedule	A (Form 990 or 990-EZ) 2016

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

# Supplemental Financial Statements • Complete if the organization answered "Yes" to Form 990,

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

OMB No 1545-0047

Inspection

	OUET OF DETROIT	- <u></u>	27-2620275
Part			nds or Accounts.
	Complete if the organization answered '	<del>7</del>	<del></del>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		<del></del>
2	Aggregate value of contributions to (during year)	<u> </u>	
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors i	n writing that the assets held in donor advised	funds are the organization's
	property, subject to the organization's exclusive legal contr	ol?	Yes No
6	Did the organization inform all grantees, donors, and dono		sed only for charitable
	purposes and not for the benefit of the donor or donor advi		
	private benefit?		. Tyes No
Part			
بمسح	Complete if the organization answered '	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiz	<del></del>	
•	Preservation of land for public use (e.g., recreation or		storically important land area
		<del>-</del>	* :
	Protection of natural habitat	Preservation of a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qui	alified conservation contribution in the form of	
	of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
C	Number of conservation easements on a certified historic	structure included in (a) .	2c
ď	Number of conservation easements included in (c) acquire	ed after 8/17/06, and not on a historic structure	е
	listed in the National Register .		. 2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	
	organization during the tax year ▶		
4	Number of states where property subject to conservation of	easement is located >	
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of vio	plations,
	and enforcement of the conservation easements it holds?		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	a, handling of violations, and enforcing conse	rvation easements during the year
	<b>&gt;</b>	,,	
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation	on easements during the year
•	► \$	and and only construction of the construction	on additions during the year
8	Does each conservation easement reported on line 2(d) at	nove satisfy the requirements of section 170/h	NAVRVI)
O		ove salisty the requirements of section 170(1)	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserv	•	
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes the	e organization's accounting for
D. 4	conservation easements.		011 01 11 4
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	inbes these items.	
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ice of public service, provide the following
	amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1 .		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	• •	treasures of other cimiler assets for fine-si-l	gain provide the following emprints
4	If the organization received or held works of art, historical		Sam brosine me following amounts
_	required to be reported under SFAS 116 (ASC 958) relating	ig to these items.	<b>.</b>
а	Revenue included on Form 990, Part VIII, line 1	•	<b>&gt;</b> \$
h	Assets included in Form 000 Part Y		<b>₽ 4</b>

Schedu	tle D (Form 990) 2016 RACQUET UP	DETROIT					27-2	620275	5 Pag	je <b>2</b>
Part			Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ntinue	∍d)
3	Using the organization's acquisition, access	on, and other record	s, check an	y of the foll	lowing that ar	e a signi	ficant use of its co	dlection item	s	
	(check all that apply):		_							
а	Public exhibition		ď	Loand	or exchange p	orograms	<b>;</b>			
b	Scholarly research		е	Other		<del></del>				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they f	urther the o	organization's	exempt	purpose in Part X	111.		
5	During the year, did the organization solicit of	or receive donations of	of art, histor	ical treasur	es, or other s	sımılar as	sets to be sold to	raise funds		
	rather than to be maintained as part of the or							Yes	<u> </u>	No
Part										
	Complete if the organization	answered "Yes"	on Form	1 990, Pa	art IV, line	9, or r	reported an ar	nount on	Form	
	990, Part X, line 21.	<del></del>					<del></del>			
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for con	tributions o	r other asset	s not inc	luded	Π.,	П.	
	on Form 990, Part X?				•	•		∐ Yes	,	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table	B <sup>*</sup>			1 0	ount	<del></del>	
	Doguning belongs					1	<del> </del>	Odni		
C	Beginning balance Additions during the year			•		1c		···		
d e	Distributions during the year	•	•	•		1e	<del></del>			
f	Ending balance				•	1f	<del></del>			
2a	Did the organization include an amount on F	orm 990 Part X line	21 for esc	·	todial accoun			Yes	$\Box$	No
b	If "Yes," explain the arrangement in Part XIII		-			-			Ϊ.	
Part			- promise out t	too book p						
	Complete if the organization	answered "Yes"	on Forn	n 990, Pa	art IV, line	10.				
		(a) Current year		nor year	(c) Two year		(d) Three years ba	ck (e) Four	years ba	ack
1a	Beginning of year balance									
b	Contributions .		1							
С	Net investment earnings, gains, and		T							
	losses	ì								
d	Grants or scholarships									
е	Other expenditures for facilities and				<u> </u>					
	programs .		<u> </u>							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	▶	_%							
b	Permanent endowment   %	, D								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ai	e held and	administered	for the		ı	<del>,</del>	
	organization by:								Yes	No
	(i) unrelated organizations .		•	•		-	•	. 3a(i)	$-\!\!\!+$	
	(ii) related organizations	•			•	-	•	3a(il)		
Ь	If "Yes" on 3a(II), are the related organization							<u>3b</u>		
4	Describe in Part XIII the intended uses of the		wment fun	ds.						
Par	Land, Buildings, and Equipment Complete if the organization		" on For	n QQN P	art IV line	11a :	See Form 990	) Part X I	ine 10	)
	Description of property	(a) Cost or ot			r other basis		Accumulated	(d) Book		<u></u>
	bescription of property	(investr		r.	ther)		epreciation	(d) D00	· value	
1a	Land	· · ·								
b	Buildings		<del> </del>		·					
c	Leasehold improvements	2	0,470.	1			15,584.		4,88	6.
d	Equipment		5,423.	.[			13,016.		2,40	
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 10	c)				7,29	13.

