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orm **990**

Return of Organization Exempt From Income Tax

୭nno

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

Open to Public

OMB No 1545-0047

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning June 1 2009, and ending May 31 , 20 10 C Name of organization Park City Soccer Club, Inc. D Employer identification number B Check if applicable use IRS Doing Business As 0609360 Address change label or print o Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change type See P.O. Box 980782 659-0448 (435)Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated tions Park City, UT 84098 Amended return G Gross receipts \$ 513496 F Name and address of principal officer: Cheryl White-Hamrick H(a) Is this a group return for affiliates? Yes No Application pending P.O. Box 980782, Park City, utah 84098 H(b) Are all affiliates included? Yes No Tax-exempt status. If "No," attach a list (see instructions) Website: ▶ www.parkcitysoccer.org H(c) Group exemption number Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1998 M State of legal domicile UT Summary Briefly describe the organization's mission or most significant activities: Promote and support youth soccer. Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) ಠ 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a). 6 75 6 Total Funder of volunteers (estimate if necessary) 7a Total gross unrelated pusiness revenue from Part VIII, column (C), line 12.
b Net unrelated business taxable income from Form 990-T, line 34. 7a 0 7b 0 <u>JAN 1 8 2011</u> 37 **Current Year** 147963 12502 Contributions and trants (Part VIII, line 1h) . 366802 499972 Grøgram service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1976 1022 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 516741 513496 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 315341 530889 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 201400 -17393 Beginning of Current Year 66487 45489 Total assets (Part X, line 16) . 819 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 65668 45489 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Check if Preparer's identifying number Preparer's self-Wade C. K employed ▶ □ Paid P01338375 Preparer's Firm's name (or yours Higgs CPAs LLC ΕIΝ ▶ 27 4389378 Use Only if self-employed), 923 E Executive Park Dr. Ste D Salt Lake City, UT 84117 ▶ (801) Phone no 265-2522 May the IRS discuss this return with the preparer shown above? (see instructions) 🗸 Yes 🗌 No

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Form	990	(2009)	

D	2
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Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Promote and support youth soccer.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 516026 including grants of \$) (Revenue \$ 499972) Create competitive youth soccer teams and provide coaching, equipment, and facilities to teach soccer skills
	·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
-	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 516026

Par	Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
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? If "Yes," complete Schedule D, Part I	6		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		4 4 4 A	
•	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.	, x	, ,	
•	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.	*`,		
•	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.	* ,	**	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "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 "Yes," complete Schedule D, Part X.		A Proposition of the Proposition	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	i.		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?			•
15	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		✓
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
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		✓
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		✓
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	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		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) 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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	•

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				_
			Ye	s No	-
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	15	î	,	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?		c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 133			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	0 2 ns? 2	2b √	A. 4.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. instructions)	(see			1
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?		Ba	1	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ં _ ઉ	b		_ ~ v
	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ncial	la	/	
	If "Yes," enter the name of the foreign country: ▶	· · ·		3	Ī
~	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5	ia	✓	_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	····	ib		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar Prohibited Tax Shelter Transaction?		ic	1	_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible?	the <u>6</u>	ia	√	-
b	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?		6b		مام
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor?		 'a]
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 17	'b		- 4/A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it required to file Form 8282?		'c	✓	_
d	If "Yes," indicate the number of Forms 8282 filed during the year		- 23		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers benefit contract?		'e	✓	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	···	'f	√	_
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u>'g</u>	-	-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-contribution file and file and file and file are contributions of cars, airplanes, and other vehicles, did the organization file and file are contributed for the contribution file and file are contributed for the contributed file are contr		'h	√	5
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor	-			A STATE OF THE STA
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorganization, have excess business holdings at any time during the year?		8	✓	3
9	Sponsoring organizations maintaining donor advised funds.	-			4
	Did the organization make any taxable distributions under section 4966?	. –	a b	1	-
	Did the organization make a distribution to a donor, donor advisor, or related person?	· -	-	4 3 104	Ī
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		. i i		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<u>ان ان ا</u>		1
11	Section 501(c)(12) organizations. Enter.	10 to			
	Gross income from members or shareholders		. E		1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 If "Yes." enter the amount of tax-exempt interest received or accrued during the year.		2a		^ 12 A

