

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 Inspection

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SPORTS4KIDS		D Employer identification number 94-3251867
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 517 FOURTH STREET		E Telephone number 510-893-4180
		City or town, state or country, and ZIP + 4 OAKLAND, CA 94607		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: **WWW.SPORTS4KIDS.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates **N/A**
 H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **24,410,339.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	19,690,127.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	1,608,452.	
	e	Total (add lines 1a through 1d) (cash \$ 21,297,779. noncash \$ 800.)	1e		21,298,579.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,080,902.
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		13,902.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 20,994. of contributions reported on line 1b)	9a	16,956.		
b	Less: direct expenses other than fundraising expenses	9b	16,956.		
9c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1	9c		0.	
10a	Gross sales of inventory, less returns and allowances	10a			
10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		24,393,383.	
Expenses	13	Program services (from line 44, column (B))	13	6,839,844.	
	14	Management and general (from line 44, column (C))	14	1,256,190.	
	15	Fundraising (from line 44, column (D))	15	409,759.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		8,505,793.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	15,887,590.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,985,820.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		18,873,410.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 222,439.	80,230.	106,242.	35,967.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 5,516,973.	4,926,738.	398,300.	191,935.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 592,642.	519,865.	50,510.	22,267.
29 Payroll taxes	29 435,341.	386,705.	39,312.	9,324.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,545.		7,545.	
32 Legal fees	32 12,134.		12,134.	
33 Supplies	33 74,115.	48,925.	18,231.	6,959.
34 Telephone	34 47,462.	30,874.	12,352.	4,236.
35 Postage and shipping	35 17,562.	4,267.	4,913.	8,382.
36 Occupancy	36 187,924.	132,090.	27,248.	28,586.
37 Equipment rental and maintenance	37 14,075.	5,667.	7,148.	1,260.
38 Printing and publications	38 36,182.	3,944.	21,145.	11,093.
39 Travel	39 248,311.	181,093.	47,217.	20,001.
40 Conferences, conventions, and meetings	40			
41 Interest	41 14,124.	12,350.	1,466.	308.
42 Depreciation, depletion, etc. (attach schedule)	42 17,637.	10,532.	6,481.	624.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g 1,061,327.	496,564.	495,946.	68,817.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 8,505,793.	6,839,844.	1,256,190.	409,759.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (i) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 3	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,640,540.
b SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	199,304.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,839,844.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45 6,495.
	46 Savings and temporary cash investments	511,956.	46 1,374,414.
	47 a Accounts receivable	47a 560,610.	
	b Less: allowance for doubtful accounts	47b 147,144.	47c 413,466.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	2,325,226.	49 17,300,548.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	7,040.	53 59,584.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 100,332.		
b Less: accumulated depreciation STMT 6	57b 62,080.	57c 38,252.	
58 Other assets, including program-related investments (describe ▶ DEPOSITS)	19,882.	58 18,207.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,159,291.	59 19,210,966.	
Liabilities	60 Accounts payable and accrued expenses	170,971.	60 284,160.
	61 Grants payable		61
	62 Deferred revenue	2,500.	62 53,396.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶)		65
66 Total liabilities. Add lines 60 through 65	173,471.	66 337,556.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	248,417.	67 679,225.
	68 Temporarily restricted	2,737,403.	68 18,194,185.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,985,820.	73 18,873,410.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,159,291.	74 19,210,966.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	24,623,949.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	213,610.	
3	Recoveries of prior year grants	b3		
4	Other (specify): SPECIAL EVENTS EXPENSE	b4	16,956.	
	Add lines b1 through b4		b	230,566.
c	Subtract line b from line a		c	24,393,383.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	24,393,383.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	8,736,359.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	213,610.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SPECIAL EVENTS EXPENSE	b4	16,956.	
	Add lines b1 through b4		b	230,566.
c	Subtract line b from line a		c	8,505,793.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	8,505,793.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7		214,825.	7,614.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization > N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88 b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89 g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2007
91 a The books are in care of
91 b 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)?

Part VI Other Information (continued) **Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONTRACT SERVICES					3,080,902.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13,902.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		13,902.	3,080,902.
105 Total (add line 104, columns (B), (D), and (E))					3,094,804.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CONTRACT SERVICE FEES RECEIVED IN EXCHANGE FOR IN-SCHOOL AND AFTER SCHOOL PROGRAMMING, AS WELL AS PROVIDING TRAINING AND CONSULTING. THESE ARE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. **Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. **Yes** **No**

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? **Yes** **No**

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.

