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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

_		or the	2009 calen	dar year,	or tax year begin			, 2009, 8	and endi	ng			,		
В	С	heck it a	applicable	l	C Name of organiz	ation					D Empl	oyer Ider	ntification Nun	ber	
		Addı	ress change	Please use IRS label	NATIONAL AS	SOCIATIO	ON OF COMPET	ITIVE	SOCCE	R CLUBS	57-	-1128	8981		
	1	' Nam	ne change	or print or type			mail is not delivered to				E Telep	hone nur	nber		
	1	1	al return	See specific	716 8TH AV	ENUE NO	RТH				l (8)	43) (626-207	7	
	- 1	1	nination	Instruc-	City, town or cou			State	ZIP code + 4	1	— <u> </u>	10/	020 207	'	
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	Г		ended return		MYRTLE BEA			SC	29577	N/a) la thia			\$ 4,722		<u> </u>
	L	App	lication pending	l .	and address of principa					H(a) is this in H(b) Are all			-	7	X No
-							y Fair Oaks		95628				nstructions)	Yes	∐ No
Ī			exempt statu			(insert no)	4947(a)(1) or	527						
ī		Webs	site: ► WW		UBSOCCER.C	OM				H(c) Group	exemption	number	<u> </u>		
K	<u> </u>		of organization	X Corpora	ation Trust	Association	Other ►	L Ye	ar of Forma	tion 2002	2 M	State of	legal domicile	SC	
<u> </u>	ar		Summ									·			
		1 E	Briefly descri	ibe the org	ganızatıon's miss	ion or most	significant activitie	es <u>se</u> e	<u>sect</u>	ion 4a	page	2_			
2010	ا يو	_												<i>-</i> -	. – – –
	a	_												. 	
	Ę	_													
3	اق	2 (Check this be	ox ►	if the organization	n discontinu	ed its operations	or dispo	sed of mo	ore than 2	5% of it	s asset	tș		
٠	8	3 N			bers of the gove								9		
1	စ္က	4 1					erning body (Part	VI, line	1b)			4	9		
1	Ě	5 T			yees (Part V, lin							5	18		
	5	6 1			eers (estimate if							6	75		
<u>`</u>	•	/a	_				'III, Icolumn (C), II	ne 12				7 a	+		0.
~_	-	b N	let unrelated	d business	taxable income	from Form 9	990-T, line 34					<u> 7b</u>	<u> </u>		
E 22											rior Yea			ent Yea	
	. I	8 (Contributions	s and grar	its (Part VIII, line	1h)				4	,276,			478,	
JUL	evenue.		-		ue (Part VIII, line	-						682.		239 , :	
-5 i	2	10 li	nvestment II	ncome (Pa	art VIII, column (5,	491.		5,	<u>645.</u>				
		11 (Other revenu	ıe (Part V											
<u> </u>		12 T	otal revenu	e – add lii	nes 8 through 11	(must equal	Part VIII, column	(A), line	e 12)	4	,684,	597.	4,	722,	<u>886.</u>
Z		13 (Grants and s	ımılar am	ounts paid (Part	IX, column (A), lines 1-3)								
8		14 E	Benefits paid	d to or for	members (Part I	X, column (A	4), line 4)								
SCANNED	<u>"</u>	15 S	Salaries, oth	er compei	nsation, employe	e benefits (F	art IX, column (A), lines 5	5-10)		787,	033.		754,	599.
S	136	16a F	rofessional	fundraisir	ng fees (Part IX,	columin (A),	line 11e)								•
	Expenses				nses (Part IX, co		•		0.		7			r,	
Ĺ					IX, column (A), li				<u> </u>		005	OEE			
	Į		•					. 05)			, 885,		_	608,	
							X, column (A), lin	e 25).	 3	4	,672,			363,	
_	-+	19 F	kevenue less	s expense	s Subtract line 1	8 from inte	*RECEIV	FD-			<u> </u>	709.	1	640,	
	900					1,	ILLOLIN	 -	ان	Begir	nning of			of Yea	
1	Bata		otal assets		•	12			ହା			652.		464,	
4	Fund Balan	21 T	otal liabilitie	es (Part X	, line 26)	1.97	JUN 102	010	ò	3	,726,	039.	4,	345,	<u>948.</u>
		22 N			ances Subtract I	ine 21 frpH	ine 20		IRS-OS(,264,	387.	-3,	881,	<u> 296.</u>
F	Par	t II	Signat	ure Bloc	<u>ck</u>		CODENI	UT							
			Under penalti	es of perjury,	I declare that I have e	xamined this ret	irin not dine at the later in t	ying sched	ules and sta	tements, and	to the bes	t of my k	nowledge and	belief, it i	ıs
			true, correct,	and complete	Declaration of prepar	er (other th an o	ncer) is based on all inf	ormation o	t which prep	arer has any	knowledge	, ,	1.1		
S	igi	1	▶ ❖	# A	MY					4	١ ا	61 -	-10		
H	ler	•	Signature	of officer	7					Da	ite				
			► Phil	Wrigh	t . Chia	irwar	/								
				rint name an		,					<u> </u>				
_								Da	ate	- 10	heck if	F	reparer's iden	tifying nu	ımber
Р	aic	i	1_					İ		se	elf- mployed	- □ '	see instruction	5)	
	re-		Preparer's signature	>	INSUC.	Thomas	- CPA	ام	5/05/1	1	iipioyea	LJ			
		r's		or AND	REW C. THO	MPSON, C	PA	10	J/ UJ/ 1						
	Jse		Firm's name (yours if self-			TESON, C	EV				-				
C	nly	/	employed) address, and		SMITH BLVD			20500	`		IN P	- /04	21 202	F 0 0 7	
-		lhe In	ZIP + 4		TLE BEACH		SC SC	29588	5	PI	hone no	▶ (84		-5897	
							ve? (see instruction						X Yes		No
В	AA	rork	rivacy Act	and Pape.	rwork Reduction	ACT NOTICE,	see the separate	ınstructi	ions.		TEEA010	07/2	o/o9 ⊦or	m 990	(2009)