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
1a	Enter the number of voting members of the governing body		r d	
b	Enter the number of voting members that are independent	1 1	* * * * * * * * * * * * * * * * * * *	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		**********	ليك
	any other officer, director, trustee, or key employee?	2_		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5 6		
6	Does the organization have members or stockholders?	-		-
/ a		7a		1
h	of the governing body?	7b		7
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3	, ,	, A
•	the year by the following:		Š.	
а	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			_
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		_
	tion B. Policies (This Section B requests information about policies not required by the Integral Code)	∍rnai		
nev	enue Code.)			
40-	Decrete and the second	10a	Yes	No
	Does the organization have local chapters, branches, or affiliates?	104		_
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		***	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u>✓</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			,
	describe in Schedule O how this is done	12c		√
13	Does the organization have a written whistleblower policy?	13		V
14	Does the organization have a written document retention and destruction policy?	14	**	V
15	Did the process for determining compensation of the following persons include a review and approval by			
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		1
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	, , ,		\$2
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	· ^	7	
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1400 	*
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		Î	
	the organization's exempt status with respect to such arrangements?	16b		✓
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Utah			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)S (only)	
	available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	arpet	
	policy, and financial statements available to the public.	J. 11116	J1 U31	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	f the	
	organization: ► Cheryl White-Hamrick; 7990 Springshire Drive Park City, UT 84098; 1-435-659-0448	,		

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 organization'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 employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if the organization did not contain the contains a contain the contain the contains a contain the contain the contains a contain the contain the contain the contains a contain the contain th	pmpensate	any o	curr			cer, d	lirec	tor, or trustee.		-
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average				_	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAN WILLIAMSON										
President	5			1	<u> </u>			0	0	0
KRISTEN PEARSON	2							0	0	0
Vice President		L		1	<u> </u>			U.	•	U
CHERYL WHITE-HAMRICK	10							0	o	0
Treasurer				✓						
ANGIE DUFNER	1			١,				اه	o	0
Secretary		ļ	ļ	✓	├	-				·
KAREN HOWELL Registrar	10			1				0	0	0
RENEE CRABTREE	2							0	0	0
Webmaster				✓	<u> </u>		$oxed{oxed}$	0		
DENNIS HOGLIN Member at Large	1			1				o	0	0
										-

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	_		d Hig	hest	Compensated	I Employees (c	ontinued)
•	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstrtutional trustee	Officer	a Key employee	Highest compensated employee	Former	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
							:				
			:								-
										<u> </u>	
				_							
										l .	
1b	Total							▼			
2	Total number of individuals (including but in reportable compensation from the organization from the organization).		to th	ose	list	ed a	above	e) wh	no received mo	ore than \$100,0	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ıch	ındı	vidu	ıal	•			3 /
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com _i	pen: Sch	satı edu	on i	from I for s	any such	_	anızatıon for	5 🗸
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent o	contra	acto	rs that received	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
								-			
_		. .									
2	Total number of independent contractors (i					l to	those	liste	ed above) who	received	
	more than wroo,000 in compensation non	organ									- 1488 · 78' ()

Part	t VIII	Statement of Rev	enue							
			3 2		· ************************************	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
grants	1a b	Federated campaigns Membership dues		1a 1b					312, 313, 01 314	
Contributions, gifts, grants and other similar amounts	d e	Fundraising events . Related organizations Government grants (contrib	 utions)	1c 1d 1e	11000					
itribution other s	f	All other contributions, gifts, graand similar amounts not include	ants, ed above	1f	1502					
	h	Noncash contributions included Total. Add lines 1a–1f	· · · ·		Business Code	12502			* * * * * * * * * * * * * * * * * * * *	
venue	2a	Program Fees			713990	289283	289283		.28.35	
e R	b			-	713990	25066	25066			
ric	C	Uniforms Tournament Income			713990 713990	52760 132863	52760 132863			
Š	a			····	7 10000	132303	132003			
Program Service Revenue	f	All other program service Total. Add lines 2a–2f	e revenue	. [•	499972	·	3 24.	· \$1886 .	
	3	Investment income (inclu	iding divid	dends,	interest, and	1022	1022	\$8,50K 76 F6		
	4	Income from investment of	tax-exemp	t bond	proceeds	1022	1022			
	5	Royalties	(i) Real	- 	(ii) Personal					
	62	Gross Rents L			(,,					
		Less: rental expenses				** *				
	c	Rental income or (loss)						2 64		
	d	Net rental income or (los	ss)		<u> ▶</u>					
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	s	(II) Other	ene .		* * * * * * * * * * * * * * * * * * *		
	b	Less. cost or other basis and sales expenses .				, ,		, c - (20 - (20) - (20) - (20)		
	c d	Gain or (loss) L Net gain or (loss)		ا .	>					
evenue	8a		fundraisin							
Other Re	 b	See Part IV, line 18 Less direct expenses		a						
ᅙ	C	Net income or (loss) from	n fundrais	ing ey	rents , , ▶	34 # 475000 0 000 0 00 v	373546662 53360 2		2 2000000000000000000000000000000000000	
	ļ	Gross income from gamir See Part IV, line 19								
		Less: direct expenses Net income or (loss) from	 n gaming		ties ►			*** *********************************		
	10a	Gross sales of inver								
	١,	returns and allowances Less: cost of goods sold							, W. C.	
		Net income or (loss) from			rv >	C v cano kadinina	Michigan Like Come desid	######################################	e. 20-405 20m. A	
		Miscellaneous Reven			Business Code	;;; ;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Žši	*****		
	11a									
	ь			1						
	С									
		All other revenue					9,1	*. 7 *?	 ,	
	е 12	Total. Add lines 11a-11c Total revenue. See instr			💺	513496	500994	, * 5, 3	,	
						J 515730				