Please Sign Here: Signature of officer: Phyllis Carter Date: 3/24/09

Type or print name and title: PHYLLIS CARTER, CHIEF FINANCIAL OFFICER

Paid Preparer's Use Only: Preparer's signature: LAWRENCE S. KUECHLER Date: 03/20/09 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER/LEWIS ACCOUNTANCY CORP.
55 ALMADEN BLVD., STE 600
SAN JOSE, CA 95113 EIN: _____ Phone no.: (408) 494-1200

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

SPORTS4KIDS

Employer identification number

94 3251867

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ELIZABETH CUSHING</u> 517 FOURTH STREET, OAKLAND, CA 94607	NATIONAL DVLP 40.00	DIR. 91,904.	7,771.	
<u>DAVID GALLAGHER</u> 517 FOURTH STREET, OAKLAND, CA 94607	NATIONAL PROG. 40.00	DIR 61,958.	6,077.	
<u>TRACY WILLIAMSON</u> 517 FOURTH STREET, OAKLAND, CA 94607	GOV. PRG. DIR. 40.00	61,939.	2,050.	
<u>ODIAKA GONZALEZ</u> 517 FOURTH STREET, OAKLAND, CA 94607	PROGRAM DIRECTOR 40.00	52,498.	2,789.	
<u>MAYA NOVAK</u> 517 FOURTH STREET, OAKLAND, CA 94607	NATIONAL PROG. 40.00	DIR. 52,107.	2,725.	
Total number of other employees paid over \$50,000 ▶	1			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>ACCONTEMPS</u> P O BOX 60000, SAN FRANCISCO, CA 94160	INTERIM ACCOUNTANTS	94,755.
<u>SUSAN ROTHSTEIN</u> 80 SANTA CLARA AVE., SAN FRANCISCO, CA 94127	INTERIM EXECUTIVE DIRECTOR	75,200.
<u>REGENTS OF UNIVERSITY OF CALIFORNIA</u> 2195 HEARST AVE., BERKELEY, CA 94720	CONSULTING	52,340.
<u>ANN KLETZ</u> 1826 SCHOOL ST., MORAGA, CA 94556	DEVELOPMENT CONSULTING	50,712.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 8	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,621,259.	2,352,507.	1,582,230.	1,162,713.	8,718,709.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,349,421.	1,811,743.	1,358,380.	998,668.	6,518,212.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,421.	214.			5,635.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 9	2,078.	2,078.
23 Total of lines 15 through 22	5,976,101.	4,164,464.	2,940,610.	2,163,459.	15,244,634.
24 Line 23 minus line 17	3,626,680.	2,352,721.	1,582,230.	1,164,791.	8,726,422.
25 Enter 1% of line 23	59,761.	41,645.	29,406.	21,635.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 174,528.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,814,735.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 8,726,422.
d Add: Amounts from column (e) for lines: 18 5,635. 19 _____ 22 2,078. 26b 4,814,735.					26d 4,822,448.
e Public support (line 26c minus line 26d total)					26e 3,903,974.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 44.7374%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 2 columns: Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) or in section 527? Yes No

