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## Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
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)

► Sponsoring organizations of donor-advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$1,250,000 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.

OMB No. 1545-1150

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if  
applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS  
label or  
print or  
type.  
See  
Specific  
Instructions

C Name of organization

ST CHARLES SOCCER LEAGUE

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/  
suite

P O BOX 518

City or town, state or country, and ZIP + 4

Boutte LA 70039

D Employer Identification number

72-1029448

E Telephone number

(985) 210-1688

F Group Exemption  
Number, ►► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ).G Accounting Method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check  if organization is not required  
to attach Sch B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) --  501(c)(3) ► (Insert no.) 4947(a)(1) or 527  
K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A  
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 3d, 6b, and 7b, to line 8 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 69,122

## Part I Revenue, Expenses, and Changes In Net Assets or Fund Balances (See the instructions for Part I)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received .....	1	1,267
	2 Program service revenue including government fees and contracts .....	2	
	3 Membership dues and assessments .....	3	46,491
	4 Investment income .....	4	1,320
	5a Gross amount from sale of assets other than inventory .....	5a	
	b Less, cost or other basis and sales expenses .....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____) of contributions reported on line 1) .....	6a	16,127
	b Less, direct expenses other than fundraising expenses .....	6b	10,519
E X P E N S E S	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	6c	5,608
	7a Gross sales of inventory, less returns and allowances .....	7a	
	b Less, cost of goods sold .....	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c	
	8 Other revenue (describe ► See attachment #1) .....	8	3,917
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .....	9	58,603
	10 Grants and similar amounts paid (attach schedule) .....	10	
	11 Benefits paid to or for members .....	11	
	12 Salaries, other compensation, and employee benefits .....	12	
	13 Professional fees and other payments to independent contractors .....	13	
A S T E T S	14 Occupancy, rent, utilities, and maintenance .....	14	
	15 Printing, publications, postage, and shipping .....	15	
	16 Other expenses (describe ► See attachment #2) .....	16	51,867
	17 Total expenses. Add lines 10 through 16 .....	17	51,862
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	6,741
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	19	46,188
	20 Other changes in net assets or fund balances (attach explanation) .....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 .....	21	53,229

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments .....	45,488	22 52,229
23 Land and buildings .....	1,000	23 1,000
24 Other assets (describe ► _____) .....	24	
25 Total assets .....	46,188	25 53,229
26 Total liabilities (describe ► _____) .....	0	26 0
27 Net assets or fund balances (line 25 of column (B) must agree with line 21) .....	46,488	27 53,229

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

67  
12



Form 990-EZ (2009) ST CHARLES SOCCER LEAGUE 72-1029448

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ..... 33  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes ..... 34  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? ..... 35a  X

b If "Yes," has it filed a tax return on Form 990-T for this year? ..... 35b  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 ..... 36  X

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

b Did the organization file Form 1120-POL for this year? ..... 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 period covered by this return? ..... 38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. ..... 38b

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

a Initiation fees and capital contributions included on line 9 ..... 39a

b Gross receipts, included on line 9, for public use of club facilities ..... 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 4911 ; section 4912 ► 4912 ; section 4955 ► 4955

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ..... 40b  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 ..... 4912, 4955, and 4958

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

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ..... 8886-T  X

41 List the states with which a copy of this return is filed. ► **NONE**42a The organization's books are in care of ► **See attachment #5** Telephone no ► Located at ► ZIP + 4 

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)? ..... 42b  X

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 42c  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

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ ..... 45  X

Form 990-EZ (2009) ST CHARLES SOCCER LEAGUE 72-1029448

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**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b	X	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

1 Total number of other employees paid over \$100,000 ►

51 Complete this 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Aug 16, 2010 Date	
	BILL BALLARD TREASUER Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN <input type="checkbox"/> Phone no. <input type="checkbox"/>

May the IRS discuss this return with the preparer shown above?  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**Department of the Treasury  
Internal Revenue Service

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

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

Open to Public  
Inspection**Name of the organization**

ST CHARLES SOCCER LEAGUE

**Employer Identification number**  
72-1029448**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  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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. (II) listed in your governing documents?	(V) Did you notify the organization in col. (II) of your support?	(VI) Is the organization in col. (II) organized in the U.S.?		(VII) Amount of support
					Yes	No	
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2009

## Schedule A (Form 990 or 990-EZ) 2009 ST CHARLES SOCCER LEAGUE 72-1029448

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## Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	68166	68126	47239	39410		222941
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not 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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	68166	68126	47239	39410		222941
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$6,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						222941

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	68166	68126	47239	39410		222941
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		704	907		1320	2931
c Add lines 10a and 10b		704	907		1320	2931
11 Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	68166	68830	48146	39410	1320	225872

14 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 

## Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.70	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.42	%

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2009. 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			<input checked="" type="checkbox"/>
b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 18 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			<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			<input type="checkbox"/>

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

## ST. CHARLES SOCCER LEAGUE

Employer identification number  
72-1029448

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**Fundraising Activities.** Complete if the organization answered "Yes" to Form 802, Part IV, Page 12.