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).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	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	32925	32925							
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									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal	0.50								
С	Accounting	650		650						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g		47000	47000							
12	Advertising and promotion	17893	17893							
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest		-							
21	Payments to affiliates	207	207							
22	Depreciation, depletion, and amortization.	1956	1956							
23	Insurance	1930	1930	, , , , , , , , , , , , , , , , , , ,	1.00					
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.)			3 N	A CONTRACTOR OF THE CONTRACTOR					
а	Program Expense	243858	243858							
b	Coaching Labor	207665	207665							
c	Other Organizational Expenses	11522	11522							
d	Bank Service Charges	14213		14213						
e	•••••									
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	530889	516026	14863						
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	66487	1	41676
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	2988
	5	Receivables from current and former officers, directors, trustees, key	. Jan 17	,	l. Sá
		employees, and highest compensated employees. Complete Part II of		.M.	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	***	T.	·
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	***		
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 1032			
		other basis. Complete Part VI of Schedule D		10c	825
	ı	Less accumulated depreciation		11	025
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
	13 14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	66487	16	45489
	17	Accounts payable and accrued expenses	1080		0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		ă: Î	
ab		employees, highest compensated employees, and disqualified		l	
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	-261	25	
	26	Total liabilities. Add lines 17 through 25	819	26	0
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		j L	
ă	27	Unrestricted net assets	65668	27	
Ba	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	45489
Š	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	66487	34	45489

Pai	t XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	**************************************	% };;	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	3	300	
	Schedule O.		si Sil	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	_2b	<u> </u>	✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	100.00	✓
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	72ms		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.		EF 31.	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 87 0609360 Park City Soccer Club, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives; (1) more than 33\% % 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 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III-Functionally integrated e Dy 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your (described on lines 1-9 the organization in organization in col support organization above or IRC section col (i) of your governing document? (i) organized in the (see instructions)) support? Yes Yes No No Yes

Total

Par	(Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3		44 8888	37, 30	8 % (05/00 82 /0.5)	1.78.55 24 . 8	
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)	Approximation of the control of the			- 1	() () () () () () () () () ()	
6	Public support. Subtract line 5 from line 4.		(\$\$\$).(÷ %		v'' '.	
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			x (4 XXX c.) *			
11	Total support. Add lines 7 through 10 .	*****		*1148	<u> </u>	, ,	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere					on 501(c)(3) ▶ □
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	ivided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc					15	<u>%</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 331/3	% or more, che	ck this box ► □
	33% % support test—2008. If the organibox and stop here. The organization qua	alifies as a publ	icly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "lorganization meets the "facts-and-circum	facts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b	10%-facts-and-circumstances test—2006 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circun ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here. cly supported or	Explain in Part ganization	IV how the ▶ □
18	Private foundation. If the organization did	d not check a bo	ox on line 13, 16	a, 16b, 17a, or	17b, check this	box and see ins	tructions ► ∐

(f) Total

Section A. Public Support

Calendar year (or fiscal year beginning in)

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.)