	990 (2009) NATIONAL ASSOCIATION OF COMPETITIVE SOCCER CLUBS	57-112898	L Pag	ge 2
Par	t III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission			_
	see below section 4a			
	See Form 000 Pers 2 Port III Line 1 (centinued)			
	See Form 990, Page 2, Part III, Line 1 (continued)			
2	Did the organization undertake any significant program services during the year which were not listed on the p	orior		
	Form 990 or 990·EZ?		Yes X N	lo
	If 'Yes,' describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes X N	lo
•	If 'Yes,' describe these changes on Schedule O		.03 []	
	•		- 5017-73	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	xpenses Section	the total	
	expenses, and revenue, if any, for each program service reported		,	
4 a		/enue \$ <u>4</u>		
	to further the education of competitive youth soccer in			
	the United States, and to help in the development,			
	at the competitive and recreational levels among youth			
	and adult soccer players within the United States of America.			- -
			 _	
				- -
				· – –
41	o (Code) (Expenses \$ including grants of \$) (Rev	enue \$		١
7.	/(Code/(Expenses) (including grants of)	/enue 4		_′
				· — –
				· _ -
				<i>-</i> -
				· – –
				
40	: (Code) (Expenses \$ including grants of \$) (Rev	venue \$)
			-	
		-		
		-		
			-	· – –
		_ 		
	**			· — –
40	Other program services (Descrit e in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
46	• Total program service expenses ► 4,875,212.	•	•	
	.,			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)7f 'Yes,' complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Yes, complete Schedule D, Part I	6		_ X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes, complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Yes, complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments Yes, complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	Z-00-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
•	Did the organization report an amount for land, buildings and equipment in Part X, line 101 'Yes,' complete Schedule D, Part VI	31 (4		
•	Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	Special Control		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	į - ` ;	A PROPERTY OF	
	Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If es, 'complete Schedule D, Part X	,,,,	36	
12	Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12 /	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	مرهد ۱۰		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States of 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		x

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I. Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 20023f 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZIF 'Yes, complete Schedule L. Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete 27 Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee 3f 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х 34 Was the organization related to any tax-exempt or taxable entity If Yes, complete Schedule R, Parts II, III, IV, and V, 34 line 1 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 'if 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for fed:ral income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38

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Page 5

r a	11 V Statements Regarding Other INS Finings and Tax Compliance	_		,
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-	*	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	-
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the		1	1
2	calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions)	, 20		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return ⁵	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		ļ
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country			17.5
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	7 m my		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	i	
7	Organizations that may receive deductible contributions under section 170(c).		70	198
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	·	Y X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			***
	benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f	<u> </u>	Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	Х
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	877.5	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations of the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	· [27]	
	a Did the organization make any taxable distributions under section 4966?	9a		Х
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter	· 6/	430	777
	a Initiation fees and capital contributions included on Part VIII, line 12	31.5	37	
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	. ,	, 51	
	Section 501(c)(12) organizations. Enter	1 * * *	3	
	a Gross income from other members or shareholders	J .	1.	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1913 1913	
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			では