Yes No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	GATEWAY G6-450/PII 450MHZ, 224 MB, 10G	120498SL		3.00	16	2,299.			2,299.	2,299.		0.
12	GATEWAY G6-450/PII 450MHZ, 224 MB, 10G	120498SL		3.00	16	2,323.			2,323.	2,323.		0.
13	LASERJET 2100 TN PRINTER	050799SL		3.00	16	966.			966.	966.		0.
14	DELL INSPIRON 7000 LAPTOP, PII 333 MHZ, GATEWAY GP7I-667SE	1051099SL		3.00	16	2,471.			2,471.	2,471.		0.
15	PIII 667MHZ, 320 MB GATEWAY GP7I-667SE	062200SL		3.00	16	1,440.			1,440.	1,440.		0.
16	PIII 667MHZ, 320 MB GATEWAY PRO S1400-P4	062200SL		3.00	16	1,440.			1,440.	1,440.		0.
17	P4 1400MHZ, 383MB DELL OPTIPLEX GX150,	061501SL		3.00	16	1,647.			1,647.	1,647.		0.
18	P3 1GHZ/133MHZ128 MB DELL OPTIPLEX GX150,	091701SL		3.00	16	1,000.			1,000.	1,000.		0.
19	P3 1GHZ/133MHZ128 MB DELL OPTIPLEX GX150,	091701SL		3.00	16	1,000.			1,000.	1,000.		0.
20	P3 1GHZ/133MHZ384 MB DELL OPTIPLEX GX150,	091701SL		3.00	16	1,000.			1,000.	1,000.		0.
21	P3 1GHZ/133MHZ128 MB DELL OPTIPLEX GX150,	091701SL		3.00	16	1,000.			1,000.	1,000.		0.
22	P3 1GHZ/133MHZ128 MB DELL OPTIPLEX GX150,	091701SL		3.00	16	1,000.			1,000.	1,000.		0.
23	LASERJET 1200N	091701SL		3.00	16	600.			600.	600.		0.
24	DESKJET 960C 2WIRE HOMEPORTEL 100	091701SL		3.00	16	200.			200.	200.		0.
25	RESIDENTIAL GATEWAY 3COM OFFICECONNECT 16	091701SL		3.00	16	100.			100.	100.		0.
26	PORT HUB & CABLES ANCHOR EXPLORER	091701SL		5.00	16	300.			300.	300.		0.
27	PB-2500 SOUND SYSTEM	030102SL		5.00	16	725.			725.	725.		0.
28	CANON NP6035 COPIER	080802SL		5.00	16	2,701.			2,701.	2,610.		91.

728102
 04-27-07
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
29	LASERJET 4	081502SL		3.00	16	50.			50.	50.		0.
30	4 EIGHT FOOT TABLES (DONATED)	081502SL		5.00	16	80.			80.	77.		3.
31	BARBARA'S DESK BROTHER INTELLIFAX	091002SL		5.00	16	100.			100.	95.		5.
32	2800	101002SL		5.00	16	279.			279.	261.		18.
33	PROVIEW 17" MONITOR	110802SL		3.00	16	60.			60.	60.		0.
34	GATEWAY GP7-650 P3 650	120702SL		3.00	16	100.			100.	100.		0.
35	128MB 20 GB GATEWAY OPTIPLX GN+	120702SL		3.00	16	75.			75.	75.		0.
36	32MB HOMEBUILT P3/700 MHZ	012203SL		3.00	16	140.			140.	140.		0.
37	256MB DELL DIMENSION 2350,	012403SL		3.00	16	408.			408.	408.		0.
38	200 OPTIGOLD PENTIUM, 200	081503SL		3.00	16	100.			100.	100.		0.
39	8G TELECOM SYSTEM	042104SL		5.00	16	2,000.			2,000.	1,274.		225.
40	LATITUDE D505 LAPTOP	042604SL		3.00	16	1,248.			1,248.	1,248.		0.
41	PENTIUM M PROCESSOR NETGEAR FVS318 PROSAFE	052604SL		3.00	16	100.			100.	100.		0.
42	ROUTER DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
43	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
44	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
45	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
46	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
47	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
48	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.
49	256MB DELL DIMENSION 2400 P4,	060404SL		3.00	16	730.			730.	730.		0.