Complete if the organization answere	ed "Yes" on Form	990. Part IV. line	11b. See Form	990. Part X. line 12.
(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation. d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests .	[			
(3) Other				
(A)				
(B)				
(C)				
(D)				<del></del>
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	(2)▶	l		
Part VIII Investments — Program Related.	- 4 W/ 11	000 5-41/4 8	44- 0 5	000 Dark V. Uma 40
Complete if the organization answere	ed "Yes" on Form			
(a) Description of investment	į	(b) Book value	• •	hod of valuation d-of-year market value
(1)				
(2)	·		<del></del>	
(3)				
(4)			<del> </del>	
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)	<del></del>	<del> </del>		
(7)				<del></del>
(8)	<del></del>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line :	1215		<del></del>	<del></del>
Part IX Other Assets.	13)		<del> </del>	
Complete if the organization answere	ed "Yes" on Form	990, Part IV, line	11d. See Form	
	escription			(b) Book alue
1) Security Deposit	·			/1,100.
(2)		<del>,</del>		
(3)	<del></del>		<del>\</del>	<del></del>
(4)				/ Mo
(5)	<del></del>	<del></del>		- <del>V</del>
(6)	<del></del>			<del>/ - \ -  </del>
(7)				<del></del>
(8)		<del> · · · - · · · · · · · · · · · · · ·</del>		<del>\</del>
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<del>/</del>	1,100.
Part X Other Liabilities.	·-/		<del>/-</del>	<u> </u>
Complete if the organization answer	ed "Yes" on Form	990 Part IV line	11e or 11f See	Form 990 Part X
line 25.				
(a) Description of liability	(b) Book value			
(1) Federal income taxes				
(2)				
(3)	<del></del>			
(4)				
(5)	<del></del>			
(6)	·			
(7)				
(8)				
(9) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7)	0515			
Total. (Column (b) must equal Form 990, Part X, col (B) line				<del>-,-,-</del>
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the ti</li></ol>	ext of the footnote to th	ne organization's financi	al statements that rep	orts the organization's

	Complete if the organization answered "Yes" to Form 990, F Total revenue, gains, and other support per audited financial statements			1	957,14
	• • • • • • • • • • • • • • • • • • • •	•		┝╌┸	937,140
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ ما		1 1	
	Net unrealized gains (losses) on investments  Donated services and use of facilities	2a	<del> </del>	1 1	
	Recoveries of prior year grants	2b 2c	50,000.	1	
	Other (Describe in Part XIII )	2d	30,000.	1	
	Add lines 2a through 2d .		<del></del>	2e	50,00
	Subtract line 2e from line 1			3	907,14
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	•	-	301,14
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
	Other (Describe in Part XIII.)	4b	·	1	
	Add lines 4a and 4b			4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	5	907,14
art )		ments	With Expenses p		urn.
	Complete if the organization answered "Yes" to Form 990, F				<b></b>
	Total expenses and losses per audited financial statements	aicit,	THO IZU.	1	789,16
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		•	<del>  '  </del>	,,,,,,,
	Donated services and use of facilities	2a		1	
	Prior year adjustments	2b		1	
	Other losses	2c	<del></del>	1 1	
	Other (Describe in Part XIII.)	2d		1 }	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1		·	3	789,16
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		1	
	, , , ,			1 1	
	Jiner (Describe in Part XIII.)	4b		1 1	
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		4c	
c .	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).	45		4c 5	789,16
c art X	Add lines 4a and 4b	lines 1b		5	<b>789,16</b>
rt X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X de t	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X de t	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
it X	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	
t X de t	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18).  Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV,	lines 1b		5	

#### 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.

►Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

2016
Open to Public Inspection

RACQUET UP DETROIT 27-2620275 Part III, Line 4A 3, Increase in grade point averages from beginning of school year to end 4. School attendance for Racquet Up students exceeds non-Racquet Up peers 5. Fitness levels improved from beginning of year to end of year as year as measured by mile run and beep test 6. \$50,000 in summer program scholarships earned by Racquet Up participants 7. Deep engagement in the sport of squash results in notable performances in local, regional and national squash tournaments 8. Completion of 10 hours of community service by each student 9. Completion of 2 college visits per student 10. Third place finish at the national urban squash team championships Part VI, Section B, Line 11 Prior to filing form 990, the President shares the final draft with the with the Chairman for review. The Chairman will then share it with other officers if there are any areas of concern. All board members receive an electronic copy of form 990 before it is filed. Part VI, Section B, Line 12C Board members must execute a conflict of interest disclosure form annually at the September board meeting. The executed forms are then reviewed by Chairman and Secretary. Part VI, Section B, Line 15A The Chairman and the Secretary conduct a written review of the President prior to the end of the fiscal year, then meet with the President in person to share feedback and address concerns. The President also completes a written self-assessment which contributes to the Chairman's and Secretary's review. An executive session is held at the board meeting to approve a compensation package for the President. A new employment agreement is then executed by the Chairman and President. Part VI, Section C, Line 19 The organization makes its governing documents, conflict of interest

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Name of the organization  RACQUET UP DETROIT						Employer identification num		
						<u>  27-</u>	<u>-2620275</u>	
olicy and	financial	statements	available	to the	public	upon	request	
quest								
quest								
			, etc.					
· <del></del>								
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