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

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	a Enter the	number of voting members of the gaverning body	_1a 9	7. (: :	
ı	b Enter the	number of voting members that are independent	1b 9		100	
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	elationship with any other	2	فتث	X
3	Did the o	rganization delegate control over management duties customarily performed by or u	under the direct supervision		<u> </u>	
	of officer	s, directors or trustees, or key employees to a management company or other person	on?	3		X
*		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		X
	governing			7a		_X
ı	Are any o	lecisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7 b		X P An
8	Did the o the follow	rganization contemporaneously document the meetings held or written actions underling	ertaken during the year by		\$, i
ā	The gove	rning body?		8a	X.	
ı	E ach con	nmittee with authority to act on behalf of the governing body?		8b	Х	
9	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9	х	
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Internal		·	
Rev	enue Code)				
					Yes	No
		organization have local chapters, branches, or affiliates?		10 a		X
ı	If 'Yes,' c and bran	oes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10 b		
		rganization provided a copy of this Form 990 to all members of its governing body	3	11	X	- <u>2.174</u> 261
		in Schedule O the process, if any, used by the organization to review this Form 990)			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
١	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests is?	that could give rise	12b	Х	
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po ${\it O}$ how this is done	licy 7 f 'Yes,' describe in	12 c	х	
13	Does the	organization have a written whistleblower policy?		13	X	
14	Does the	organization have a written document retention and destruction policy?		14	X	100
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			
		nization's CEO, Executive Director, or top management official		15 a	Х	
Į	Other off	cers of key employees of the organization		15 b	Х	
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a	Did the o	ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a		X
ı	f 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	,	7	
	in joint ve status wit	Inture arrangements under applicable federal tax law, and taken steps to safeguard high respect to such arrangements?	the organization's exempt	16b		(C. 603)
Sec	tion C.	Disclosures		·		
17	List the s	tates with which a copy of this Form 990 is required to be filed See States Form	990 Filed In			
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) a	/aılabl	e for	public
		website				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docur ts available to the public	nents, conflict of interest pol	cy, ar	nd fina	ancial
20	State the	name, physical address, and telephone number of the person who possesses the b	books and records of the orga	anızatı	on	
1	manage	ment company 7168th avenue north myrtle beach S	C 29577 (8	43)_6	26-2	2077

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

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

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

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

(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	D adividial trasses Or director	in thinkness leader	_		High est conmensated at employee	y) - гонпен	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PHIL WRIGHT										,
CHAIR	10.00	Х						0.	0.	0.
JOHN RENNIE VICE CHAIR	10.00	Х						0.	0.	0.
MIKE SWEENEY										
DIRECTOR	10.00	Х						0.	0.	0.
STEVE FREEMAN				ļ						
DIRECTOR	10.00	Х		<u> </u>			<u> </u>	0.	0.	0.
PETER BRADLEY	_									
DIRECTOR	10.00	Х						0.	0.	0.
MARK MACKAIN	_									
DIRECTOR	10.00	Х			ļ		ļ	0.	0.	0.
TIM LESIAK	_									
DIRECTOR	10.00	Х						0.	0.	0.
SHAWN BLAKEMAN	_		j							
DIRECTOR	10.00	Х	<u> </u>		ļ	ļ	<u> </u>	0.	0.	0.
TOM ATENCIO	-							_	_	_
DIRECTOR	10.00	Х						0.	0.	0.
	-									
	-									
	-									
	-								-	
	_									
				<u> </u>						
	-									
	-									
	-									

(A) Name and Title	(B) Average	Posi	tion ((check		that a	(vlaa	(D)	(E)	(F) Estimated
. Name and file	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other
						!				
					\vdash					
									_ ~~ _	
	-									
	-									
	-									
	-									
	-									
1 b Total							>	0.	0	····
2 Total number of individuals (including but not limite from the organization	d to the	se li	stec	d abo	ove;) wh	o re	ceived more than	\$100,000 in repo	rtable compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tradividual 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1a 	ndividua portable han \$15	a <i>l</i> e cor 50,00	npe)0 <i>?l1</i>	nsa f 'Ye	tion es' c	and comp	l oth olete	er compensation Schedule J for si	from uch	Yes No 3 X 4 X 5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	ted inde	pend	dent	cor	ntra	ctors	tha		· · ·	
(A) Name and business addres	ss							(B Description) of Services	(C) Compensation
c2s marketing 7168th avenue north my		bea	ch	sc				sales/mgmt		563,899.
CC&C MANAGEMENT GROUP 7168TH AVENUE NORTH MY								sales/mgmt	/admin	852,226.
	ort l		ls					insurance		424,686.
CCC, LLC 716 8TH AVENUE NORT MY			<u>C</u> H	IL SC				player regist office rental		259,651. 138,153.
	but not	lımı	ted	to th	1056	e list	ed a	above) who receiv	ed more than	234
ΒΔΔ									TEFA0108 01/30/10	Form 990 (2009)

