Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990 rtax year beginning JUL 1, 2014 and ending JUN 30, Internal Revenue Service

Open to Public Inspection

Α	For t	ne 2014 calendar year, or tax year beginning $$	JUN 30, 2015	inspection
В	Check applica	C Name of organization	D Employer identif	
_	Add			
F	char Nam char	MOTOR CITY SQUASH & EDUCATION FOUNDATION Doing business as		
F	lnitia retur			8846466
F	Fina	CTONEDIDGE WEEK 41000 MOODER DE ATTENDO		
	term	In-		593-3011
		nuedi DIOOMETEID HITTE ANANA	G Gross receipts \$	300,339.
	Appl	F Name and address of principal officer RICHARD H. MAY	H(a) Is this a group r	eturn s? Yes X No
	pend	STONERIDGE WEST, 41000 WOODWARD AVE., BLOC	MF H(b) Are all subordinates	ncluded? Yes No
1	Tax-e	kempt status: $\bot X \downarrow 501(c)(3) \bot \downarrow 501(c)() $ (insert no.) $\downarrow \downarrow 4947(a)(1)$ or	!	list. (see instructions)
		ite: ► WWW.THEMOTORCITYOPEN.COM	H(c) Group exemption	,
		of organization; X Corporation Trust Association Other L	ear of formation: 2011	M State of legal domicile; MI
P		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\tt TO}}$ SUPPOEDUCATIONAL ACTIVITIES FOR YOUTHS.	RT SQUASH AND	
ern	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
ξį	6	Total number of volunteers (estimate if necessary)	6	45
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	D	Net unrelated business taxable income from Form 990-T, line 34		0.
	8	Contributions and grants (Dart VIII III 41)	Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	111,255.	139,882.
3ve	10		114,025.	80,323.
ŭ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,392. 9,715.	-250. 9,515.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,387.	229,470.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,000.	34,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
кре	b	Total fundraising expenses (Part IX, column (D), line 25)		. Carana sa Santa ta
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,523.	179,539.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	216,523.	214,039.
	19	Revenue less expenses. Subtract line 18 from line 12	19,864.	15,431.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)	77,028.	92,459.
et A Ind I	21	Total liabilities (Part X, line 26)	0.	0.
	rt II	Net assets or fund balances. Subtract line 21 from line 20	77,028.	92,459.
		Signature Block		
true	correc	ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta tt, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	tements, and to the best of my	knowledge and belief, it is
uu,	DOTTO	As and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer nas any knowledge.	
Sigr	,	Signature of officer	I Date	
Here		RICHARD H. MAY, PRESIDENT		
		Type or print name and title		<u> </u>
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		PATRICK D. FUELLING, CPA	if self-employe	P00530005
Prep	arer	Firm's name DOEREN MAYHEW	Firm's EIN	38-2492570
Use	Only	Firm's address 305 WEST BIG BEAVER ROAD		
		TROY, MI 48084	Phone no. 248	3-244-3000
Mari	the I	25 discuse this raturn with the property shown should (assignment)		TVI

Total program service expenses

_			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,,	
2	s the organization required to complete Schodule B. Schodule of Organization	1	X	╄
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	<u> </u>	╂
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	٦	1-	+
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	 	X
	Schedule D. Part III			-
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8	-	X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-	 	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X		12.00 gr.	
	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		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	ļ	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		l	7.7
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a L	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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	441		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		<u>X</u>
∠ua ⊾	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	

Form 990 (2014) MOTOR CITY SQUASH Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to 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 organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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
b	below and a second of tax exempt boiled beyond a temporary period exception:	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		<u> </u>
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
05-	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			**
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. l	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

2014) MOTOR CITY SQUASH & EDUCATION FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V				Г
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a ()	e de la participa	
b	The fact that a state of the st	1b ()		I
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	1		
	(gambling) winnings to prize winners?	***************************************	1c	CI PARCE CANA	1
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 ()		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b		2 2 2 2 2 2 2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	1500		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	1	T
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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 transa	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	***************************************	6b		
7	Organizations that may receive deductible contributions under section 170(c).		A 15		1000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	7000		V.008.57a
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				100.
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	********************************	9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:	•			
a		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
100		11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	200000000000000000000000000000000000000	
		12b	1.00		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.50	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		reason of the
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 the	,			
_		13b			
1/10		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	\longrightarrow	<u>X</u>
Q	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	Ο	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 3 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 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 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 X q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 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 X Own 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 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: RICHARD H. MAY - 248-593-3011

STONERIDGE WEST. 41000 WOODWARD AVE, BLOOMFIELD HILLS

48304

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MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

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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 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 (A)	(B)	Τ		1	C)			(D)		(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			th an	Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD H. MAY PRESIDENT AND TREASURER	5.00	x		x				0.		•
(2) JOSEPH J. O'CONNOR	1.00	₽	<u> </u>	1	┢		ļ	U •	0.	0
DIRECTOR AND SECRETARY		x		x				0.	0.	0
(3) PETER SCHMIDT DIRECTOR	1.00	Х						0.	0.	0
ACCOUNT OF THE PARTY OF THE PAR										

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

\$100,000 of compensation from the organization

		Check if Schedule O contains a re	sponse or note to any li	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns	1a				0,2 0,1
و ق			1b				
ts,			1c 6,432.				
<u>a</u> . <u>e</u> .		d Related organizations	1d				
ns,		e Government grants (contributions)	1e				
er S		f All other contributions, gifts, grants, and					
ë		similar amounts not included above	11 133,450.				
on to		g Noncash contributions included in lines 1a-1f: \$	30,600.				
<u>0</u> 8	-	h Total. Add lines 1a-1f		139,882.			
		#01170113115	Business Code				
ice	2	a TOURNAMENT REVENUE	711300	80,323.	80,323.		
e Z		b					
E Se	'	c					
gra	'	d					
Program Service Revenue	9	e					
	١ '	f All other program service revenue					
****			·····	80,323.			
	3	Investment income (including dividends	,				
	١.	other similar amounts)		3,382.			3,382.
	5	Income from investment of tax-exempt I					
	3	Royalties					
	6 -	Gross rents (i) Re	al (ii) Personal				
	ł						
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Secu				TANK BUNGSTON AND WAS STREET	
		assets other than inventory 56,3					
	b	Less: cost or other basis					
		and sales expenses 59,9	86.				
	С	Gain or (loss) -3,6	32.				
		Net gain or (loss)		-3,632.	Althorn sealinesses		-3,632.
e	8 a	Gross income from fundraising events (r	not	3,0321		7 Otas (1886) - 24 (1886)	-3,032.
Revenue		including \$ 6,432. of					
ě		contributions reported on line 1c). See					
. 1		Part IV, line 18	a 20,398.				
Other	b	Less: direct expenses					
٦		Net income or (loss) from fundraising eve		9,515.			9,515.
l		Gross income from gaming activities. Se	e			4 S. British (1987) April 1987 Apr	
		Part IV, line 19	a				
		Less: direct expenses	b				
		Net income or (loss) from gaming activition	es				en a de Ballo Someral en Navero en Casaral Sanal se
	10 a	Gross sales of inventory, less returns		A			
1		and allowances	a				
		Less: cost of goods sold					
-	С	Net income or (loss) from sales of invento					
-	11 -	Miscellaneous Revenue	Business Code				
	11 a b						
	D C						
	d	All other revenue					
		Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions.		229,470.	80,323.	0.	9,265.
ววกกัก			*******	,,	,-45	U •]	J, 40 J •

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. All ot	her organizations must o	complete column (A)	
	Check if Schedule O contains a respo	nse or note to any line ir	this Part IX	omprote column () ().	T
Do 7b	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and and and action addition to admissible organizations			Party Signature (Special	
	and domestic governments. See Part IV, line 21	34,500.	34,500.		
2	and any addictance to define the				
	individuals. See Part IV, line 22				1000
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a					
b		4 005			
C		4,805.		4,805.	
d					
e	3				
f					
g	.,	7 000		П 000	
40	column (A) amount, list line 11g expenses on Sch O.)	7,000. 8,926.	0 006	7,000.	
12	Advertising and promotion	393.	8,926.	202	
13 14	Office expenses	393.		393.	
15	Information technology				
16	Royalties	25,000.	25,000.		
17	Occupancy Travel	23,000.	23,000.		
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				
22	Depreciation, depletion, and amortization				
23	Insurance				YI.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.) TOURNAMENT PRIZES	FO CD1			
	NON-CASH DONATIONS EXPE	58,671.	58,671.		
	FOOD AND ENTERTAINMENT	30,600.	30,600.		
c d	MISCELLANEOUS	22,746. 15,398.	22,746.		
		6,000.	15,398.		
	All other expenses Total functional expenses. Add lines 1 through 24e	214,039.	6,000. 201,841.	12 100	^
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	414,UJJ.	4U1,041.	12,198.	0.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 25,668. 15,993. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 500. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net _____ 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c b Less: accumulated depreciation 10b 75,966. 51,360. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 92,459. 77,028. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 92,459. 77,028. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 92,459. 77,028. 33 Total net assets or fund balances 33 92,459. 77,028. 34 Total liabilities and net assets/fund balances

