Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
EXTREME KIDS AND CREW INC.
40 BREVOORT PLACE
BROOKLYN, NY  11216

EXTREME KIDS AND CREW INC.:

ENCLOSED ARE THE 2011 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2011 FORM 990-EZ

2011 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

SINCERELY,

LAURENCE SCOT, MBA, CPA
| **Prepared for** | EXTREME KIDS AND CREW INC.  
| | 40 BREVOORT PLACE  
| | BROOKLYN, NY  11216 |
| **Prepared by** | SKODY SCOT & CO, CPAS, PC  
| | 520 EIGHTH AVE, SUITE 2200  
| | NEW YORK, NY  10018 |
| **Amount due or refund** | NOT APPLICABLE |
| **Make check payable to** | NOT APPLICABLE |
| **Mail tax return and check (if applicable) to** | DEPARTMENT OF THE TREASURY  
| | INTERNAL REVENUE SERVICE CENTER  
| | OGDEN, UT  84201-0027 |
| **Return must be mailed on or before** | AS SOON AS POSSIBLE. |
| **Special Instructions** | THE RETURN SHOULD BE SIGNED AND DATED. |
# Short Form
## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of dollar advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(15) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

## Form 990-EZ

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

(see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>49,471.</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>6,290.</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>2,750.</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Gross income from fundraising events (not including $500,000) of contributions</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>200.</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>58,711.</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A))</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td></td>
</tr>
</tbody>
</table>

**LHA** For Paperwork Reduction Act Notice, see the separate instructions.

**Form 990-EZ** (2011)
Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. (See the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II  [X]

| 22 | Cash, savings, and investments | 0 | 22 |
| 23 | Land and buildings | 0 | 23 |
| 24 | Other assets (describe in Schedule O) SEE SCHEDULE O | 0 | 24 |
| 25 | Total assets | 0 | 25 |
| 26 | Total liabilities (describe in Schedule O) SEE SCHEDULE O | 0 | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0 | 27 |

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

Check if the organization used Schedule O to respond to any question in this Part III  [X]

What is the organization’s primary exempt purpose? SEE SCHEDULE O

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. (See the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Part IV List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZA FACTOR, 225 CUMBERLAND STREET, BROOKLYN, NY 11205</td>
<td>PRESIDENT</td>
<td>40.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>LAURIE YANKOWITZ, 210 CONGRESS STREET, BROOKLYN, NY 11201</td>
<td>VICE PRESIDENT</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DINA ROSENBOOM, 242 WASHINGTON AVENUE, #1, BROOKLYN, NY 11205</td>
<td>TREASURER</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JAMILA R. WADDELL, 435 WILLOWBY AVENUE, FL1, BROOKLYN, NY 11205</td>
<td>SECRETARY</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>ELIZABETH LENAS</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>530 CANAL STREET, NEW YORK, NY 10013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  

Yes No 

33 X 

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  

Yes No 

34 X 

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  

Yes No 

35a X 

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  

Yes No 

35b N/A 

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  

Yes No 

35c X 

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  

Yes No 

36 X 

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

37a 0.  

37b X 

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  

Yes No 

38a X 

Section 501(c)(7) organizations. Enter:  

b Initiation fees and capital contributions included on line 9  

Yes No 

39a N/A 

b Gross receipts, included on line 9, for public use of club facilities  

Yes No 

39b N/A 

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

section 4911 0 ; section 4912 0 ; section 4955 0 .  

section 4911 0 ; section 4912 0 ; section 4955 0 .  

section 4911 0 ; section 4912 0 ; section 4955 0 .  

Yes No 

40b X 

b Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  

Yes No 

40c X 

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  

Yes No 

40d X 

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  

Yes No 

40e X 

41 List the states with which a copy of this return is filed.  

NY 

42a The organization's books are in care of THE ORGANIZATION  

Telephone no. 718-576-6471  

Located at 40 BREVOORT PLACE, BROOKLYN, NY 11216  

Yes No 

42b X 

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)?  

Yes No 

42c X 

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  

Yes No 

42d X 

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

43 N/A 

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

Yes No 

44a X 

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

Yes No 

44b X 

c Did the organization receive any payments for indoor tanning services during the year?  