Form 89-EZ filers are not required to complete this section.

1. Indicate whether the organization received funds through one of the following sources. (Check all that apply.)

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with its current fundraising activities?

b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$3,000 by the organization.

the **values** of the organization.

(I) Name of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?	(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No		

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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## Schedule G (Form 990 or 990-EZ) 2009 ST CHARLES SOCCER LEAGUE 72-1029448

Page 2

**Part II** Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 BOYS PLANTAT (event type)	(b) Event #2 GIRLS PLANTA (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col. (c))
R E V E N U E	1 Gross receipts .....	8,313	7,814		16,127
	2 Less: Charitable contributions .....				
	3 Gross income (line 1 minus line 2) .....	8,313	7,814		16,127
D I R E C T E X P E N S E S S	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	6,346	4,173		10,519
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 10,519 )
Part III		11 Not income summary. Combine line 3, column (d), and line 10 .....			5,608

**Part III** Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
R E V E N U E	1 Gross revenue .....				
	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
D I R E C T E X P E N S E S S	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

a Is the organization licensed to operate gaming activities in each of these states? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b If "No," explain: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b If "Yes," explain: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

11 Does the organization operate gaming activities with nonmembers? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## Schedule G (Form 990 or 990-EZ) 2009 ST CHARLES SOCCER LEAGUE 72-1029448

Page 3

13 Indicate the percentage of gaming activity operated in.

a The organization's facility ..... 

13a	%
-----	---

b An outside facility ..... 

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party \_\_\_\_\_

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
13a		
13b		
15a		X
17a		X

**SCHEDULE OF OTHER REVENUE**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

**Open to Public  
Inspection**

For calendar year 2009 or tax period beginning

, and ending

**Name of Organization**

Employer Identification Number  
72-1029448

Description of Other Revenue	Amount
St Charles Parish Rec Dept: reimbursement of some fall season	3,917
Total	3,917

## SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public	For calendar year 2009 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
ST CHARLES SOCCER LEAGUE	72-1029448	

Description of Other Expenses	Amount
2007 STATE CUP FEES	16
FALL REF ADVACE-COACH	465
2007 STATE CUP FEES	870
2008 REGISTRATION PLAYER REFUND	280
2008 SPRING REF ADVANCE-COACH	25
2008 CHALLENGER CAMP	523
2009 FALL COACH REFERRE ADV	2,485
2009 FALL REFEREE FEES-SAT GAMES	3,700
2009 FALL REF ASSIGNOR FEE	406
2009 KOHLS CUP TEAM ENRTY FEES	300
2009 PLAYER REG REFUND	308
2009 REF ASSIGNOR FEE	496
2009 REG EXPENSE	436
2009 SPRING REF ADVANCE-COACH	1,430
2009 STATE CUP FEES LSA	2,450
2009 TEAM DONATION RETURNED	1,100
2009 UNIFORMS	10,477
2009 REFUND REG	1,396
AWARD-ADULTS	.452
BANK CHARGES	6
DEPOSITED ITEM RET FEE	12
DEPOSITED ITEM RETURNED	205
EDUCATION	860
ENTERTAINMENT	250
FIELD EQUIPMENT	9,572
FIELD MAINTENANCE	6,796
LSA AFFILIATION FEE	25
LSA PLAYER-CLUB REGISTRATION-2009	3,195
OFFICE EXPENSES	716
REF CLASS FEE	320
REFEREE	40
REFEREE CLASS REIMB	240
TROPHIES AWARDS PLAYERS	2,010

Total

51,867

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
ST CHARLES SOCCER LEAGUE	72-1029448	
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

We provide a youth soccer program for approx 800 boys and girls ages 4-18 years old. It is a non-denominational, non-discriminating organization run by a volunteer board, coaches, & parents. We have some support from the local parish recreation department as they provide grass cutting, field marking & reimbursement of some referee fees. Field are school sites public owned by the St Charles Parish Public School System with a cooperative agreement with the St Charles Parish Recreation Department.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 4: page 1 - 990 EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending		
Name of Organization ST CHARLES SOCCER LEAGUE			Employer Identification Number 72-1029448	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
CURT ALBERT 211 BRADWALL STREET Luling, LA 70070 PHILLIP LYONS 239 VILLEIRE DR. Destrehan, LA 70047 ED WAHDEN 18 PATRICIA COURT Luling, LA 70070 BILL BALLARD 121 DUNLEITH DR. Destrehan, LA 70047	PRESIDENT  VICE-PRESIDENT  SECRETARY  TREASUER	0  0  0  0	0  0  0  0	0  0  0  0

## BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization ST CHARLES SOCCER LEAGUE	Employer Identification Number 72-1029448	
Part V - Line 42a		

Individual Name ..... BILL, BALLARD

or

Business Name:

Street Address ..... 121 DUNLEITH DRIVE

U.S. Address:

Zip code 70047 City Destrehan State LA  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (985) 764-0786

Fax Number .....