	1 990 (2014) MOTOR CITY SQUASH & EDUCATION FOUNDATION	45-284	<u> 16466</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	7,0	28.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	9	2,4	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				in Air
b	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 separa	te basis,			af er
	consolidated basis, or both:				
	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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			Same A
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Employer identification number Name of the organization MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 L 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from X activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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) 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your other support (see (described on lines 1-9 support (see organization governing document? above or IRC section Instructions) Instructions) No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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				VIVE SET OF SET	EASTA SELANS RESE	
	by each person (other than a						
	governmental unit or publicly				7.00		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor		<u></u>	********************			<u> </u>
	ction C. Computation of Publ						
14	Public support percentage for 2014 (line 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2014. If the	_					k and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2013. If the	-					s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Pai	t VI how the organi	zation
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	; >

Schedule A (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	low, picase com	piete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					, i	
	membership fees received. (Do not						
	include any "unusual grants.")		74,267.	117,926.	111,255.	139,882.	443,330.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in		-	-		-	-
	any activity that is related to the organization's tax-exempt purpose		79,711.	106,209.	134,775.	100,721.	421,416.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			05 040			05 040
	iness under section 513			25,840.			25,840.
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						000 506
6	Total. Add lines 1 through 5		153,978.	249,975.	246,030.	240,603.	890,586.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		23,600.	40,000.	40,900.	38,810.	143,310.
t	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			10,000.	14,500.	680.	25,180.
c	Add lines 7a and 7b		23,600.	50,000.	55,400.	39,490.	168,490.
	Public support (Subtract line 7c from line 6.)						722,096.
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		153,978.	249,975.	246,030.	240,603.	(f) Total 890,586.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3,382.	3,382.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					3,382.	3,382.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		153,978.	249,975.	246,030.	243,985.	893,968.
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	*********************	********				▶ X
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) d	livided by line 13, c	olumn (f))		15	<u>%</u>
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an						
t	33 1/3% support tests - 2013. If the oline 18 is not more than 33 1/3%, check	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
20	Private foundation. If the organization						▶ □

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **part VI**.
- c Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **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.)

	Yes	No
1		
2		
3a	1 - 197 1 - 198 1 - 198 1 - 198	ligh
3b		
11.5		
3c 4a		
4b		
4c		
5a		
5b	9009	
5c		
6		
7		
8		10.00
9a	W 40	
9b	74/34	
9c		
10a		
104		10000

Sche	dule A (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-28	34646	6 _{Pa}	ge 5
Pai				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	100		
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		
	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		
Sec	tion B. Type I Supporting Organizations		Yes	No
			res	INO
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 Part VI 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			
		1	ALARY.	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	255500		
2				
	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,	2	Lat Dar Tal	
Soc	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		I	
360	tion of Type it oupporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		9.0	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1	221 220000	
Sec	tion D. Type III Supporting Organizations			
	iton 5. Typo in cupporting organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			5, 6 14 800 at 1
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	ction 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 instructions):		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	S).	T
2	Activities Test. Answer (a) and (b) below.	1.3350	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	2a		Prodi
	that these activities constituted substantially all of its activities.	Zd	o dinastria	
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		1000	
	reasons for the organization's position that its supported organization(s) would have engaged in these		Parti.	Partie
	activities but for the organization's involvement.	2b		1.5000
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
ŧ	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		1888080
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	1994/200	188075
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	30		<u> </u>

Sche	dule A (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDU	CATIO	ON FOUNDATION4	5-2846466 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
				(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior 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		
Sect	ion 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):	Z. S.		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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	30 10 2	
Sect	tion 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		

instructions).

Schedule A (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION45-2846466 Page 7

Part V | Type III Non-Europianally Integrated FOO(s) Symmetric Communication (Communication Communication Communicat

Par	t v Type III Non-Functionally integrated 509(aj(3) Supporting Orga	inizations _(continued)	
	on D - Distributions	·	Current Year	
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 which the	e organization is responsive	,	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
secu	On E - Distribution Anocations (see mistractions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount		200	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			The control of the co
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		<u>La companyanta de la companyanta dela companyanta de la companyanta dela companyant</u>	
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A	(Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45 - 2846466 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Also complete this part for any additional information. (See instructions).

·	
··············	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2014

** Do Not File **

*** Not Open to Public Inspection ***

2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
0.	23,600.	0.	0.	0 .
0.	0.	0.	900.	0 .
0.	0.	20,000.	20,000.	14,640
0.	0.	10,000.	10,000.	3,190
0.	0.	10,000.	10,000.	7,240
0.	0.	0.	0.	7,240.
0.	0.	0.	0.	6,500
	Amount 0. 0. 0. 0. 0.	Amount Amount 0. 23,600. 0. 0. 0. 0. 0. 0. 0. 0.	Amount	Amount Amount Amount Amount 0. 23,600. 0. 0. 900. 0. 0. 0. 20,000. 20,000. 0. 0. 10,000. 10,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
GERRY GIUDICI	0.	0.	0.	5,500.	0.
VISTEON	0.	0.	0.	0.	340.
GREENSTONE JEWELERS	0.	0.	0.	0.	340.
ROBERT MYLOD	0.	0.	5,000.	7,500.	0.
BARBARA ANN KARMANOS CANCER INSTITUTE	0.	0.	5,000.	1,500.	0.
Total to Schedule A, Part III, Line 7b			10,000.	14,500.	680

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2014

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2014	2014 Excess Payments
VISTEON	5,340.	340.
GREENSTONE JEWELERS	5,340.	340.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		680.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

M(OTOR CITY SQUASH & EDUCATION FOUNDATION	45-2846466						
Organization type (check one):								
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour, line 1. Complete Parts I and II.	, or 16b, and that received from						
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.							
year, contributions is checked, enter l purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., t received <i>nonexclusively</i>						
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 100 page 11 page 12 page 13 page 14 page 15 page 14 page 15 page 15 page 15 page 15 page 15 page 16 page 17 page 17 page 17 page 17 page 17 page 18 pa							

Name of organization

Employer identification number

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

MOTOR CITY SOUASH & EDUCATION FOUNDATION

45-2846466

	CIII DOMBII & EDUCIIIION I CONDITION	1 2 2	2010
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUBURBAN MOTORS COMPANY 1810 MAPLELAWN TROY, MI 48099	\$14,640.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TRW AUTOMOTIVE, KELSEY-HAYES CO. 12025 TECH CENTER DRIVE LIVONIA, MI 48150	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DEROY TESTAMENTARY FOUNDATION 26999 CENTRAL PARK BLVD., STE 160 SOUTHFIELD, MI 48076	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R. DETROIT, MI 48201	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ROBERT J. MYLOD 290 LAKE PARK BIRMINGHAM, MI 48009	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	VISTEON P.O. BOX 3061	\$ 5,340.	Person X Payroll Noncash

LIVONIA, MI 48150

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREENSTONE JEWELERS 430 NORTH WOODWARD AVENUE BIRMINGHAM, MI 48009	\$5,340.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NATHAN MARSDEN 39577 WOODWARD AVE., STE 100 BIRMINGHAM, MI 48304	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ROLEX WATCH		
		\$5,340 .	01/15/15
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raiti			
···			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
(a)		(c)	(d)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(a) Date received
3453 11-0		Schedule B (Form	990, 990-EZ, or 990-PF)

Employer identification number

	CITY SQUASH & EDUCATION	FOUNDATION	in section 501(c)(7) (8) o	45-2846466
Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete or completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	, charitable, etc., contributions of \$1,000 or	ring line entry. For organization less for the year. (Enterthis info. onc	s. \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-				
-		(e) Transfer of gift	t l	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, a			ansferor to transferee
(a) No.		(a) Hop of gift	(d) Des	cription of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(0) Des	
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Employer identification number 45-2846466 MOTOR CITY SOUASH & EDUCATION FOUNDATION

Fundraising Astivition	. Complete if the organization answer				ine 17. Form 990-FZ		
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	I ACTIVITY I have distorty I '						
		Yes	No				
Total • • • • • • • • • • • • • • • • • • •							
3 List all states in which the organization or licensing.			oution	s or has been notifie	d it is exempt from r	egistration	
	#- HIVE STANDARD TO THE TO THE TOTAL THE TOTAL TO THE TOT						
						444	
				<u> </u>			