Par	t VI	I Statement of Re	venue						
		•	• . •	. 3		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, g similar amounts not included in Total. Add lines 1a-1f	rants, and above	1 a 1 b 1 c 1 d 1 e 1 f \$	4,478,109.	4,478,109.	revenue		512, 513, or 514
		Total No Inco Id II		T	Business Code	1,110,100	The state of the s	1 11/1 2	7 - 4
PROGRAM SERVICE REVENUE	b	HOTEL_COMMISSIC	<u> </u>		3	107,314.	107,314.	0.	0.
\ \times		SPONSORSHIPS		⊢	35	46,404.		0.	0.
S		TOURNAMENT INSU		⊢	28	28,206.		0.	0.
Σ.	е	INVENTORY SALES	S		25	57,208.	57,208.	0.	0.
ö	f	All other program service	e revenu	e L					12.0
- A-	3	Total. Add lines 2a-2f Investment income (incl other similar amounts) Income from investmen	_		•	239,132.	5,645.	0.	0.
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Re	eal	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Secu	rities	(II) Other				
		and sales expenses Gain or (loss) Net gain or (loss)			<u> </u>	* \$ 10 mm 1			37
OTHER REVENUE	8 a	Gross income from function (not including \$							
2		See Part IV, line 18		ā					
ͳ	b	Less direct expenses		t	o		The with the	1	3 1
0	c	Net income or (loss) fro	m fundra	ısıng e	v <u>ents</u>				
		Gross income from gam See Part IV, line 19	ning activi	ties a)				
		Less direct expenses		, t	P[5 " A- W	The state of the s	110	2 T
		Net income or (loss) fro		_	ues	, ;	1 27 1 3 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	 ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Gross sales of inventory and allowances		urns 8		- +			
		Less cost of goods sold Net income or (loss) fro		of united	otory -				
	C	Miscellaneous Reven		וויעפ	Business Code		CONTRACTOR OF THE	*	
	11 a b				<u> </u>				
	d	All other revenue			·		-		
		Total. Add lines 11a-11a	d	L.			* * * * * * * * * * * * * * * * * * * *		
		Total revenue. See insti			•	4,722,886.	244,777.	0.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	(A)	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			5 1 2 2	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			Same 2"	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				1
7	Other salaries and wages	624,147.	624,147.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,258.	6,258.	0.	0.
9	Other employee benefits	72,182.	72,182.	0.	0.
10	Payroll taxes	52,012.	52,012.	0.	0.
	Fees for services (non-employees)	02,012.	32/012.	<u> </u>	<u> </u>
	a Management				
	5 Legal	28,818.	0.	28,818.	0.
	Accounting	2,552.	0.	2,552.	0.
	d Lobbying				<u> </u>
(Prof fundraising svcs See Part IV, In 17		ν , 2		
	Investment management fees				
	g Other				
	Advertising and promotion				
13	Office expenses	****			
14	Information technology			, , , , , , , , , , , , , , , , , , ,	
15	Royalties				
16	Occupancy	132,653.	99,489.	33,164.	0.
17	Travel	87,210.	65,407.	21,803.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,202.	2,202.	0.	0.
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			and the second	
	OFFICE SUPPLIES AND EXPENSES	88,284.	66,213.	22,071.	0.
ı	MERCHANT ACCOUNT FEES	78,655.	78,655.	0.	0.
•	DONATIONS	5,000.	0.	5,000.	0.
•	MARKETING AND COMMUNICATIONS	324,501.	243,378.	81,123.	0.
	IN KIND PRODUCT	246,667.	246,667.	0.	0.
1	All other expenses	3,611,914.	3,318,602.	293,312.	0.
	Total functional expenses Add lines 1 through 24f	5,363,055.	4,875,212.	487,843.	0.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	•		356,675.	1	273,981.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,075.	4	124,445.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin	ed und	ler section 4958(f)(1))	*		
		and persons described in section 4958(c)(3)(B) Com	plete F	art II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use			2,828.	8	2,394.
Ś	9	Prepaid expenses and deferred charges			73,667.	9	49,184.
	10 a	Land, buildings, and equipment cost or other basis	10 a	38,862.	A COLUMN ACTOR ACT	,	
		Complete Part VI of Schedule D					4
	b	Less accumulated depreciation	10 ь	24,214.	12,407.	10 c	14,648.
	11	Investments – publicly-traded securities				11	
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments – program-related See Part IV line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		461,652.	16	464,652.
	17	Accounts payable and accrued expenses			3,676,861.	17	4,326,316.
	18	Grants payable		18			
	19	Deferred revenue	49,178.	19	19,632.		
Ļ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability Complete Part	IV of S	chedule D		21	
l L I	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	istees, rsons	key employees, Complete Part II			1 20
Ė		of Schedule L				22	
Š	23	Secured mortgages and notes payable to unrelated the	hird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third	d partie	es		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,726,039.	26	4,345,948.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X a	nd complete lines			
Ą	27	Unrestricted net assets			-3,264,387.	27	-3,881,296.
Š		Temporarily restricted net assets			0,201,0011	28	
Ş	29	Permanently restricted net assets				29	
Q R		Organizations that do not follow SFAS 117, check he	ere►	and complete			27.
		lines 30 through 34.		aa cap.c.tc			
FUZD	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equip	oment	fund	•	31	
Ĺ	32	Retained earnings, endowment, accumulated income			32		
BALAZCES	33	Total net assets or fund balances	•		-3,264,387.	33	-3,881,296.
E S	34	Total liabilities and net assets/fund balances			461,652.	34	464,652.