725102 04-27-07 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
472	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404SL	SL	3.00	16	730.			730.	730.		0.
482	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404SL	SL	3.00	16	730.			730.	730.		0.
492	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404SL	SL	3.00	16	757.			757.	757.		0.
502	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404SL	SL	3.00	16	934.			934.	934.		0.
51	TRUEMOBILE WIRELESS USB ADAPTERS (6)	060404SL	SL	3.00	16	272.			272.	272.		0.
52	NETGEAR WG302 PROSAFE 802.11 WIRELESS	060404SL	SL	3.00	16	226.			226.	226.		0.
53	SWAP SHOP SIGN LASER WORKGROUP	011505SL	SL	5.00	16	2,558.			2,558.	1,536.		512.
54	PRINTER M5200N	052005SL	SL	3.00	16	695.			695.	463.		232.
55	DELL DIMENSION 8400 SERIES, INTEL PENTIUM	052305SL	SL	3.00	16	4,030.			4,030.	2,686.		1,344.
56	DELL DIMENSION 8400 SERIES, INTEL PENTIUM	052305SL	SL	3.00	16	1,115.			1,115.	743.		372.
57	DESKS	062805SL	SL	5.00	16	366.			366.	147.		73.
58	COPIER	063005SL	SL	5.00	16	6,571.			6,571.	2,628.		1,314.
59	SERVER POWEREDGE 1800	042406SL	SL	3.00	16	2,180.			2,180.			53.
60	ALTERNATIVE TELECOM (PHONES)	080406SL	SL	5.00	16	6,606.			6,606.	1,982.		1,321.
157	IKEA DESK	072606SL	SL	5.00	16	1,194.			1,194.	239.		239.
158	LAPTOP (FOR DC) LATITUDE D620	081406SL	SL	3.00	16	1,191.			1,191.	364.		397.
159	LAPTOP (FOR OAK) LATITUDE D620	112006SL	SL	3.00	16	1,112.			1,112.	247.		371.
160	USB & SERIAL 120V TOWER UPS1500VA	063008SL	SL	3.00	16	217.			217.			72.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
161	LATITUDE D630 14"	060108SL		3.00	16	1,388.			1,388.			463.
162	LATITUDE D430 12"	060108SL		3.00	16	1,726.			1,726.			575.
163	LATITUDE D430 12"	060108SL		3.00	16	1,726.			1,726.			575.
164	LATITUDE D630 14"	060108SL		3.00	16	1,388.			1,388.			463.
165	LATITUDE D630 14"	060108SL		3.00	16	1,388.			1,388.			463.
166	LATITUDE D630 14"	060108SL		3.00	16	1,388.			1,388.			463.
167	DELL ULTRASHARP 1903FP	052808SL		3.00	16	251.			251.			84.
168	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
169	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
170	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
171	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
172	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
173	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
174	DELL OPTIPLEX 330	052708SL		3.00	16	882.			882.			294.
175	APPLE MACBOOK	040108SL		3.00	16	1,368.			1,368.			456.
176	NEC 384I PHONE SETS	021308SL		3.00	16	59.			59.			20.
177	NEC 384I PHONE SETS	021308SL		3.00	16	59.			59.			20.
178	NEC 384I PHONE SETS	021308SL		3.00	16	59.			59.			20.

(D) - Asset disposed.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
179	NEC 384I PHONE SETS	021308SL		3.00	16	59.			59.			20.
180	NEC 384I PHONE SETS	021308SL		3.00	16	59.			59.			20.
181	POLYCOM CONFERENCE PHONES	020608SL		5.00	16	100.			100.			20.
182	POLYCOM CONFERENCE PHONES	020608SL		5.00	16	100.			100.			20.
183	POLYCOM CONFERENCE PHONES	020608SL		5.00	16	100.			100.			20.
184	POLYCOM CONFERENCE PHONES	020608SL		5.00	16	100.			100.			20.
185	DELL MONO LASER 1125 PRINTER	020108SL		5.00	16	244.			244.			49.
186	DELL MONO LASER 1125 PRINTER W/ WARRANTY	0110108SL		5.00	16	361.			361.			72.
187	DELL FLAT PANEL 19, 1908FPC	111207SL		3.00	16	290.			290.			97.
188	DELL FLAT PANEL 19, 1908FPC	111207SL		3.00	16	287.			287.			96.
189	DELL FLAT PANEL 20, E207WFP	102507SL		3.00	16	276.			276.			92.
190	SHARP M235 COPIER	100507SL		5.00	16	544.			544.			109.
191	DELL FLAT PANEL 19, E198FPF	092707SL		3.00	16	209.			209.			70.
192	MAXTOR 300GB 7200 USB 2.0	092707SL		3.00	16	163.			163.			54.
193	MAXTOR 300GB 7200 USB 2.0	092707SL		3.00	16	163.			163.			54.
194	OPTIPLIX 745	092707SL		3.00	16	532.			532.			177.
195	OPTIPLIX 745	092707SL		3.00	16	586.			586.			195.
196	DELL FLAT PANEL 19, E198FPF	092607SL		3.00	16	209.			209.			70.