Schedule G (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION45 – 2846466 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of furtheralsing event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SILENT AND		NONE	(add col. (a) through
			LIVE AUCTION	RAFFLE		col. (c))
			(event type)	(event type)	(total number)	coi. (c))
ne						
Revenue			26,185.	645.		26,830.
Be	1	Gross receipts	20,103.	0.200		
			6,110.	322.		6,432.
	2	Less: Contributions	0,110.	222.		
			20,075.	323.		20,398.
	3	Gross income (line 1 minus line 2)	20,073.	343.		20,0501
				323.		323.
	4	Cash prizes		223.		
			3,050.			3,050.
"	5	Noncash prizes	3,030.			3,000
Direct Expenses						
per	6	Rent/facility costs				
ŭ						
ect	7	Food and beverages				
ä						
	8	Entertainment				7,510.
	9	Other direct expenses		/		10,883.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		·····	9,515.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		_	3,313.
Pa	ırt	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				T
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(4) 595	bingo/progressive bingo		col. (a) throught col. (c)
eve						
α	1	Gross revenue				
w	2	Cash prizes				
se						
Expenses	3	Noncash prizes				
Щ		•				
Direct	4	Rent/facility costs				
ā	'					
	5	Other direct expenses				
	Ť		Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	☐ No	No No	
	"					
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)	*******************************	······	
	.					
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)	***************************************	>	
	1 9	. to t gaining wo				
9	E,	nter the state(s) in which the organization cond	ducts gaming activities:			
9	- L-	the organization licensed to conduct gaming	activities in each of these	states?		Yes No
		"No," explain:				
	וו	No, explain.				
40	- 14	ere any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax	year?	Yes No
	וו נו	"Yes," explain:				
	_					

Sch	edule G (Form 990 or 990-EZ) 2014 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2	846	466	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		%
1/	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	The hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
Ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
	of "Yes," enter name and address of the third party:			
Ì	The first, which have also seed of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	bescription of services provided P			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	No No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year > \$			
D	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9.	9b. 10)b. 15b.
1. 6	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		•	
	13c, 10, and 17b, as applicable. Also provide any additional mornation (eee metrostrone).			

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	MOTOR	CITY	SQUASH	&	EDUCATION	FOUNDATION45	-2846466	Page 4
Part IV	Supplemental Infor	mation (co	ntinued)						
							*		
	P*************************************								
		······································							
		······································							
								<u>.</u>	
				<u></u>					

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					·				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2014

Open to Public Inspection

Employer identification number Name of the organization 45-2846466 MOTOR CITY SQUASH & EDUCATION FOUNDATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 (f) Method of (c) IRC section (g) Description of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of 1 (a) Name and address of organization valuation (book or assistance non-cash assistance or government if applicable cash grant non-cash FMV, appraisal, other) assistance BARBARA ANN KARMANOS CANCER TO AID IN THE FIGHT INSTITUTE - 4100 JOHN R - DETROIT AGAINST CANCER 38-1613280 501(C)(3) 12,000 TO SUPPORT DETROIT YOUTH RACQUET UP DETROIT THROUGH SQUASH & FITNESS 18100 MEYERS ROAD INSTRUCTION 27-2620275 501(C)(3) 20,000 0 DETROIT, MI 48235 U.S. SQUASH TO SUPPORT THE PROMOTION 555 EIGHTH AVENUE, STE 1102 OF THE GAME OF SQUASH 16-6050490 501(C)(3) 2,500 NEW YORK, NY 10018-4311 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

432101 10-15-14

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
***************************************	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	And the second s					
•	MANUFACTURE CONTRACTOR					
	HAMMAN AND AND AND AND AND AND AND AND AND A					
Part IV	Supplemental Information. Provide the information re	quired in Part I. lir	ne 2. Part III. colum	n (b), and any other a	dditional information.	
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	MANAGEMENT OF THE PROPERTY OF					
	Harriston					

45-2846466 Page 2

Schedule I (Form 990) (2014)

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Inspection
Employer identification number

45-2846466

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Part | Types of Property

Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other... 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts (GENERAL MERCH) X 11,250. COMPARABLE SALES 25 Other 16 (JEWELRY X 26 Other 8,350. COMPARABLE SALES PRIVATE PARTI X 27 Other 31 4,650. COMPARABLE SALES Other > TRIPS X 3,750. 28 COMPARABLE SALES 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

describe in Part II.

Schedule M (Form 990) (2014) MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
EVENT TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 3
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1300.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
RESTAURANT AND DINING
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
SPORTING EVENT TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

Inspection

MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY AN ACCOUNTING FIRM BASED ON COMPANY DOCUMENTS AND REVIEWED AND APPROIVED BY THE PRESIDENT AND TREASURER. FORM 990, PART VI, SECTION B, LINE 15: THERE IS NO COMPENSATION TO ANYONE. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990 and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 D Employer identification number C Name of organization B Check if MOTOR CITY SQUASH & EDUCATION FOUNDATION X Address 45-2846466 Name change Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial 248-593-3011 STONERIDGE WEST, 41000 WOODWARD AVENU364 Termin-247,422. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return Applica-48304 BLOOMFIELD HILLS, MI JYes X No F Name and address of principal officer:RICHARD H. MAY for subordinates? pending 41000 WOODWARD AVE., BLOOMF H(b) Are all subordinates included? Yes STONERIDGE WEST, If "No," attach a list. (see instructions) 4947(a)(1) or) ◀ (insert no.) L H(c) Group exemption number ▶ J Website: WWW.THEMOTORCITYOPEN.COM L Year of formation: 2011 M State of legal domicile: MI Trust Association Other > K Form of organization: X Corporation Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT SQUASH AND Governance EDUCATIONAL ACTIVITIES FOR YOUTHS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 45 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 111,255. 117,926. Contributions and grants (Part VIII, line 1h) 114,025. 106,209. Program service revenue (Part VIII, line 2g) 1,392. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,715. 18,675. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 236,387. 242,810. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 35,000. 40,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Ō. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 181,523. 174,451. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 216,523. 214,451. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,864. 28,359. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20.5 77,028. 57,164. Total assets (Part X, line 16) 20 Ō. 0. 21 Total liabilities (Part X, line 26) 77,028. 164. 를 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign RICHARD H. MAY, PRESIDENT Here Type or print name and title PTIN Date Check Preparer's signature Print/Type preparer's name P00530005 self-employed FUELLING, CPA PATRICK D. Paid 38-2492570 Firm's name DOEREN MAYHEW Firm's EIN Preparer Firm's address 305 WEST BIG BEAVER ROAD Use Only Phone no. 248 - 244 - 3000 TROY, MI 48084 X Yes __ No

	990 (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page 2
Part	990 (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION IS 20 20 20 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Check if Schedule O contains a response or note to any line in this Part III
1	D. C. J. H. Annual attack and a principal
	CONDICE THE MOTOR CITY SOLIAGE TOURNAMENT AND USE THAT TOURNAMENT AND
- 1	THE PROCEEDS TO RUN JUNIOR SQUASH ACTIVITIES AND SUPPORT ORGANIZATIONS
	THAT SUPPORT SQUASH AND EDUCATIONAL ACTIVITIES FOR YOUTHS.
	is a divise the year which were not listed on
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	Same and College of College of the c
3	If "Yes," describe these new services on Scriedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Voc." describe these changes on Schedule O.
	Describe the experiencies program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	20/ 202 12 12 (Revenue \$ 11-1/040 •)
	(Code:) (Expenses \$ 204,293: including grants of \$ 5978005) (MOTOR CITY OPEN SQUASH TOURNAMENT AND SPONSOR JUNIOR SQUASH
	TOURNAMENTS
4b	(Code:) (Expenses \$) (Revenue \$)
	SPONSOR JUNIOR SQUASH TOURNAMENTS.
4c	(Code:) (Expenses \$
4d	
	(Fernance including grants of \$) (Revenue \$ /
4e	Total program service expenses ► 204,293.