(a) 2005

(b) 2006

(c) 2007

(d) 2008

(e) 2009

		i						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1623	6450	6250	17569		12502	44394
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.	172148	263360	333566	487045		499972	1756091
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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	470774	250940	220946	504644		540474	4000405
6	Total. Add lines 1 through 5	173771	269810	339816	504614		512474	1800485
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 \$5,000 or 1% of the	323	5800	5780	17213		11000	40446
_	amount on line 13 for the year	323	5800	5780	17213		11000	40116
8	Public support (Subtract line 7c from line 6.)			3	3 43	1.78		1760369
Sec	tion B. Total Support							
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(€	2009	(f) Total
9	Amounts from line 6	173771	269810	339816	504614		512474	1800485
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13	2009	1758	1976		1022	6778
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	13	2009	1758	1976		1022	6778
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	173784	271819	341574	506590		513496	1807263
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	-			
_	tion C. Computation of Public Su				(0)			07.44
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15			15 16		97.41 % 97.58 %
-	tion D. Computation of Investmen						1	20
17	Investment income percentage for 200	•	, ,	•	` ''	17		.38 %
18	Investment income percentage from 20					18	hor 201/ 2	.40 %
19a	33\% % support tests - 2009. If the org. 17 is not more than 33\% %, check this b							
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is m	nore than 3	33/3 %, and
20	Private foundation. If the organization		_				-	
								or 990-EZ) 2000

Schedulè A (Fo	orm 990 or 990-EZ) 20	09				Page 4
Part IV	Supplemental Part II, line 17a	Information. a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required radditional information.	by Part II, line 10; See instructions.

				-	· 	
						
					·	
				•••••		
			•			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			3			

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	c City Soccer Club, Inc.		87 : 0609360
Par		ed Funds or Other Similar	
	the organization answered "Yes" to Form		and of Accounts complete ii
*****		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben purpose conferring impermissible private benefit?	efit of the donor or donor advis	or, or for any other
Pai		organization answered "Yes"	to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	anization (check all that apply). or pleasure)	n of an historically important land area on of a certified historic structure
	easement on the last day of the tax year.		The same of the sa
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hist	oric structure included in (a) .	2c
d	Number of conservation easements included in (c) according to the conservation of the	quired after 8/17/06	2d
3	Number of conservation easements modified, transfer the tax year ►	red, released, extinguished, or	terminated by the organization during
4	Number of states where property subject to conserva	tion easement is located ▶	
5 6	Does the organization have a written policy regarding violations, and enforcement of the conservation easer Staff and volunteer hours devoted to monitoring, insp	nents it holds?	Yes No
•	>	our of the contract of the con	non caccinonic coming and year
7	Amount of expenses incurred in monitoring, inspecting \$ \bigsup \\$	g, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	ne footnote to the organization's ents.	s financial statements that describes
Par	Organizations Maintaining Collections of Complete if the organization answered "Yes		Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final	oublic exhibition, education, or re	esearch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for purprovide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	blic exhibition, education, or re-	search in furtherance of public service,
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	S 116 relating to these items:	- '
a	Revenues included in Form 990, Part VIII, line 1		> \$

Page	2

Par	t III Organizations Maintaini	ng Collections	of Art, Hi	storic	cal Treasure	s, or (Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply		other reco	rds, c	heck any of th	ne follo	wing that are a si	gnificant use of its
а	Public exhibition		d		Loan or excl	nange	programs	
b	Scholarly research		е	Ш	Other			
C	Preservation for future generat	ions						
4	Provide a description of the organiz Part XIV.	ation's collection	is and expl	laın ho	ow they furthe	er the o	organization's exe	mpt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be maint	ained as pa	art of	the organization	n's col	lection?	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an					answe	ered "Yes" to For	m 990, Part
								t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the	follov	ving table:		1 4	
						-		mount
	0 0					. 10	*-	
d	Additions during the year							
е	Distributions during the year							
f	Ending balance					. 1		
	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.						∐ Yes ∐ No
Par	t V Endowment Funds. Co		_					
		(a) Current year	(b) Prio	r year	(c) Two yea			
1a	Beginning of year balance		ļ <u>-</u>			, .,	4 MARTY 1 14 ST	A 1302 A
b	Contributions					* ; *,	The state of the s	
С	Net investment earnings, gains, and losses					la Wie		
d	Grants or scholarships						MARKET APPR	网络影響影 子
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance						は高いない。	
2	Provide the estimated percentage of	f the year end ba	alance held	d as:				
а	Board designated or quasi-endown	-						
b	Permanent endowment ▶							
С	Term endowment ▶ %	,						
За	Are there endowment funds not in th	e possession of t	he organiza	ation t	hat are held a	ind adr	ninistered for the	
	organization by:	•						Yes No
	(i) unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" to 3a(ii), are the related org							3b
4	Describe in Part XIV the intended us							
Pai	t VI Investments—Land, Bu	ildings, and Ed	quipment	. See	Form 990, I	art X,	line 10.	
	Description of investment	(a) Cost or o			Cost or other asis (other)		Accumulated lepreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				1032		207	825
е	Other		200 5 :::		(D) 1 ====			
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part X,	colun	nn (B), line 10(d	<i>).)</i> .	. , ▶]	825