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone 728102 04-27-07

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
197	APC UPS RS-1300VA 120VA SYSTEM	080707SL	SL	3.00	16	170.			170.			57.
198	HP 1040 RCA 4 LINE	080107SL	SL	5.00	16	100.			100.			20.
199	SPEAKERPHONE RCA 4 LINE	073007SL	SL	5.00	16	99.			99.			20.
200	SPEAKERPHONE RCA 4 LINE	073007SL	SL	3.00	16	99.			99.			33.
201	SPEAKERPHONE RCA 4 LINE	073007SL	SL	5.00	16	99.			99.			20.
202	SPEAKERPHONE RCA 4 LINE	073007SL	SL	5.00	16	99.			99.			20.
203	SPEAKERPHONE NETGEAR WGT624 SUPER G	073007SL	SL	5.00	16	99.			99.			20.
204	108 RCA 4 LINE	072607SL	SL	3.00	16	60.			60.			20.
205	SPEAKERPHONE RCA 4 LINE	072607SL	SL	5.00	16	99.			99.			20.
206	SPEAKERPHONE RCA 4 LINE	072607SL	SL	5.00	16	99.			99.			20.
207	SPEAKERPHONE RCA 4 LINE	072607SL	SL	5.00	16	99.			99.			20.
208	SPEAKERPHONE RCA 4 LINE	072607SL	SL	5.00	16	99.			99.			20.
209	SPEAKERPHONE	072607SL	SL	5.00	16	99.			99.			20.
210	DELL DIMENSION C521	071907SL	SL	3.00	16	529.			529.			176.
211	DIMENSION C521	071907SL	SL	3.00	16	529.			529.			176.
212	DIMENSION C521	071907SL	SL	3.00	16	529.			529.			176.
213	APC BACKUP UPS RS 1000	071607SL	SL	3.00	16	239.			239.			80.
214	DELL DIMENSION C521	071607SL	SL	3.00	16	524.			524.			175.

728102
 04-27-07
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
215W	SONICWALL TZ 170 / 10 8X5 SUPPORT	061207SL		3.00	16	369.			369.			133.
216DELL	C521	061207SL		3.00	16	524.			524.			189.
217DELL	C521	060707SL		3.00	16	524.			524.			189.
218DELL	C521	060707SL		3.00	16	524.			524.			189.
219PHONE	ATT CORDED 4 SPKER	052907SL		5.00	16	108.			108.			23.
220PHONE	ATT CORDED 4 SPKER	052907SL		5.00	16	108.			108.			23.
221PHONE	ATT CORDED 4 SPKER	052907SL		5.00	16	108.			108.			23.
222PHONE	ATT CORDED 4 SPKER	052907SL		5.00	16	108.			108.			23.
223CABINETS	DESK AND OFFICE CABINETS	063008SL		5.00	16	1,693.			1,693.			339.
2242	CHAIRS	063008SL		5.00	16	274.			274.			55.
2251	DESK AND 25 CHAIRS	063008SL		5.00	16	2,979.			2,979.			596.
226	KITCHEN TABLES	063008SL		5.00	16	500.			500.			100.
2272	CHAIRS	080207SL		5.00	16	525.			525.			105.
2281	CABINET	080207SL		5.00	16	420.			420.			84.
2298	OFFICE DESKS OFFICE DESKS, CHAIRS	080207SL		5.00	16	403.			403.			81.
230	AND CABINETS	081007SL		5.00	16	1,314.			1,314.			263.
231	AND CABINETS	080207SL		5.00	16	1,314.			1,314.			263.
232	SHARP AR165S IMAGER	063007SL		5.00	16	1,425.			1,425.			309.

728102
 04-27-07
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 2 DEPR					100,332.		0.	100,332.	44,443.	0.	17,637.

728102 04-27-07 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

SPORTS4KIDS

Employer identification number

94-3251867

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

SPORTS4KIDS

94-3251867

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>17,246,435.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
KICKBALL FUNDRAISER	37,950.	20,994.	16,956.	16,956.	0.	
TO FM 990, PART I, LINE 9	37,950.	20,994.	16,956.	16,956.	0.	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
BAD DEBT	103,144.		103,144.			
STAFF RECRUITMENT AND TRAINING	77,168.	57,134.	16,914.	3,120.		
SCHOOL SUPPLIES	291,274.	291,274.				
OTHER PROFESSIONAL SERVICES	521,796.	108,275.	358,670.	54,851.		
DUES, LICENSES, SERVICE FEES	40,481.	21,048.	12,868.	6,565.		
INSURANCE	14,300.	7,960.	4,122.	2,218.		
UTILITIES	10,411.	10,411.				
MARKETING AND ADVERTISING	2,753.	462.	228.	2,063.		
TOTAL TO FM 990, LN 43	1,061,327.	496,564.	495,946.	68,817.		