Form **990** (2013)

Form 990 (2013) MOTOR CITY S Part 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		x
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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 Part IX,			
1 Ω	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	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? If "Yes,"	40		x
20.~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
IJ	n res to line 20a, did the organization attach a copy of its addition financial statements to this fetum?		990	(2013)

21	Did the organization report was a track to the one of		Yes	No
۲,	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
248	and organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	†	†
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	bid the organization act as an on behalf or issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<u> </u>
	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	-00		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,			
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		I	
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II	32		<u>X</u>
JJ	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
04	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			**
35a	Did the executation have a section of the section o	34		X
		35a		X
~	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			
36	Section 501(c)(3) organizations. Did the organization make only transfers to an average and the did the organization.	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			v
	ir "Yes," complete Schedule H, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Ves." complete Schedule P. Part VI	_		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-+	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
-				

Form 990 (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION 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			
			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 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Marine Co.	
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Languages sin	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	70.00		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		197177,2510	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Х
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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	(vejračana)	Appendit
	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 the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	/00:25
		Form	· uuii i	いいけいし

Form 990 (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-204040 rays

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing		\Box		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		`	1	
	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 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		· —		-
	more members of the governing body?	•	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tackhalders or	.		
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1/4663
а	The governing body?	•	8a	X	87 (E.S.)
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 rea		. 00	+	
Ū	and the standard of the standa		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)	. 9	نـــــــــــــــــــــــــــــــــــــ	22
	1011 211 Citation (1110 Coction & requests information about policies not required by the internal riv	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		No X
h	If "Yes," did the organization have written policies and procedures governing the activities of such cl	antors offiliatos	iua	-	-25
-	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 bod		11a	-	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before ming the form?	1110		23
	Did the appropriation have a written and that of its of the state of t		40-	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicte?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12b	+2	
C			40.		Х
12	in Schedule O how this was done		12c	-	X
13 14	Did the organization have a written whistleblower policy?		13		X
	Did the organization have a written document retention and destruction policy?		14		Λ
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	37	
D	Other officers or key employees of the organization		15b	Δ	custables at
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			77
	taxable entity during the year?		16a	60 - 100 (100 (100 (100 (100 (100 (100 (1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev	, ,			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's		200	
-	exempt status with respect to such arrangements?	***************************************	16b		
	tion 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) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
	• • • • • • • • • • • • • • • • • • • •	in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books ar RICHARD H. MAY - 248-593-3011			-	
	STONERIDGE WEST. 41000 WOODWARD AVE. BLOOMFIELD HI	LLS. MT 483	04^{-}		

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MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

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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 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.

(A)	(B)			(C)	mpe		(D)	(E)	(F)
Name and Title	Average hours per week	off	Posit (do not check m box, unless pers officer and a dire			is bo	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated amployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD H. MAY	5.00	١,,								
PRESIDENT AND TREASURER (2) JOSEPH J. O'CONNOR	1 00	Х	_	X	100%	i re	198spa	0.	0.	0
(2) JOSEPH J. O CONNOR VICE PRESIDENT AND SECRETARY	1.00	x		~	١.		100			0
(3) PETER SCHMIDT	1.00	1-	-25.00	X	100		-	0.	0.	0
DIRECTOR	1.00	x	1900		tin.			٥.	0.	0
	-			100000 2005		7	ļ			
				ľ.						
		-		⊢	 	-				
		_		-	-	 				
		_	<u> </u>		<u> </u>					
				<u> </u>						
			\vdash		_	-				<u> </u>

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O con	tains a respons	e or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts ts	1 :	a Federated campaigns	1a				10101146	312-314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues						
		c Fundraising events		4,990.				
ar /		4 D I I I I I I I I I I I I I I I I I I	["	2,330.		70		
ons, G		e Government grants (contribute						
	1 :							
itti Per	'			106 265				
흡표		similar amounts not included abo		106,265.				
Ϋ́	9	Noncash contributions included in lines		30,715.	444 655			
0 8	 	h Total. Add lines 1a-1f			111,255.			1000
Program Service Revenue	2 a		ENUE	Business Code 711300	114,025.	114,025.		
ŝž	۰	>						
ame	.	;i			alita.			
ρğ		•	·					
جّ	f	All other program service reve						
		—			114,025.	Šva. 		ateanan, in the are an action
	3	Investment income (including			TT4,020.	****		
	"				1,392.			1 200
	4	other similar amounts)			1,774.			1,392.
	5							
	"	Royalties			W 27		To a control of the c	Paradon e vise and a social service and a
		0	(i) Real	(ii) Personal				
	6 a				966			
	b							
	C	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
	d)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	(1)	1				
		and sales expenses						
	С	* * ***********************************		V				
		Net gain or (loss)		>				and distribution of the product of the contract of the contrac
ē.	8 a	Gross income from fundraising						
evenue		including \$ 4,9	90. of					
Rev		contributions reported on line	1c). See					
-e		Part IV, line 18	a					
Other	b	Less: direct expenses	b	11,035.				
		Net income or (loss) from fund			9,715.			9,715.
	9 a	Gross income from gaming ac	tivities. See	3			John Committee C	
		Part IV, line 19						
l	b	Less: direct expenses						
		Net income or (loss) from game						
		Gross sales of inventory, less i				1972		
		and allowances						
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
ı	11 a	Total Trovollac	-					
	b							
- 1	c				-			
-	d	All other revenue						
		Total. Add lines 11a-11d						and the second
	12	Total revenue. See instructions.			236,387.	114,025.	0.	11,107.
2004					400,007	TT4,070	U • J	11,10/ •

000	Check if Schedule O contains a respo			ompiete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	g			15	
	organizations in the United States. See Part IV, line 21	35,000.	35,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			(A)	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		. A.		
8	Pension plan accruals and contributions (include		2,500		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10					
	Payroll taxes				
11	Fees for services (non-employees):				
a	•	Date			
b	• • • • • • • • • • • • • • • • • • • •	4,915.	<u> </u>	4,915.	
С.	J	4,710.		4,310.	
d			A CONTRACTOR OF THE STATE OF TH		
e	3 ,	7	100.00		
f	Investment management fees				
g	, ,	7 000		7 000	
	column (A) amount, list line 11g expenses on Sch O.)	7,000.	15 470	7,000.	
12	Advertising and promotion	15,479.	15,479.	24 -	
13	Office expenses	315.		315.	
14	Information technology		,		
15	Royalties	05 000	05 000		
16	Occupancy	25,000.	25,000.	,.,.,.	
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TOURNAMENT PRIZES	58,445.	58,445.		
b	NON-CASH DONATIONS EXPE	30,715.	30,715.		
С	FOOD AND ENTERTAINMENT	21,877.	21,877.		
d	MISCELLANEOUS	11,777.	11,777.		
е	All other expenses	6,000.	6,000.		
25	Total functional expenses. Add lines 1 through 24e	216,523.	204,293.	12,230.	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.	İ			
	Check here if following SOP 98-2 (ASC 958-720)				
					

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	57,164.	1	25,668.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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		5	
	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			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
-	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	STOLEN CONTRACTOR SERVING CONTRACTOR CONTRAC	9	
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a			
	I	Less: accumulated depreciation 10b		10c	E1 360
	11 12	Investments - publicly traded securities		11	51,360.
	13	Investments - other securities. See Part IV, line 11		12	
	14	Investments - program-related. See Part IV, line 11		13	
	15	Intangible assets Other assets See Bot IV line 11		14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	57,164.	15 16	77,028.
	17	Accounts payable and accrued expenses	37,104.	17	77,020.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L	ekki da kanggapa upagkak pelakua punggangan anggapa da kulon d	22	
-1	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	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.			W
au	27	Unrestricted net assets	57,164.	27	77,028.
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets	SALAN SA	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O	20	and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
ΙŽ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32 33	Retained earnings, endowment, accumulated income, or other funds	57,164.	32	77,028.
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	57,164.	33 34	77,028.
	~ ~	lotal liabilities and net assets/fund balances	~ , , <u>+</u> ∪ - •	ا بس	, , , , , , , , , , , , , , , , , , , ,

	1 990 (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION	45-	-2846466	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	1	9,8	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	7,1	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7	7,0	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		
	consolidated basis, or both:				
	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		1 - 200 Abrilla		
	review, or compilation of its financial statements and selection of an independent accountant?			o2:main2564~	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		\$50,753,953,950 K		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			SSIVE	77
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	tit		

Form **990** (2013)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

Public Charity Status and Public Support

Open to Public Inspection

Employer identification number MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 support (i) organized in the governing document? above or IRC section (i) of your support? U.S.? (see instructions)) Yes Yes Nο Yes No No

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

Schedule A (Form 990 or 990-EZ) 2013

Total

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for 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.)