Part VII Investments—Other Securities	Saa Form 000 Bart	V line 10	Page 3
(a) Description of security or category	(b) Book value	K, IITIE 12. (c) Method of val	luation
(including name of security)	(b) 500K Value	Cost or end-of-year n	narket value
Financial derivatives			
Closely-held equity interests	<u>,</u>		
Other			
			·
	·		
		U - 1000/44/100/10	
		- W. O. T. A. A.	

	···		
T. 1 (0 / 42)		A	. 2.1/ 95/7988494- *
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1.0 5 000 5 1		
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
		Cost of end-or-year in	narket value
+ - 4 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 - 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 - 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 40 -			·····
Tetal (Column (h) must aqual Form 000 Part V and (P) line 121			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Pa	rt V lino 15		
Part IX Other Assets. See Form 990, Pa	(a) Description		(h) Pook value
	(a) Description		(b) Book value
	· -· · · · · · · · · · · · · · · · · ·		
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)	•	
Part X Other Liabilities. See Form 990,			1
1. (a) Description of liability	(b) Amount	. * *	
Federal income taxes	(2)		
		• • • • • • • • • • • • • • • • • • • •	
			· • .
· · · · · · · · · · · · · · · · · · ·	<u> </u>		1, 1
	w		* 200
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			4

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.

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per 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:	*
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_
b	Other (Describe in Part XIV.)]
C	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	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es per 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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIV.)] _
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pai	t XIV Supplemental Information	
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an part to provide any additional information.	
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Schedule D (Form 990) 2009

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Schedule D (Forr	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	***

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SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public 2009

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Employer identification number 0609360 7 Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 87 (f) Method of valuation (book, FMV, appraisal, other) The selection criteria used to award the grants of assistance:

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (e) Amount of non-cash assistance ▶ Attach to Form 990. . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (p) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Park City Soccer Club, Inc. Name of the organization Part II

Page 2

Schedule 1 (Form 990) 2009

who have lost their jobs, have medical issues, etc. The scholarship is basically a discount on membership fees; however, since each player is required to pay a minimum (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Assistance, in the form of scholarships, is given to those who qualify based on receiving free school lunch (due to low income) or hardship cases for families Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) **Needs Based** (d) Amount of non-cash assistance 32925 (c) Amount of cash grant (b) Number of recipients 4 of \$350 none of them are 100% scholarships. (a) Type of grant or assistance Sholarships Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**19**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Park City Soccer Club, Inc.	87	0609360			
Part VI - 11A: No process is currently in place.					
Part VI - 19: Documents, policies and financial statements are available to the public upor	n reque	est.			
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RECEIVED

JUL 1 0 2008

Utah Div. Of Corp. & Comm. Code

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF EXTREME SOCCER CLUB, INC.

The undersigned officer of the corporation described herein and pursuant to the Utah Revised Business Corporation Act (the "Act"), hereby submits the following amendment of the corporation's Articles of Incorporation to the Utah State Department of Commerce, Division of Corporations and Commercial Code.

The text of the amendment to the Articles of Incorporation is as follows:

ARTICLE I

Name of Corporation

The name of the Corporation (hereinafter the "Corporation") shall be changed from Extreme Soccer Club, Inc. to Park City Soccer Club, Inc.

The date of adoption of this amendment by the Board of Directors and officers of Extreme Soccer Club, Inc. was June 1, 2008, and shareholder approval was not required, and;

These Articles of Amendment will be effective upon filing.

The manner of the adoption of the Articles of Amendment and the vote by which it was adopted constitute full legal compliance with the provisions of the Act, the corporation's Articles of Incorporation, and the corporation's bylaws.

Dated this 9th day of July, 2008

Extreme Soccer Club, Inc.

Angela Chacon,

Treasurer & Registered Agent