BAA

orm	n 990 (2009) NATIONAL ASSOCIATION OF COMPETITIVE SOCCER CLUBS 57-112	8981	Pa	age 12
Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 \square Cash \square Accrual \square Other	٠,	137	
	lf the organization changed its method of acci unting from a prior year or checked 'Other,' explain in Schedule O		1	
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X_	L
b	b Were the organization's financial statements audited by an independent accountant?	2 b		Х
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ai review, or compilation of its financial statements and selection of an independent accountant?	udit, 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	;		1
d	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued o consolidated basis, separate basis, or both	na /'* `		
	X Separate basis Consolidated basis Both consolidated and separate basis			4
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 3a		х
b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	l audit 3b		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

· 0	pen	to I	eubl	ici	
が	ins	pec	tion		

Name of the	lame of the organization Employer identification number									
NATIO	NATIONAL ASSOCIATION OF COMPETITIVE SOCCER CLUBS 57-1128981									
Part I	Reason for Pul	olic Charity Statu	s (All organizations	must d	omple	te this	part.)	See	nstructi	ions
The orga	inization is not a priv	vate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)			
1 [A church, convention	on of churches or asse	ociation of churches desc	cribed in	section	170(b)(1	χΑχi).			
2	A school described	in section 170(b)(1)(A	(Attach Schedule E	.)		. , ,				
3	A hospital or coope	erative hospital service	e organization described	ırsectio	n 170(b)	(1)(A)(ii	i).			
4	· ·	•	d in conjunction with a h				•	ЬХ1ХА Х	(iii). Ente	er the hospital's
	name, city, and state									
5	' '									
6 7										
8			70(b)(1)(A)(vi). (Complete	e Part II)					
9 X	from activities relat investment income	ed to its exempt func-	1) more than 33-1/3 % of tions— subject to certain ss taxable income (less emplete Part III)	exception	ons, and	l (2) no	more th	ian 33-1	/3 % of i	ts support from gross
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety Se s	ection 5	509(a)(4).		
11	more publicly support	orted organizations of	exclusively for the bene lescribed in section 509(cation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) Se s i	of, or ca ection 5	rry out th 09(a)(3).	ne purposes of one or Check the box that
	a Type I	b Type II	c Type II		-		ed		dП	Type III- Other
e	By checking this bo	x, I certify that the or	ganization is not controll n one or more publicly s	led direc	tly or in	directly	by one	or more ed in se	disqualiction 509	fied persons other
f		received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organization,
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	
	(i) a person who below, the go	directly or indirectly verning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı)	and (III)	Yes No
	(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)
	(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)
h	Provide the following	ng information about t	he supported organization	ons						
(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your triing ment?	(v) Did y the organ col your su	ization in organization in col (i) of (i) organized in the		(vii) Amount of Support	
				Yes	No	Yes	No	Yes	No	
								l L		
										
				 						
							,			
Total				1	***	. ;			1	

		-		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, o <u>r</u> 8 of Part	1)					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	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								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	E				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,. V		
6	Public support. Subtract line 5 from line 4		The state of the s						
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc. (see in:	structions)				12		
	First five years. If the Form 990 organization, check this box and	stop here.	•	nd, third, fourth,	or fifth tax year as	s a section 5	601(c)	(3)	
	tion C. Computation of Pu							 	
	 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2008 Schedule A, Part II, line 14 						14 15		<u>%</u>
16 a	16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box								
and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2008. 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									
17:	17 a 10%-facts-and-circumstances test — 2009 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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box an stop here. a publicly suppo	Explain in rted organiz	Part I\ ation	/ how the	
18 RAA	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a				structions	2000
					× × ×	TOPHOLD D (F	ATTEN 4	w Or WMILE /)	II IU