<u>Se</u>	ction A. Public Support						************
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			, ,	1 1		17,755
	membership fees received. (Do not						
	include any "unusual grants.")		i				
2	Tax revenues levied for the organ-						
	ization'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	are set 50 Divisions	Alder A Mil				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.					To Marine Academ	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			X "			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	7.77					
	or loss from the sale of capital						
	assets (Explain in Part IV.)	***					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stor					***************************************	>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2013 (I					14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14		********	15	%
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization		***************************************	*************************	
b	33 1/3% support test - 2012. If the o	_				·	s box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation	***************************************		▶□
17a	10% -facts-and-circumstances test						r more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organiz	ation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 10	0% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ		-	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>
					Soho	dule A (Form 990 o	- 000 EZ\ 2012

Schedule A (Form 990 or 990-EZ) 2013 MOTOR CITY SQUASH & EDUCATION FOUNDATION45-2846466 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			**************************************			
Cal	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			, ,			
	membership fees received. (Do not						
	include any "unusual grants.")			74,267.	117,926.	111,255.	303,448.
2	Gross receipts from admissions,					····	
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			79,711.	106,209.	134,775.	320,695.
3	Gross receipts from activities that					•	•
	are not an unrelated trade or bus-						
	iness under section 513				25,840.		25,840.
4	Tax revenues levied for the organ-				•		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			. Allian			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			153,978.	249,975.	246,030.	649,983.
	Amounts included on lines 1, 2, and			239,5700	213/3/30	210,0300	045,505.
	3 received from disqualified persons			23,600.	40,000.	40,900.	104,500.
b	Amounts included on lines 2 and 3 received			23,000.	10,0000	10,500.	101,5000
	from other than disqualified persons that		di interna				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				10,000.	9,500.	19,500.
,	Add lines 7a and 7b		10.0	23,600.	50,000.	50,400.	
	Public support (Subtract line 7c from line 6.)			23,000.		30,400.	525,983.
Sec	ction B. Total Support		607 100				323,303.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	region.	(4) 2012	(a) 2012	/f) Total
		(a) 2009	(0) 2010	(c) 2011 153, 978.	(d) 2012 249,975.	(e) 2013 246,030.	(f) Total 649, 983.
	Amounts from line 6 Gross income from interest,	79.0	Y	133,370.	249,513.	240,030.	043,303.
	dividends, payments received on	7.71					
	securities loans, rents, royalties and income from similar sources		1				
	Unrelated business taxable income		4/2/				
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		·				

	Add lines 10a and 10b Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)			152 070	240 075	246 020	640 002
	Total support. (Add lines 9, 10c, 11, and 12.)			153,978.	249,975.	246,030.	649,983.
14	First five years. If the Form 990 is for	J	•		•		
800	check this box and stop here						<u> </u>
	ction C. Computation of Publ				ı		
	Public support percentage for 2013 (I		-	olumn (f))		15	<u>%</u>
_	Public support percentage from 2012		· · · · · · · · · · · · · · · · · · ·			16	<u>%</u>
	ction D. Computation of Inves						
						<u>%</u>	
	Investment income percentage from 2012 Schedule A, Part III, line 17					%	
19a							7 is not
	more than 33 1/3%, check this box a		•				▶└──
b	33 1/3% support tests - 2012. If the	_					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a !	box on line 14, 19a	a, or 19b, check thi	is box and see ins	tructions	

Also complete this p	nformation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 1 art for any additional information. (See instructions).

4.1.	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at ${\it www.irs.gov/form990}$.

MOTOR CITY SQUASH & EDUCATION FOUNDATION

OMB No. 1545-0047

Name of the organization

Employer identification number

45-2846466

Organiz	zation type (check o	ne):
Filers o	f:	Section:
Form 99	00 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	10-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it mu	ust answer "No" on	eat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUBURBAN MOTORS COMPANY 1810 MAPLELAWN TROY, MI 48099	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GRID4 COMMUNICATIONS, INC. 2017 CROOKS ROAD TROY, MI 48084	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TRW AUTOMOTIVE, KELSEY-HAYES CO. 12025 TECH CENTER DRIVE LIVONIA, MI 48150	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DEROY TESTAMENTARY FOUNDATION 26999 CENTRAL PARK BLVD., STE 160 SOUTHFIELD, MI 48076	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HURON CAPITAL PARTNERS 500 GRISWOLD ST., 27TH FLOOR DETROIT, MI 48226	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R. DETROIT, MI 48201	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

	(see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MERRILL LYNCH	Total contributions	Person X
	39577 WOODWARD AVE., STE 100	\$5,000.	Payroll Noncash
	BLOOMFIELD HILLS, MI 48304		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROBERT K. MYLOD		Person X
	290 LAKE PARK	\$ 7,500.	Payroll Noncash
	BIRMINGHAM, MI 48009		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VISTEON		Person X
	P.O. BOX 3061	\$5,000.	Payroll Noncash
	LIVONIA, MI 48150		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WYNNCHURCH CAPITAL, LTD.		Person X
	6250 N. RIVER ROAD, STE 10-100	\$5,000.	Payroll Noncash
	ROSEMONT, IL 60018		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GERRY GIUDICI		Person
	3624 MAXWELL COURT	s 10,500 .	Payroll Noncash X
	BLOOMFIELD HILLS, MI 48301		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additio	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
11	ASPEN HIGHLANDS TWO WEEK WINTER			
	VACATION			
		\$_	10,500.	_07/01/13
(a) No. from	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			(see instructions)	
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) No. from	(b)		(c) FMV (or estimate)	(d)
Part I	Description of noncash property given		(see instructions)	Date received
53 10-24-		\$	Cabadian /r	990. 990-EZ. or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

	III SQUASH & EDUCA				45-2846	
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	ered "	Yes" to	o Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the ten highest paid individual compensated at least \$5,000 by the expression of the property of the second or the seco	e Solicita f Solicita g Special r oral agreement with any individua art VII) or entity in connection with priduals or entities (fundraisers) purs	tion of tion of fundr I (inclu profess	non-g gover aising ding o	povernment grants rnment grants events officers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or co	Did raiser custody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				>		

						1 - 17000-1700 - 100-100-100-100-100-100-100-100-100
Total			•			
List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	or has been notified	l it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2013 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45 – 2846466 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SILENT NONE (add col. (a) through AUCTION RAFFLE col. (c)) (event type) (event type) (total number) 23,040. 2,700. 1 Gross receipts 25,740. 2 Less: Contributions 4,990. 4,990. 18,050. 3 Gross income (line 1 minus line 2) 2,700. 20,750. 4 Cash prizes 1,350. 1,350. Noncash prizes 3,915. 3,915. Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 5,770. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ___ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2013 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2	846	3466	Page 3
11	Does the organization operate gaming activities with nonmembers?	\top	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		163	110
	to administer charitable gamino?			<u> </u>
12	to administer charitable gaming?	, 	Yes	∟ No
	Indicate the percentage of gaming activity operated in:	1		
	a The organization's facility	13a	<u> </u>	%
t	o An outside facility	13b	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name >			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	Description of services provided			
	Director/officer Employee Independent contractor			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	U No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	nes 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			, ,

		-		

% X Employer identification number 45-2846466 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant TO AID IN THE FIGHT or assistance Yes AGAINST CANCER Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 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 (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. EDUCATION FOUNDATION recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 15,000 cash grant (c) IRC section if applicable 501(C)(3) MOTOR CITY SQUASH & 38-1613280 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? INSTITUTE - 4100 JOHN R - DETROIT, 1 (a) Name and address of organization BARBARA ANN KARMANOS CANCER or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) MI 48201 Part I Part

PHROUGH SQUASH & FITNESS TO SUPPORT DETROIT YOUTH

INSTRUCTION

.

20,000

501(C)(3)

27-2620275

RACOUET UP DETROIT

DETROIT, MI 48235 18100 MEYERS ROAD

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) (2013)

332101 10-29-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

MOTOR CITY SQUASH & EDUCATION FOUNDATION Schedule I (Form 990) (2013)

Page 2

45-2846466

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Employer identification number 45-2846466

Pa	rt I Types of Property					2010100
<u> </u>		(a) Check if applicable	(b) Number of contributions or litems contributions	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determining
1	Art - Works of art		Itomo commodice	Tomi 390, i art viii, line ig		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	<u></u>		ilin.		
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or			/ * * * * * * * * * * * * * * * * * * *		
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -		61	A		
	Historic structures					
14	Qualified conservation contribution - Other		All Steins			
15	Real estate - Residential					
16	Real estate - Commercial			1977 1988 1977 1988		
17	Real estate - Other			<u> </u>		
18	Collectibles		The state of the s	2		
19	Food inventory	4	72-4			***************************************
20	Drugs and medical supplies	**				
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens		7			
24	Annha ala ala ala atta ata					
25	Other (TRIPS)	X	- 6	13,425.	COMPARABLE	SALES
26	Other (JEWELRY)	X	6		COMPARABLE	
27	Other (SPORTING EVEN)	X	20		COMPARABLE	
28	Other (PRIVATE PARTI)	X	4	•	COMPARABLE	
29	Number of Forms 8283 received by the organiz	L1			COMMINGED	DILLID
	for which the organization completed Form 82					
		00,1 4,11,1		Joiner		Yes No
30a	During the year, did the organization receive by	v contributio	n any property rer	norted in Part I lines 1 - 28 +	hat it must hold for	Tes NO
	at least three years from the date of the initial of					
	the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.	***************************************				304 21
31	Does the organization have a gift acceptance p	oolicy that re	guires the review	of any non-standard contrib	stions?	31 X
	Does the organization hire or use third parties of				anong:	31 12
				process, or sell noricasit		32a X
b	If "Yes," describe in Part II.	************	•••••			UZa 21
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (a) is ch	ecked	
	describe in Part II.		s. a type of proper	sy tor without column (a) is cit	concu,	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