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

3

DESCRIPTION OF PROGRAM SERVICE ONE

SCHOOL PROGRAM - THE ORGANIZATION ADDRESSES THE PHYSICAL, EMOTIONAL, AND COGNITIVE NEEDS OF CHILDREN BY COORDINATING FULL DAY PLAY AND PHYSICAL ACTIVITY PROGRAMMING - DURING LUNCHTIME, RECESS, AND AFTER SCHOOL - TAUGHT FROM A FRAMEWORK OF YOUTH DEVELOPMENT. AT EACH SCHOOL, ENTHUSIASTIC, WELL-TRAINED SPORTS4KIDS' SITE COORDINATORS:

- * CREATE A STRUCTURED, SAFE AND INCLUSIVE ENVIRONMENT ON THE PLAYGROUND BY COORDINATING A VARIETY OF SCHOOLYARD SPORTS AND GAMES DURING RECESS AND LUNCH;
- * WORK WITH CLASSROOM TEACHERS TO REINTRODUCE PHYSICAL ACTIVITY INTO THE SCHOOL CURRICULUM;
- * DEVELOP AND COORDINATE AFTER SCHOOL PHYSICAL ACTIVITY AND ACADEMIC ENHANCEMENT PROGRAMS;
- * COORDINATE INTERSCHOLASTIC EVENING BASKETBALL AND VOLLEYBALL LEAGUES;
- * IMPLEMENT A YOUTH LEADERSHIP PROGRAM AT EACH SITE; AND
- * EMPLOY PLAY AS A TOOL FOR GENERATING MORE COMMUNITY AND FAMILY INVOLVEMENT.

EACH SPORTS4KIDS' SITE COORDINATOR WORKS AT THEIR SCHOOL FIVE DAYS A WEEK, THROUGHOUT THE SCHOOL DAY AND AFTER SCHOOL, TO LEAD GAMES AND PHYSICAL ACTIVITIES BASED ON A CURRICULUM THAT HAS BEEN TESTED AND REFINED OVER A DECADE OF PROGRAM OPERATIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		6,640,540.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE TWO

TRAINING PROGRAM - TO COMPLEMENT THE SCHOOL BASED-PROGRAM AND FURTHER THE ORGANIZATION'S MISSION, THE SPORTS4KIDS COMMUNITY TRAINING PROGRAM PROVIDES CUSTOMIZED STAFF TRAININGS TO SCHOOLS, AFTER SCHOOL PROGRAMS, SUMMER CAMPS, RECREATION CENTERS, AND VARIOUS OTHER YOUTH SERVICE ORGANIZATIONS. TRAINING IS PROVIDED ON A FEE-FOR-SERVICE BASIS, CUSTOMIZED DEPENDING ON THE NUMBER OF TRAININGS REQUESTED, THE NUMBER OF PARTICIPANTS, AND THE LENGTH OF EACH TRAINING.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B		199,304.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

THE SPECIFIC AND PRIMARY PURPOSES OF THIS CORPORATION ARE:
 (I) TO CREATE AND PROMOTE YOUTH SPORTS PROGRAMMING;
 (II) TO PROVIDE SCHOOL-BASED SPORTS PROGRAMMING FOR YOUTH AND TRAINING FOR YOUTH SPORTS COACHES;
 (III) TO PROVIDE A REPOSITORY FOR INFORMATION CONCERNING YOUTH SPORTS; AND
 (IV) TO PROMOTE YOUTH SPORTS AND PHYSICAL WELL BEING OF YOUTH IN THE COMMUNITY.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
GATEWAY G6-450/PII 450MHZ, 224 MB, 10G	2,299.	2,299.	0.
GATEWAY G6-450/PII 450MHZ, 224 MB, 10G	2,323.	2,323.	0.
LASERJET 2100 TN PRINTER	966.	966.	0.
DELL INSPIRON 7000 LAPTOP, PII 333 MHZ, 192	2,471.	2,471.	0.