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sac	tion A. Public Support	ched the box on h	110 3 011 01(1)	-			
		(a) 2005	(F) 2006	(c) 2007	(d) 2008	(*) 2000	(O Total
	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and	(a) 2005	(b) 2006	(c) 2007	(0) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,434,579.	1,802,050.	3,200,896.	3,122,442.	3,234,724.	12,794,691.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
	purpose	620,758.	796,034.	309,673.	1,886,501.	1,488,162.	5,101,128.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	·					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.		0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.		0.
6	Total. Add lines 1 through 5					4.722.886.	17,895,819.
	Amounts included on lines 1, 2, 3 received from disqualified persons	2,000,001		3,310,303.	0,000,530	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.,,030,023.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line	4).	⁶ 6	٠.	of states in	. '	
	7c from line 6)				~ /		17,895,819.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	·	 	 			
Cale 9		2,055,337.	2,598,084.	3,510,569.	5,008,943.	4,722,886.	17,895,819.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,425.	2,598,084. 2,586.	2,991.	5,008,943. 5,491.	4,722,886. 5,645.	17,895,819.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b	2,055,337.	2,598,084.	3,510,569.	5,008,943.	4,722,886.	17,895,819.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	2,425.	2,598,084. 2,586.	2,991.	5,008,943. 5,491.	4,722,886. 5,645.	17,895,819.
Cale 9 10 a 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	2,425. 2,425.	2,598,084. 2,586. 2,586.	2,991. 2,991.	5,491. 5,491.	5,645. 5,645.	19,138. 19,138.
Cale 9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	2,425. 2,425.	2,598,084. 2,586. 2,586.	2,991. 2,991.	5,491. 5,491.	5,645. 5,645.	19,138. 19,138.
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Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and this form C. Computation of Pupublic support percentage from the support income percentage from the support percentage from the suppo	2, 425. 2, 425. 2, 425. 0. Is for the organization here. blic Support Proposition of the proposition of	2,598,084. 2,586. 2,586. 0. etion's first, second ation's first, second ation (f) divided by line at the percentage column (f) divided	2,991. 2,991. 2,991. 0. nd, third, fourth, ne 13, column (f)) e d by line 13, colum	5,491. 5,491. 0. or fifth tax year as	4,722,886. 5,645. 5,645. 0. 15 16	17,895,819. 19,138. 19,138. 0. 17,914,957. 0.0(3) 99.89% 99.94% 0.11%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and this composition C. Computation of Pupulic support percentage for 20 Public support percentage from threstment income percentage finvestment income percentage fines.	2, 425. 2, 425. 2, 425. 2, 425. 0. Is for the organization here. blic Support F 09 (line 8, cclum 2008 Schedule A, restment Incorror2009 (line 10c, rom2008 Schedul	2,598,084. 2,586. 2,586. 0. etion's first, second attention of the second	2,991. 2,991. 2,991. 0. 17	5,491. 5,491. 0. or fifth tax year a	4,722,886. 5,645. 0. s a section 501(c) 15 16	17,895,819. 19,138. 19,138. 0. 17,914,957. (3) 99.89% 99.94% 0.11% 0.06%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and this form C. Computation of Pupublic support percentage from the support income percentage from the support percentage from the suppo	2, 425. 2, 425. 2, 425. 2, 425. 0. Is for the organization displayed to the organization di	2,586. 2,586. 2,586. 0. ercentage n (f) divided by lii Part III, line 15 me Percentage column (f) divided e A, Part III, line d not check the b	2,991. 2,991. 2,991. 0. 17 17 17 18 19 17 19 10 11 12 13 14 15 16 17 17 18 19 19 19 10 10 10 11 11 11 11	5, 491. 5, 491. 0. or fifth tax year and time 15 is more	4,722,886. 5,645. 5,645. 0. 15 16 17 18 than 33-1/3%, ar	17,895,819. 19,138. 19,138. 0. 17,914,957. (3) 99.89% 99.94% 0.11% 0.06%
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Outrielated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from the support income percentage from 1. Investment inco	2, 425. 2, 425. 2, 425. 2, 425. 0. Is for the organization displayed by the second of the second of the second of the organization displayed by the org	2,586. 2,586. 2,586. 2,586. 0. ercentage n (f) divided by lift Part III, line 15 me Percentage column (f) divided e A, Part III, line d not check the both of the corganization d not check a both here. The organization of the corganization of the corgani	2,991. 2,991. 2,991. 0. 17 17 10 17 10 10 10 11 10 10	5,491. 5,491. 0. or fifth tax year and line 15 is more blicly supported on a, and line 16 is ris a publicly support	4,722,886. 5,645. 5,645. 0. 15 16 17 18 than 33-1/3%, arrganization nore than 33-1/3% arred organization	17,895,819. 19,138. 19,138. 0. 17,914,957. 0.03) 99.89% 99.94% 0.11% 0.06% d line 17 is not X , and line 18

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection Employer Identification number