Schedule M (Form 990) (201MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page:
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
GENERAL MERCHANDISE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 9
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1435.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
RESTAURANT AND DINING
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 800.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
SPORTING EQUIPMENT
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 285.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
,
CLUB MEMBERSHIPS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 280.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
SPORTS MEMORABILIA
(A) CHECK IF APPLICABLE = X

Schedule M (Form 990) (2013) MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
(B) NUMBER OF CONTRIBUTIONS = 3
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 270.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Employer identification number 45-2846466

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS PREPARED BY AN ACCOUNTING FIRM BASED ON COMPANY
DOCUMENTS AND REVIEWED AND APPROIVED BY THE PRESIDENT AND TREASURER.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THERE IS NO COMPENSATION TO ANYONE.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S
WEBSITE.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2013

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
	0.	0.	23,600.	0.	0
RICHARD MAY	0.	0.	0.	0.	900
SUBURBAN MOTORS CO	0.	0.	0.	20,000.	20,000
GRID4 COMMUNICATIONS	0.	0.	0.	10,000.	10,000
TRW AUTOMOTIVE	0.	0.	0.	10,000.	10,000
			<i>\$</i> 7		***************************************
	18				
	-				
				<u> </u>	
otal to Schedule A, art III, Line 7a			23,600.	40,000.	40,900.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2013

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
BARBARA ANN KARMANOS CANCER INSTITUTE	0.	0.			
ROBERT MYLOD	0.	0.			
GERRY GIUDICI	0.	0.			
January Grobier	0.	U .	0	0.	5,500
					
		.00			
		all The			
	/www.				
tal to Schedule A,					
rt III, Line 7b				10,000.	9,500.

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2013

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2013	2013 Excess Payments
BARBARA ANN KARMANOS CANCER INSTITUTE	6,500.	1,500
ROBERT MYLOD	7,500.	2,500
GERRY GIUDICI	10,500.	5,500
	7 17 17 17 17 17 17 17 17 17 17 17 17 17	
		, , , , , , , , , , , , , , , , , , ,
tal Excess Payments to Schedule A, Part III, Line 7b, column (e)		9,500.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No. 1545-0047

<u>A</u>	For the	2012 calendar year, or tax year beginning $$	nding J	<u>UN 30, 2013</u>	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	MOTOR CITY SQUASH & EDUCATION FOUNDATION	ON		
Name		Doing Business As		45-2846466	
F	Initial return	¥	oom/suite	E Telephone number	
	Termin-		00	j '	220-5000
	Amend return			G Gross receipts \$	249,975.
F	Applica			H(a) Is this a group re	
	pendin			for affiliates?	Yes X No
		100 W. LONG LAKE ROAD, #200, BLOOMFIELD	HILL	t .	
ī	Tax-exe	mpt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$ or		1	list. (see instructions)
		E: ► N/A		H(c) Group exemption	•
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: MI
		Summary			
	1 E	Briefly describe the organization's mission or most significant activities: ${ m THE} \;\; { m PI}$	URPOS	E IS TO SUP	PORT SQUASH
Governance	1 2	AND EDUCATIONAL ACTIVITIES FOR YOUTHS.			
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
ove	3 1			3	3
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			3
Activities &	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		i	0
ij		otal number of volunteers (estimate if necessary)		" ·	30
Ċţ		otal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Ine 34			0.
				Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1h)		74,267.	117,926.
Revenue		Program service revenue (Part VIII, line 2g)		79,711.	106,209.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,520.	18,675.
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		174,498.	242,810.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,525.	40,000.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	ь	otal fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,168.	174,451.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		145,693.	214,451.
	19 F	Revenue less expenses. Subtract line 18 from line 12		28,805.	28,359 .
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
	20 7	otal assets (Part X, line 16)		28,805.	57,164.
AA	21 7	otal liabilities (Part X, line 26)		0.	0.
		let assets or fund balances. Subtract line 21 from line 20		28,805.	57,164.
	art II	Signature Block			
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is pased on all information of which	h preparer	has any knowledge.	
		Signature of officer		Date	4/15
Sig	1	, ,		Date	/
Hei	e	RICHARD H. MAY, PRESIDENT & TREASURER Type or print name and title			
			Tr	Date / Check	PTIN
De'	ī	Print/Type preparer's name Preparer's signature	ا	Chalin I	
Paid	F	DOEDEN MANUEL		seir-employe	
	-	Firm's name DOEREN MAYHEW		Firm's EIN	38-2492570
use	Only	Firm's address 305 WEST BIG BEAVER ROAD TROY, MI 48084		Dhona no 2	48-244-3000
140	the ID	S discuss this return with the preparer shown above? (see instructions)		Findie IIO. Z	X Yes No
ivid	ง เม⊏ ไ⊓้ไ	anacasa una teram with the dicualer anown above (1500 H360 UCIOH37			141 153 L. INU

	irt III Statement of Program Service Accomplishments
Га	
4	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO SUPPORT SQUASH AND EDUCATIONAL ACTIVITIES FOR YOUTHS.
	10 BOLLOKI BROUBH IMB EBUCKITOWN NCILVILLED TOK TOOLING.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4 -	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$214,208. including grants of \$40,000.) (Revenue \$106,209.) CONDUCT 2013 MOTOR CITY OPEN SQUASH TOURNAMENT AND RELATED CHILDREN'S
	CLINICS WITH 28 COMPETITORS, MORE THAN 50 JUNIOR CLINIC PARTICIPANTS,
	AND APPROXIMATELY 1,000 SPECTATORS.
	AND AFTROXIMATEDI 1,000 BFECTATORD.
	\\
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
A =1	Other program convince (Describe in Cabadula O.)
40	Other program services (Describe in Schedule O.)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 21.4 20.8

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(2) or 4047(c)(4) (attack to a control of the con		Ye	No.
·	1 details a section so region so region so region so region so region a private foundation?			
2	If "Yes," complete Schedule A	. 1		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	. 2	X	
4		3		X
	during the tax year? If "Yes," complete Schedule C, Part II	τ		37
5	to the organization a section 50 f(c)(4), 50 f(c)(5), or 50 f(c)(6) organization that receives membership dues, assessments, or	1	+	X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	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		1	121
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		Х
8	Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ves " complete		1	†
_	Schedule D, Part III	8		X
9	an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	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			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	· ·			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
	assets reported in Part X. line 16? If "Ves." complete Schoolule D. Part X. line 12 that is 5% or more of its total			
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	 	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c	-	X
	Part X, line 16? If "Yes," complete Schedule D, Part IX			7.7
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-	_X_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		Х
12a	bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		Х
b	was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is entired.	12b		X
13	is the organization a scribol described in section $1/0(b)(1)(A)(ii)$? If "Yes," complete Schedule F	13		X
14a	and the organization maintain an onice, employees, or agents outside of the United States?	14a		X
ນ	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			
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "You " complete States? If "You " complete States?"			
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX column (A) line 3, more than \$5.000 ft.	15		_X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			**
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	40		
19	The the organization report more than \$15,000 or gross income from gaming activities on Part VIII. line 932 if "Voc."	18	X	
	complete Schedule G, Part III	19		X
20a	- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	20a		X
b	100 to an e 20a, ulu the utuanization attach a convict ite audited financial etatements to the	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? 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 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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	07		•
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ZOD		-23
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	11
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U.L	Schedule N, Part II	32		Х
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		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			nine management of the contract of the contrac
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	Check if Schedule O contains a response to any question in this Part V									
1.	Enter the number reported in Day 0 of East 4000 East 0 in			Yes	No					
b	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0	7							
C	ID	. 0	4							
·										
22	(gambling) winnings to prize winners?	***************************************	1c	┼──	├					
Lu	filed for the colonder year and an with a wi	0								
h	If at least one is reported on line 2a, did the organization file all required federal arral arrangements.	0	7							
Ü	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	 	 					
32	Did the organization have unrelated hypiness grees income of \$1,000 and the instructions)									
h	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a	 	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		3b		-					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	over, a			77					
h	of "Yes," enter the name of the foreign country: ►	ſ	4a	 	X					
~	See instructions for filing requirements for Form TD F 90-22.1, Peport of Foreign Bank and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	i.	_		37					
b			5a 5b		X					
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organi		5c		 					
	any contributions that were not tax deductible as charitable contributions?				v					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	ifte	6a		X					
_	were not tax deductible?		CI-		ĺ					
7	Organizations that may receive deductible contributions under section 170(c).		6b_							
а	Dilli di di	vidad to the naver?	7-	х	l					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rided to the payor?	7a 7b		Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed	7.0		Δ					
	to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	DI LUI		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							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supp	orting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time d	uring the year?	8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?		9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	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			1						
11	Section 501(c)(12) organizations. Enter:		1							
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.		l							
	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									
C 14a	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>					
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b							