Yes No 

44c X 

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

44d 

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

Yes No 

45a X 

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  

Yes No
1. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes  No

46  X

2. **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

- Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II.

47  X

- Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48  X

- Did the organization make any transfers to an exempt non-charitable related organization?

49a  X

- If "Yes," was the related organization a section 527 organization?

49b  X

3. Complete the table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Total number of other employees paid over $100,000

50  

4. Complete the table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None.

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Total number of other independent contractors each receiving over $100,000

51  

5. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes  No

52  X

Signature Here

ELIZA FACTOR, PRESIDENT

Preparer’s signature

LAURENCE SCOT, MBA, CPA

Date

03/03/14

Check if self-employed

P00632647

Firm’s EIN

13-3597814

Phone no.

212 967-1100

May the IRS discuss this return with the preparer shown above? See instructions.

X  Yes  No

Form 990-EZ (2011)
SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Name of the organization

EXTREME KIDS AND CREW INC.

Employer identification number

35-2392415

Part I 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.)

1 □ 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).
4 □ 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:
5 □ 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.)
6 □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X □ 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)(vii). (Complete Part II.)
9 □ 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).
11 □ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a □ Type I
b □ Type II
c □ Type III - Functionally integrated
d □ Type III - Other

e □ 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 I, Type II, or Type III supporting organization, check this box ____________________________

g □ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No 11g(i)

(ii) A family member of a person described in (i) above? Yes No 11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above? Yes No 11g(iii)

h □ Provide the following information about the supported organization(s).

(i) Name of supported organization

(ii) EIN

(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))

(iv) Is the organization in col. (i) listed in your governing document? Yes No

(v) Did you notify the organization in col. (i) of your support? Yes No

(vi) Is the organization in col. (i) organized in the U.S.? Yes No

(vii) Amount of support

Yes No

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

133021
01-24-12

14470303 788383 EK2227 2011.05090 EXTREME KIDS AND CREW INC. EK2227_1
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.62 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | X |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | X |
| 16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |
| 17b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |  |
### Section A. Public Support

**Calendar year (or fiscal year beginning in)** |

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support</strong> (add lines 7a and 7b)</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)** |

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support</strong> (add lines 9, 10a, 11, and 12)</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

- **15** Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | %
- **16** Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | %

### Section D. Computation of Investment Income Percentage

- **17** Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | %
- **18** Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | %
- **19a** 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | ...... | ...... |
- **19b** 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | ...... | ...... |
- **20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | ...... | ...... |
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Line No.</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Current Year Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PROGRAM EQUIPMENT</td>
<td>123111SL</td>
<td>5.00</td>
<td>16</td>
<td></td>
<td>9,915.</td>
<td></td>
<td>9,915.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* 990-EZ PG 1 TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,915.</td>
<td></td>
<td>0.</td>
<td>9,915.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>MACHINERY &amp; EQUIPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,915.</td>
<td></td>
<td>0.</td>
<td>9,915.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>* GRAND TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,915.</td>
<td></td>
<td>0.</td>
<td>9,915.</td>
<td>0.</td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

(D) - Asset disposed

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

11.1
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

INSURANCE 6,170.

PROGRAM SUPPLIES 880.

OFFICE SUPPLIES & EXPENSE AND MISCELLANEOUS 3,977.

TOTAL TO FORM 990-EZ, LINE 16 11,027.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

CONTRIBUTIONS RECEIVABLE 0. 8,564.

OTHER DEPRECIABLE ASSETS 0. 9,915.

TOTAL TO FORM 990-EZ, LINE 24 0. 18,479.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE & ACCRUED EXPENSES 0. 500.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO COMBAT THE STRESS AND ISOLATION FACED BY CHILDREN WITH DISABILITIES AND THEIR FAMILIES THROUGH PLAY, ARTS AND MOVEMENT PROGRAMMING, PARTNERSHIPS WITH CULTURAL AND THERAPEUTIC INSTITUTIONS, PARENT MEET-UPS AND MORE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDING AN ENVIRONMENT WHERE BROOKLYN FAMILIES WITH SPECIAL NEEDS CHILDREN CAN INTERACT IN A RELAXED AND CREATIVE SETTING, TAKE PROCESS-ORIENTED WORKSHOPS AND
EXTREME KIDS AND CREW INC.

ENGAGE IN OTHER CREATIVE ACTIVITIES. 200 FAMILIES WERE SERVED IN 2011.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
### TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500, ANNUAL FILING REPORT**

**FOR THE YEAR ENDING**

DECEMBER 31, 2011

| Prepared for | EXTREME KIDS AND CREW INC.  
40 BREVOORT PLACE  
BROOKLYN, NY  11216 |
|--------------|--------------------------------------------------|
| Prepared by  | SKODY SCOT & CO, CPAS, PC  
520 EIGHTH AVE, SUITE 2200  
NEW YORK, NY  10018 |
| Mail tax return to | NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU – REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271 |
| Return must be mailed on or before | PLEASE MAIL AS SOON AS POSSIBLE. |
| Special Instructions | NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990-EZ HAS BEEN PROPERLY SIGNED AND DATED.  
ENCLOSE A CHECK FOR $35 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE. |
1. General Information
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2011 and ending (mm/dd/yyyy) 12/31/2011
b. Check if applicable for NYS:
   - [X] Address change
c. Name of organization: EXTREME KIDS AND CREW INC.
d. Fed. employer ID no. (EIN): 35-2392415
e. NY State registration no.: 42-96-21
f. Telephone number: 718 576-6471
g. Email: INFO@EXTREMEKIDSAND
h. NY registration pending:

2. Certification - Two Signatures Required
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer: ELIZA FACTOR
   - Title: PRESIDENT
   - Signature
   - Printed Name: ELIZA FACTOR
   - Date
b. Chief Financial Officer or Treas.: CAITLIN CASSARO
   - Title: CFO
   - Signature
   - Printed Name: CAITLIN CASSARO
   - Date

3. Annual Report Exemption Information
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)
   - Check □ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
   - NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed $25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. EPTL annual report exemption (EPTL registrants and dual registrants)
   - Check □ if gross receipts did not exceed $25,000 and assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? □ Yes* □ No
   - * If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? □ Yes* □ No
   - * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.
Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee: $10.
b. EPTL filing fee: $25.
c. Total fee: $35.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments
The filing fee depends on the organization’s Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

<table>
<thead>
<tr>
<th>Organization’s Registration Type</th>
<th>Fee Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 7-A</td>
<td>Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is $0.</td>
</tr>
<tr>
<td>EPTL</td>
<td>Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is $0.</td>
</tr>
<tr>
<td>Dual</td>
<td>Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.</td>
</tr>
</tbody>
</table>

a) Article 7-A filing fee

<table>
<thead>
<tr>
<th>Total Support &amp; Revenue</th>
<th>Article 7-A Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>more than $250,000</td>
<td>$25</td>
</tr>
<tr>
<td>up to $250,000 *</td>
<td>$10</td>
</tr>
</tbody>
</table>

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.

b) EPTL filing fee

<table>
<thead>
<tr>
<th>Net Worth at End of Year</th>
<th>EPTL Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>$25</td>
</tr>
<tr>
<td>$50,000 or more, but less than $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>$250,000 or more, but less than $1,000,000</td>
<td>$100</td>
</tr>
<tr>
<td>$1,000,000 or more, but less than $10,000,000</td>
<td>$250</td>
</tr>
<tr>
<td>$10,000,000 or more, but less than $50,000,000</td>
<td>$750</td>
</tr>
<tr>
<td>$50,000,000 or more</td>
<td>$1500</td>
</tr>
</tbody>
</table>

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

- Filing Fee
  - Single check or money order payable to “NYS Department of Law”

- Copies of Internal Revenue Service Forms
  - [ ] IRS Form 990
  - [ ] All required schedules (including Schedule B)
  - X [ ] IRS Form 990-EZ
  - [ ] All required schedules (including Schedule B)
  - [ ] IRS Form 990-PF
  - [ ] All required schedules (including Schedule B)
  - [ ] IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

- Independent Accountant’s Report
  - [ ] Audit Report (total support & revenue more than $250,000)
  - [ ] Review Report (total support & revenue $100,001 to $250,000)
  - X [ ] No Accountant’s Report Required (total support & revenue not more than $100,000)