1170	TONNE AGGOSTANION OF GOVERN	TIVE GOODE OF UP O		57 1100001	
Pai	CIONAL ASSOCIATION OF COMPETI			57-1128981	
Pai	dl Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Simila o Form 990, Part IV, line 6.	ar Funds or Acce	ounts Complete	e if
		(a) Donor advised funds	(b) F	unds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets he to the organization's exclusive legal con	eld in donor advised htrol?	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beni	the benefit of the donor or donor advisor	ant funds may be r or for any other	Yes	□No
Par	t II Conservation Easements Comple	ete if the organization answered	'Yes' to Form 99	0. Part IV. line	7.
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r		vation of an historica	ally important land	area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	vation of certified his		
	Preservation of open space	لسبا			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribu	ution in the form of a	a conservation eas	ement on the
			,	Held at the End o	of the Year
ā	Total number of conservation easements		2a		
t	Total acreage restricted by conservation ease	ments	2 b		
•	Number of conservation easements on a certi-	fied historic structure included in (a)	2c		
C	Number of conservation easements included i	n (c) acquired after 8/17/06.	2 d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or to	erminated by the org	ganization during t	he tax
4	Number of states where property subject to co	onservation easement is located			
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspect	ion, handling of viol	ations,	□ .
6	Staff and volunteer hours devoted to monitoring the year >		on easements	Yes	∐ No
7	Amount of expenses incurred in monitoring, in during the year ▶	ispecting, and enforcing conservation ea	asements = \$		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	ts of section	Yes	□ No
•	***************************************		,		
9	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote conservation easements	to the organization's financial statements	s that describes the	organization's acc	ounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasur wered 'Yes' to Form 990, Part IV	res, or Other Sim ', line 8.	nilar Assets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in f	statement and balad furtherance of public	nce sheet works of service, provide, i	art, historical in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue stat lic exhibition, education, or research in f	ement and balance furtherance of public	sheet works of art, service, provide the	, historical he following
	(i) Revenues included in Form 990, Part VIII,	line 1		- \$	
	(ii) Assets included in Form 990, Part X			▶\$	
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	assets for financial g	gain, provide the fo	llowing
	Revenues included in Form 990, Part VIII, line	- 1		- \$	
Ł	Assets included in Form 990, Part X	•		► \$	

schedule D (Form 990) 2009 NATTO				5/-112		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (con	tınued)
3 Using the organization's acquisition (check all that apply)	ion accession a	nd other records, che	ck any of the following th	at are a significant us	e of its col	lection
a Public exhibition		d 🗌 Loan	or exchange programs			
b Scholarly research		e 🗌 Other	·			
c Preservation for future gener	rations					
4 Provide a description of the orga Part XIV	nızatıon's colle	ctions and explain ho	w they further the organiz	ation's exempt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds r					Yes	No
Part IV Escrow and Custodia	l Arrangeme	ents Complete if of	organization answere	d 'Yes' to Form 9	90, Part	IV, line
9, or reported an amo	unt on Form	990, Part X, line	21.			
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	y for contributions or othe	r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV an	d complete the follow	ing table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	amount on Forn	n 990, Part X, line 21	7		Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if org	janization answer	ed 'Yes' to Form 990), Part IV, line 10.		
	(a) Current ye	ear (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance			- 1 ₁ t ₁	1.2	3	~ P.
b Contributions			\$ J. 45			- + 3
c Net Investment earnings, gains, and losses				The state of	100	
d Grants or scholarships			行为他的发展的	कार्यक्रम् . स्. हो हिन्दूरा -	F 15.55	
 Other expenditures for facilities and programs 			The state of the s	The state of the s	٦٠٠٩٠ ١	
f Administrative expenses			The state of the s	17 miles et 19-8/2	*.	
g End of year balance			Grand of Late			
2 Provide the estimated percentage	e of the year er	nd balance held as				
a Board designated or quasi-endov	wment ►	8				
b Permanent endowment ▶						
c Term endowment ►	8					
3a Are there endowment funds not organization by	in the possessi	on of the organization	that are held and admin	stered for the		es No
(i) unrelated organizations					3a(i)	65 110
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related of		-t-d C	ahadula D2		3a(ii)	
4 Describe in Part XIV the intender	•	•			3b	
Part VI Investments—Land, B				lino 10		
Description of investment		a) Cost or other basis			(d) Pos	
Description of investmen	, ,	(investment)	basis (other)	(c) Accumulated Depreciation	(a) Boo	ok Value
1 a Land		,		_		
b Buildings						
c Leasehold improvements						
d Equipment		38,862.		24,214.		14,648.
e Other	ļ-	<u></u>				
otal. Add lines 1a through 1e (Column	n (d) must eaua	al Form 990. Part X. c	olumn (B), line 10(c))	•		14,648.
BAA				Sched		m 990) 2009