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
, .	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	х	
		8b	- 21	X
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		22
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,		- 21
000	tion b. Tolloles (This Section B requests information about policies not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X
		IOU		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		114	**	
100		12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b		12.0	- 22	
С		12c	Х	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	22	Х
13	Did the organization have a written whisheblower policy? Did the organization have a written document retention and destruction policy?	14		X
14		1**		21
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?	45.		v
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
800	exempt status with respect to such arrangements?tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avoilat-	lo.	
18		avanaD	i C	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	d fi	oicl	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	и шаг	udi	
00	statements available to the public during the tax year.	ion. 🕨		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	RICHARD H. MAY - 248-220-5000			

Form 990 (2012)	MOTOR	CITY	SOUASH	۶	EDITCATTON	FOINDATTON

45-2846466

Page 7

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

	Check if Schedule O	contains a response to an	y question in this Part VII
--	---------------------	---------------------------	-----------------------------

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	org	aniz	atio	1 00	mpe	nsa	ted any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(C) Position (do not check more than one box, unless person is both an		(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated and employee	T	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICHARD H. MAY	5.00							_		
PRESIDENT AND TREASURER (2) JOSEPH J. O'CONNOR	1.00	X	├	X	-	-	-	0.	0.	0.
SECRETARY	1.00	x						0.	0	0
(3) PETER SCHMIDT	1.00	21						U •	0.	0.
DIRECTOR		Х	Ĺ					0.	0.	0.
										<u> </u>
				ļ		-				
		-	-			-	\dashv			
			\dashv	_						
		_		\perp	_		_			
			-							
		\dashv	-	\perp	\dashv	\dashv	+			

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	D					one	Reportable	Reportable	1	stimate	
		hours per	Irs per box, unless person is both a				is bot	h an	compensation	compensation	aı	nount	of
		week	officer and a director/trustee)					itee)	from	from related		other	
	(list any								the	organizations	1	npensa	
		hours for related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom th ganizat	
		organizations	rustee	trus		93	mpen		(44-27 1099-141130)		,	id relat	
		below	Individual trustee or director	institutional trustee	_	n bloy	st co	l 15			1	anizati	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former					
***************************************						_				-			
										,			
			 										
			1										
	<u></u>												
					-						+		
						_					+		····
					-			-			_	-10	
			-	-			-	-					
							-	<u> </u>			-		
							-	-			+		
			<u> </u>	<u> </u>		1		<u> </u>	0		-		_
	Sub-total								0.	0			<u>0.</u>
	Total from continuation sheets to Part VI						_		0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)								0.	0	<u>.l</u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable			_
	compensation from the organization									LI.L. 2. DATE OF THE TAXABLE PARTY.			0
												Yes	No
3	Did the organization list any former officer,												
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su			-						the organization			
	and related organizations greater than \$150			-							4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services			
	rendered to the organization? If "Yes, " com	plete Schedul	<u>e J f</u>	or s	uch	pers	son .				5	ll	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	•	•							•	sation	from	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	<u>rithir</u>	the organization's tax	year.			
	(A)								(B)			C)	_
	Name and business	address	NO	INC	3				Description of s	ervices	Compe	risatio	f l
								_					
								_					
								-					
								\dashv					
2	Total number of independent contractors (i	-	ot lir	mite	d to		_	sted	above) who received n	nore than			
***************************************	\$100,000 of compensation from the organic	zation >		,		()					000	0045;

Form 990 (2012)
Part VIII

		Check if Schedule O conta	ins a response	to any question in	n this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S E		F 1 1.1.1		2,500.				
iffs ar A		Related organizations						
3, E		Government grants (contribution						
Sign			[
le Ei	•	similar amounts not included above	1 1	115,426.				
Ē		Noncash contributions included in lines 1		0000				
and	_	Total. Add lines 1a-1f			117,926.			
				Business Code				
o l	2 a	TOURNAMENT REVE	NUE	711300	106,209.	106,209.		
Program Service Revenue	b							
Ser	c							
E S	d							
P. C.	e							
Pr	f	All other program service rever	nue				,	
		Total. Add lines 2a-2f			106,209.			
	3	Investment income (including of			-			
		other similar amounts)						
	4	Income from investment of tax		_ 1				
	5	Royalties		>				
		[(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses				,		
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
e l	8 a	Gross income from fundraising	•					
eu		including \$2,5	<u>00 </u>					
Se		contributions reported on line	•					
Other Revenue		Part IV, line 18		25,840.				
돌		Less: direct expenses		7,165.	40 655			10 675
_		Net income or (loss) from funda		>	18,675.			18,675.
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami		····· •				
	10 a	Gross sales of inventory, less r						
		and allowances						*
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	44 -	Miscellaneous Revenue		Business Code				

	b							
	q	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			242,810.	106,209.	0.	18,675.
-	_							

Part IX Statement of Functional Expenses

000	tion 50 (C)(5) and 50 (C)(4) Organizations must com			ompiete column (A).	
	Check if Schedule O contains a respor	nse to any question in the (A) Total expenses	is Part IX(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	40,000.	40,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		w'# '- '		
b	Legal				
С	Accounting				
d	3 3				
е	,,,,,,,,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	11,298.	11,298.		
12	Advertising and promotion	13,619.	13,619.		
13	Office expenses	243.		243.	
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	32,527.	32,527.		
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	CE 00E	CE 00E		
a	TOURNAMENT PRIZES	65,285.	65,285.		
b	NON-CASH DONATIONS EXPE	30,201.	30,201.		
C C	FOOD AND ENTERTAINMENT REGISTRATION FEES	18,065.	18,065.		
d		1,720. 1,493.	1,720. 1,493.		
	All other expenses	214,451.	214,208.	243.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	214,43I.	414,400.	443.	U •
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- Land in tollowing OUT 80-2 (AOU 800-720)	3	1		

Form 990 (2012)
Part X | Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	28,805.	. 1	57,164.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4.	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under	ľ		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ıg		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b			10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	57,164.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.			ı
		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			
	oc	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
Ce	27	complete lines 27 through 29, and lines 33 and 34.	20 005		aca
lan	28	Unrestricted net assets	28,805.	27	57,164.
B	29	Temporarily restricted net assets Permanently restricted net assets		28	
S	2.5			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
ts c	30				
Sse	31	Capital stock or trust principal, or current funds		30	
Ţ		Retained earnings, endowment, accumulated income, or other funds		31	
ş	33	Total net assets or fund balances	20 005	32	E7 1 <i>C</i> 4
	34	Total liabilities and net assets/fund balances	28,805.	33	57,164. 57,164.
			40.0004	.34	7/ IN 4.

orm	990 (2012) MOTOR CITY SQUASH & EDUCATION FOUNDATION	45-2846	466	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>10.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			51.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	3,8	<u>05.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5'	7,1	<u>64.</u>
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.			
2a			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	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 separa	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_			
	Act and OMB Circular A-133?	,	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