GATEWAY GP7I-667SE PIII 667MHZ, 320 MB	1,440.	1,440.	0.
GATEWAY GP7I-667SE PIII 667MHZ, 320 MB	1,440.	1,440.	0.
GATEWAY PRO S1400-P4 P4 1400MHZ, 383MB	1,647.	1,647.	0.
DELL OPTIPLEX GX150, P3 1GHZ/133MHZ128 MB	1,000.	1,000.	0.
DELL OPTIPLEX GX150, P3 1GHZ/133MHZ128 MB	1,000.	1,000.	0.
DELL OPTIPLEX GX150, P3 1GHZ/133MHZ384 MB	1,000.	1,000.	0.
DELL OPTIPLEX GX150, P3 1GHZ/133MHZ128 MB	1,000.	1,000.	0.
DELL OPTIPLEX GX150, P3 1GHZ/133MHZ128 MB	1,000.	1,000.	0.
LASERJET 1200N	600.	600.	0.
DESKJET 960C	200.	200.	0.
2WIRE HOMEPOTEL 100			
RESIDENTIAL GATEWAY	100.	100.	0.
3COM OFFICECONNECT 16 PORT HUB & CABLES	300.	300.	0.
ANCHOR EXPLORER PB-2500 SOUND SYSTEM	725.	725.	0.
CANON NP6035 COPIER	2,701.	2,701.	0.
LASERJET 4	50.	50.	0.
4 EIGHT FOOT TABLES (DONATED)	80.	80.	0.
BARBARA'S DESK	100.	100.	0.
BROTHER INTELLIFAX 2800	279.	279.	0.
PROVIEW 17" MONITOR	60.	60.	0.
GATEWAY GP7-650 P3 650 MHZ 128MB 20 GB	100.	100.	0.
GATEWAY OPTIPLEX GN+ PMMX, 233 MHZ, 32MB	75.	75.	0.
HOMEBUILT P3/700 MHZ 256 MB, 7GB	140.	140.	0.
DELL DIMENSION 2350, CELERON 1.70GHZ, 256MB	408.	408.	0.
OPTIGOLD PENTIUM, 200 MHZ, 128MB, RAM, 8G	100.	100.	0.
TELECOM SYSTEM	2,000.	1,499.	501.
LATITUDE D505 LAPTOP PENTIUM M PROCESSOR	1,248.	1,248.	0.
NETGEAR FVS318 PROSAFE FIREWALL/ROUTER	100.	100.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.

DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	730.	730.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	757.	757.	0.
DELL DIMENSION 2400 P4, 2.6 GHHZ, 256MB	934.	934.	0.
TRUEMOBILE WIRELESS USB ADAPTERS (6)	272.	272.	0.
NETGEAR WG302 PROSAFE 802.11 WIRELESS	226.	226.	0.
SWAP SHOP SIGN	2,558.	2,048.	510.
DELL WORKGROUPE LASER PRINTER M5200N	695.	695.	0.
DELL DIMENSION 8400 SERIES, INTEL PENTIUM 4 (4)	4,030.	4,030.	0.
DELL DIMENSION 8400 SERIES, INTEL PENTIUM 4	1,115.	1,115.	0.
DESKS	366.	220.	146.
COPIER	6,571.	3,942.	2,629.
DELL POWEREDGE 1800 SERVER	2,180.	53.	2,127.
ALTERNATIVE TELECOM (PHONES)	6,606.	3,303.	3,303.
IKEA DESK	1,194.	478.	716.
DELL LATITUDE D620 LAPTOP (FOR DC)	1,191.	761.	430.
DELL LATITUDE D620 LAPTOP (FOR OAK)	1,112.	618.	494.
APC SMART UPS1500VA USB & SERIAL 120V TOWER	217.	72.	145.
LATITUDE D630 14"	1,388.	463.	925.
LATITUDE D430 12"	1,726.	575.	1,151.
LATITUDE D430 12"	1,726.	575.	1,151.
LATITUDE D630 14"	1,388.	463.	925.
LATITUDE D630 14"	1,388.	463.	925.
LATITUDE D630 14"	1,388.	463.	925.
DELL ULTRASHARP 1903FP	251.	84.	167.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
DELL OPTIPLEX 330	882.	294.	588.
APPLE MACBOOK	1,368.	456.	912.
NEC 384I PHONE SETS	59.	20.	39.
NEC 384I PHONE SETS	59.	20.	39.
NEC 384I PHONE SETS	59.	20.	39.
NEC 384I PHONE SETS	59.	20.	39.
NEC 384I PHONE SETS	59.	20.	39.
POLYCOM CONFERENCE PHONES	100.	20.	80.

POLYCOM CONFERENCE PHONES	100.	20.	80.
POLYCOM CONFERENCE PHONES	100.	20.	80.
POLYCOM CONFERENCE PHONES	100.	20.	80.
DELL MONO LASER 1125 PRINTER	244.	49.	195.
DELL MONO LASER 1125 PRINTER W/ WARRANTY	361.	72.	289.
DELL FLAT PANEL 19, 1908FPC	290.	97.	193.
DELL FLAT PANEL 19, 1908FPC	287.	96.	191.
DELL FLAT PANEL 20, E207WFP	276.	92.	184.
SHARP M235 COPIER	544.	109.	435.
DELL FLAT PANEL 19 E198FPF	209.	70.	139.
MAXTOR 300GB 7200 USB 2.0	163.	54.	109.
MAXTOR 300GB 7200 USB 2.0	163.	54.	109.
OPTIPLEX 745	532.	177.	355.
OPTIPLEX 745	586.	195.	391.
DELL FLAT PANEL 19 E198FPF	209.	70.	139.
APC UPS RS-1300VA 120VA SYSTEM	170.	57.	113.
HP 1040	100.	20.	80.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	33.	66.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
NETGEAR WGT624 SUPER G 108	60.	20.	40.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
RCA 4 LINE SPEAKERPHONE	99.	20.	79.
DELL DIMENSION C521	529.	176.	353.
DIMENSION C521	529.	176.	353.
DIMENSION C521	529.	176.	353.
APC BACKUP UPS RS 1000	239.	80.	159.
DELL DIMENSION C521	524.	175.	349.
SONICWALL TZ 170 / 10 W/ 8X5 SUPPORT	369.	133.	236.
DELL C521	524.	189.	335.
DELL C521	524.	189.	335.
DELL C521	524.	189.	335.
ATT CORDED 4 SPKER PHONE	108.	23.	85.
ATT CORDED 4 SPKER PHONE	108.	23.	85.
ATT CORDED 4 SPKER PHONE	108.	23.	85.
ATT CORDED 4 SPKER PHONE	108.	23.	85.
DESK AND OFFICE CABINENTS	1,693.	339.	1,354.
2 CHAIRS	274.	55.	219.
1 DESK AND 25 CHAIRS	2,979.	596.	2,383.
KITCHEN TABLES	500.	100.	400.
2 CHAIRS	525.	105.	420.
1 CABINENT	420.	84.	336.
8 OFFICE DESKS	403.	81.	322.
OFFICE DESKS, CHAIRS AND CABINENTS	1,314.	263.	1,051.
OFFICE DESKS, CHAIRS AND CABINENTS	1,314.	263.	1,051.

SHARP AR165S IMAGER	1,425.	309.	1,116.
TOTAL TO FORM 990, PART IV, LN 57	100,332.	62,080.	38,252.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
V. TONI ADAMS 517 FOURTH STREET OAKLAND, CA 94607	CHAIR 1.00	0.	0.	0.
MARK SEILER 517 FOURTH STREET OAKLAND, CA 94607	TREASURER 1.00	0.	0.	0.
WAYNE MEISEL 517 FOURTH STREET OAKLAND, CA 94607	SECRETARY 1.00	0.	0.	0.
ELIZABETH CARLSON 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.
DRU DESANTIS 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.
RANDY DRAKE 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.
JANET KING 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.
VAN LE 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.
LYNDA BROTHERS 517 FOURTH STREET OAKLAND, CA 94607	BOARD MEMBER 1.00	0.	0.	0.

SPORTS4KIDS

94-3251867

AENOR SAWYER, MD
517 FOURTH STREET
OAKLAND, CA 94607

BOARD MEMBER

1.00

0.

0.

0.

JILL VIALET
517 FOURTH STREET
OAKLAND, CA 94607

PRESIDENT

40.00

134,337.

6,771.

0.

DAVID ROTHENBERG
517 FOURTH STREET
OAKLAND, CA 94607

EXECUTIVE DIRECTOR

40.00

13,821.

0.

0.

PHYLLIS CARTER
517 FOURTH STREET
OAKLAND, CA 94607

CHIEF FINANCIAL OFFICER

40.00

66,667.

843.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

214,825.

7,614.

0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 8

A BOARD MEMBER IS A PRINCIPAL AT A COMPANY THAT OWNS THE BUILDING IN WHICH THE ORGANIZATION RENTS OFFICE SPACE IN DOWNTOWN OAKLAND, CALIFORNIA AT 517 FOURTH STREET. THE TERM OF THE LEASE IS TWO YEARS ENDING ON JUNE 30, 2010. THE MONTHLY RENT IS \$12,500 WITH AN ANNUAL 5% INCREASE.

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
	0.	0.	0.	2,078.	
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	2,078.	