TEEA3302 02/02/10

Total (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (b) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15) Fortal (Column (b) must equal Form 990, Part X, col (c) line 15)	Schedule D (Form 990) 2009 NAT				57-1128981	Page 3
Column (b) must equal Form 990, Part X, cir (b) line 13) Part X Other Assets (See Form 990, Part X, line 15) Part X Other Liabilities (See Form 990, Part X, line 15) Part X Other Liabilities (See Form 990, Part X, line 15) Part X Other Liabilities (See Form 990, Part X, line 15) Part X Other Liabilities (See Form 990, Part X, line 25) Part X Other Liabilities (See Form 9						
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Total (Column (s) must equal Form 990 Part X, col. (8) line 12) - Part VIII Investments - Program Related (See Form 990, Part X, Ine 13) (a) Description of investment type (b) Book value (c) Method of valuation Cost or end of year market value (d) Method of valuation Cost or end of year market value (e) Part X Other Assets (See Form 990, Part X, Line 15) (a) Description (b) Book value (c) Menount (d) Book value (e) Amount (d) Amount (d) Amount (e) Amount	Financial derivatives					
fotal (Column (b) most equal form 990 Part X, col (8) line 12) > Part VIII (Investments—Program Related (See Form 990, Part X, Inne 13) (a) Description of investment type (b) Book value (c) Method of valuation Cost of end of year market value fotal (Column (b) must equal form 993 Part X col (8) line 13) > Part X (b) Part X (b) Part X (c) (c) Description (b) Book value (b) Book value fotal (Column (b) must equal form 990, Part X, col (6), line 15) Part X (Other Liabilities (See Form 990, Part X, inne 25) (a) Description of Liability (b) Amount ederal Income Taxes	Closely-held equity interests					
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2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48	2. FIN 48 Footnote In Part XIV, pro	vide the text of the foo	tnote to the organization's	s financial statements th	nat reports the organizat	ion's liability

		7-1128981	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		····
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	
	a Net unrealized gains on investments	_	
ı	Donated services and use of facilities 2b	_	
(Recoveries of prior year grants	_	
(d Other (Describe in Part XIV)		
(e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
i	a Investments expenses not included on Form 990, Part VIII, line 7b 4a	_ -	
ı	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
1	b Prior year adjustments 2b		
	c Other losses 2c	7	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
1	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines 1b and 2b part to provide any	Part V, additional
			_
		-	
		- 	
			- -

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

BAA

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 2009

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

NATIONAL ASSOCIATION OF COMPETITIVE SOCCER CLUBS 57-1128981 Part I Types of Property (d) (a) (b) (c) Revenues reported on Form 990, Method of determining Check if Number of Contributions applicable revenues Part VIII, line 1g 1 Art-Works of art Art-Historical treasures 3 Art-Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 11 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other Real estate-Residential 15 16 Real estate-Commercial Real estate-Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (tournament supplies) 246,667. cost Х 26 Other • (_____ 27 Other ► (28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a noncash contributions? b If 'Yes,' describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF COMPETITIVE SOCCER CLUBS	57-1128981
Pt VI-C, Line 19 the governing documents and financial statements, and	tax returns are available
to the public upon reguest	
Pt VI-B, Line 15 the club reviews compensation annually and sets competitive and comparable market rates	levels based on
Pt_VI-B, Line 11A the governing body is provided copies of the 99	O_via_email_for_review_
and comment	
Pt VI-B, Line 12c the conflict of interest policy is distributed	to members
and status changes, and possible conflicts are dis	
	

Schedule O (Form 990), Supplemental Information to Form 990 $\,$

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

Schedule O (Form 990) Supplemental Information to Form 990

Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
PHIL WRIGHT	8056 GLENBAR WAY	FAIR OAKS	CA	95628
JOHN RENNIE	36 CLEARWATER DRIVE	DURHAM	NC_	27707
MIKE SWEENEY	7239 FORESTWOOD DRIVE	INDEPENDENCE	OH	44131
STEVE FREEMAN	18 HARWICH DRIVE	ALBANY	NY	12205
PETER BRADLEY	85 CENTRAL STREET	WALTHAM	MA	02453
MARK MACKAIN	970 CHIVENCESTER CT	SUWANEE	GA	30024
TIM LESIAK	4489 DOGWOOD DRIVE	BATAVIA	ОН	45103
SHAWN BLAKEMAN	2000 DAPHNE AVENUE	SACRAMENTO	CA	95864
TOM ATENCIO	3572 NW 112TH PLACE	PORTLAND	OR	97229

Form 990, Page 6, Line 17 States Form 990 Filed In

California

South Carolina