		MOTOR C	SQUASH &	EDUC	ATION	FOUN	DATIC	N	4	5-2846	466	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See ins	tructions.				
1	A church, co A school des A hospital or	nvention of churche cribed in section 17 a cooperative hosp	because it is: (For lines of s, or association of chur (70(b)(1)(A)(ii). (Attach South associated in conjugation of special service or service of services of services or services of serv	ches desc chedule E.) described	ribed in se in ection	ection 170	(b)(1)(A)(i (A)(iii).		ii) Entor	the hospital	'e nam	10
4	city, and stat		operated in conjunction	with a nos	pital desci	ibed in Se	ection 170	(D)(T)(A)(T	ii). Enter	trie nospitai	Silaii	ie,
5	An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities relaincome and organizat An organizat An organizat more publicly describes the a Type By checking foundation more publicly foundation more publicly describes the activities relations to the section of the	ion operated for the (b)(1)(A)(iv). (Complate, or local governmion that normally redicted to its exempt furthed ion organized and organized and organized and organized is the furthed to its exempt furthed in the interest of the interest is the interest interest in the interest interest is the interest intere	tent or governmental uni- terives a substantial part te Part II.) section 170(b)(1)(A)(vi). terives: (1) more than 33 inctions - subject to certa axable income (less section Part III.) teriated exclusively to terions described in sections described in section organization and complete.	t described of its supp (Complete 1/3% of its ain exceptition 511 tast for public benefit on 509(a)(ete lines 1 ype III - Further controlled y supporter	d in section and Part II.) s support from and (in part iii.) s support from but iic safety. Sof, to perform the performance in	on 170(b)(government	abutions, net than 33 facquired bon 509(a)(4). See see the polynomial of the polynom	nembershi 1/3% of its y the orga 1). or to carr ction 509(i	e general of fees, a s support anization y out the (a)(3). Ch of III - No qualified	public desc and gross red from gross after June 3 purposes co eck the box n-functionall persons oth	ceipts invest 30, 197 of one that ly integner tha	from ment '5. or
•	-		nis box									
g			organization accepted ar					owing per	sons?			
			lirectly controls, either al								Yes	No
			upported organization?								ļ	
			n described in (i) above?									
			person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	organizat	u notify the ion in col. r support?	(vi) Is organizati (i) organiz U.S	ed in the i	(vii) Amount sup	of mor	netary
			(SCC Instructions))	Yes	No	Yes	No	Yes	No			
Γotal												

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.)

Se	ction A. Public Support		.,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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		<u> </u>				
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.		1	1			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2006	(0) 2009	(6) 2010	(a) 2011	(e) 2012	(i) iotai
_	Gross income from interest,						
8	dividends, payments received on		-				
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	,,					
12		etc. (see instructi	ons)	<u> </u>		12	
	First five years. If the Form 990 is for	•	,			C.,,	
	organization, check this box and stor	ū		•	•		▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2011						%
	33 1/3% support test - 2012. If the d						ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			▶□
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization quali	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2011. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	licly supported org	anization	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	ıs >
					Sch	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45 - 2846466 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			T			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				74,267.	117,926.	192,193.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				79,711.	106,209.	185,920.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513					25,840.	25,840.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				153,978.	249,975.	403,953.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				23,600.		23,600.
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.
c Add lines 7a and 7b				23,600.		23,600.
8 Public support (Subtract line 7c from line 6.)						380,353.
Section B. Total Support		,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				153,978.	249,975.	403,953.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				153,978.	249,975.	<u>403,953.</u>
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiz	
check this box and stop here						<u> </u>
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage	***************************************			
17 Investment income percentage for 201	12 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization Employer identification number MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, Ine 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 5,000.	Person X Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$\$,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MOTOR CITY SQUASH & EDUCATION FOUNDATION

45-2846466

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed	1.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	anization			Employer identification number
MOTOR Part III	CITY SQUASH & EDUCATION Exclusively religious, charitable, etc., indivious, complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	dual contributions to section 501(e following line entry. For organizat , contributions of \$1,000 or less fo	c)(7), (8), or (10) organizatio ions completing Part III, enter or the year. (Enter this information once	45-2846466 ns that total more than \$1,000 for the .) ►\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gi		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gil		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gif		sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	t Relationship of tran	sferor to transferee

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

MOTOR C	CITY SQUASH & EDUCA	MOITA	FOUNDATION	45-2846	466
Part I Fundraising Activities required to complete this part	 Complete if the organization answrt. 	ered "Yes"	to Form 990, Part IV, I	ine 17. Form 990-EZ	flers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with silviduals or entities (fundraisers) pure	ation of non- ation of gove al fundraising al (including professional	government grants ernment grants g events officers, directors, tru fundraising services?	istees or	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
J					
Total					
List all states in which the organization or licensing.	on is registered or licensed to solicit		ns or has been notified	d it is exempt from re	egistration
					····
				v	

Schedule G (Form 990 or 990-EZ) 2012 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45 - 2846466 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, Ines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col. (a) through AUCTION col. (c)) (total number) (event type) (event type) Revenue Gross receipts 28,340. 28,340. Less: Contributions 2,500 2,500. 25,840. Gross income (line 1 minus line 2) 25,840. Cash prizes Noncash prizes Direct Expenses 1,500. 1,500. Rent/facility costs Food and beverages 8 Entertainment 5,665. 5,665. 9 Other direct expenses 7,165 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10..... 18,675. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Ine 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses _____ % % Yes 」Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

	edule G (Form 990 or 990-EZ) 2012 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45 - 2	<u> 8464</u>	66 Page 3
11	Does the organization operate gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name >		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			· · · · · · · · · · · · · · · · · · ·
		•••	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Ye:	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), a	nd Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see inst	ructions).

SCHEDULE I (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,

Open to Public Inspection

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

Employer identification number 45-2846466

f	TY SOUASH	& EDUCATION	N FOUNDATION	NO			Employer identification number
Part I General Information on Grants and Assistance	and Assistance		l				00H0H07
1 Does the organization maintain records to substantiate the amount of	to substantiate the	ne amount of the grants	s or assistance, the	grantees' eligibilit	fthe grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	sistance, and the selec	
	istance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mor	itoring the use of grant	t funds in the Uniter	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is peopled.	Sovernments ar \$5,000. Part II cal	nd Organizations in the pe duplicated if addit	ional snace is need	Somplete if the orga	anization answered "\	res" to Form 990, Part	t IV, line 21, for any
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 non-cash assistance	(h) Purpose of grant or assistance
BARBARA ANN KARMANOS CANCER INSTITUTE - 4100 JOHN R - DETROIT, MI 48201	38-1613280	501(C)(3)	20 000	c			TO AID IN THE FIGHT
RACQUET UP DETROIT 18100 MEYERS ROAD							THROUGH SQUASH & FITNESS
	6170707-17	501(C)(3)	20,000.	0			INSTRUCTION
	nd government or		listed in the line 1 table				7.
-1	s listed in the line	1 table					•0
LITA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Page 2

45-2846466

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Schedule I (Form 990) (2012)

PartIII

SCHEDULE M (Form 990)

Noncash Contributions

2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Employer identification number 45-2846466

Pa	rt I Types of Property								
		(a)	(b)	(c)		(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method of determining noncash contribution ame			
		applicable		Form 990, Part V		noncash contrib	ution a	mouni	٠S
1	Art - Works of art								
2	Art · Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles				,				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	771							
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	·							
24	Archeological artifacts								
25	Other ► (<u>SPORTS MEMORA</u>)	X	14		910.	COMPARABLE	SAL	ES	
26	Other (TRIPS)	X	7	4,	425.	COMPARABLE	SAL	ES	
27	Other ► (<u>JEWELRY</u>)	X	7		550.	COMPARABLE			
28	Other	X	16		350.	COMPARABLE	SAL	ES_	
29	Number of Forms 8283 received by the organiz		-						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement	29		-		
								Yes	No
30a	During the year, did the organization receive by			•					
	at least three years from the date of the initial of			•		• • •			l
	the entire holding period?						30a		X
	,								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						31		X
32a	Does the organization hire or use third parties of		•						77
1	contributions?						32a		X
	If "Yes," describe in Part II.	antimate (a) f		and description of the second	(-) *:	11			
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which colum	nn (a) is ch	ескеа,			
	describe in Part II.								

Schedule M (Form 990) (201 MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Pa Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whe the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.	ge 2 ther n.
PART I, OTHER TYPES OF PROPERTY:	
RESTAURANTS & DINING	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 16	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3005.	
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES	
SPORTING EVENT TICKETS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 13	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2765.	
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES	
GENERAL MERCHANDISE	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 11	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2725.	
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES	
CLUB MEMBERSHIPS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 6	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.	
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES	
WINE & LIQUER	
(A) CHECK IF APPLICABLE = X	
232142 12-20-12 Schedule M (Form 990) (70	40)

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) MOTOR CITY SQUASH & EDUCATION FOUNDATION 45-2846466 Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
(B) NUMBER OF CONTRIBUTORS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 850.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
PRIVATE PARTIES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 3
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 810.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES
CONCERT TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 661.
(D) METHOD OF DETERMINING REVENUE: COST
BOOKS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 6
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 150.
(D) METHOD OF DETERMINING REVENUE: COMPARABLE SALES

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Servi

DIRECTORS.

UPON REQUEST.

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.

2012
Open to Public Inspection

MOTOR CITY SQUASH & EDUCATION FOUNDATION

Employer identification number 45-2846466

FORM 990, PART VI: G.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE

COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE EMAILED TO ALL

DIRECTORS AND THE TOURNAMENT DIRECTOR AND THEY WILL BE ASKED TO REVIEW IT.

FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED AT ANNUAL MEETING OF

· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE