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Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

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

Sponsoning 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 \$500,000 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

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JUNE 30,2010 For the 2009 calendar year, or tax year beginning TULY , 2009, and ending D Employer identification number C Name of organization B Check if applicable RIVERDALE SOCCER CLUB INC. 13-3951806 use IRS Address change label or E Telephone number Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite print or 718-601-8639 Initial return type. FIELDSTON ROAD Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return NY 10471-3314 BRONX. Number ▶ Application pending G Accounting Method

Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ft the organization is not WWW. RIVERDALE SOCCERCLUB. ORG required to attach Schedule B (Form 990, I Website: ▶ J Tax-exempt status (check only one) — \(\bar{\mathbb{Z}} \) 501(c) (\(\bar{\mathbb{J}} \) \(\bar{\mathbb{A}} \) (insert no) \(\bar{\mathbb{L}} \) 4947(a)(1) or \(\bar{\mathbb{L}} \) 527 990-EZ, or 990-PF). 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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 113 3 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ _____ of contributions 6a 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 10 Grants and similar amounts paid (attach schedule) . OSC 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits Expenses 21,910 13 13 Professional fees and other payments to independent contractors 2.962 14 14 Occupancy, rent, utilities, and maintenance . . . 391 Printing, publications, postage, and shipping . . . 15 15 Other expenses (describe Vinforms & Equipment 42,905; League & Tournament Fees 19,159; Total expenses. Add lines 10 through 16. Insurance 4,496. Other Administrative 2038 68 598 16 16 17 93,861 17 18 11,868 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 88,067 19 Net 20 20 Other changes in net assets or fund balances (attach explanation). 99.**9**35 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (B) End of year (See the instructions for Part II.) 88,067 99 935 22 Cash, savings, and investments 0 23 D 23 Land and buildings 0 24 0 24 Other assets (describe ▶ 88,067 25 Total assets 25 Total liabilities (describe ▶ 26 99.935 88.067 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Cat No 10642I

990-EZ (2009)

Page 2 Form 990-EZ (2009) Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** What is the organization's primary exempt purpose? PROMOTING YOUTH SOCCER IN OUR COMMUNIT Required for section 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts, optional each program title. for others.) 28 LOCAL RECREATIONAL PROGRAMS FOR APPROXIMATELY 700 CHILDREN AGES 6 THROUGH IY AND TRAVEL TEAMS FOR ABOUT 200 CHILDREN AGES 10 THROUGH 18 IN REGIONAL LEAGUES 93,861) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a (Grants \$ 31a (Grants \$) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) . 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (b) Title and average hours per week devoted to position (c) Compensation (If not paid, enter -0-.) (d) Contributions to (e) Expense account and other allowances (a) Name and address mployee benefit plans 8 deferred compensation SEE ATTACHMENT

		1	Vaal	
			165	No
des	the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed scription of each activity	33		×
	ere_any changes made to the_organizing or_governing_documents? If "Yes," attach-a-conformed-copy of-	34	_	×
	he organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but treported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	d the organization have unrelated business gross income of \$1,000 or more or was it subject to section 33(e) notice, reporting, and proxy tax requirements?	35a		×
b If "	Yes," has it filed a tax return on Form 990-T for this year?	35b		
	d the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ring the year? If "Yes," complete applicable parts of Schedule N	36		×
37a Ent	ter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b Did	the organization file Form 1120-POL for this year?	37b		
	d the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	×
b If "	Yes," complete Schedule L, Part II and enter the total amount involved 38b			
	ction 501(c)(7) organizations. Enter:			
	tiation fees and capital contributions included on line 9			
	oss receipts, included on line 9, for public use of club facilities			
sec	ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ction 4911 ▶; section 4912 ▶; section 4955 ▶			
tra	ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit insaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified rson in a prior year, and that the transaction has not been reported on any of the organization's prior		-	×
Foi	rms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>^</u>
org	ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on ganization managers or disqualified persons during the year under sections 4912, 55, and 4958			
	ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c mbursed by the organization			
	organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8886-T	40e	-	×
	st the states with which a copy of this return is filed. ▶			
42a The	e organization's books are in care of ► MICHAEL HOLOSZYC Telephone no. ► 917 cated at ► 4600 FIELDSTON ROAD, FRONX NY ZIP+4 ► 1047	-83	6-0 314	72
	any time during the calendar year, did the organization have an interest in or a signature or other authority		******	
	er a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
acc	count)?	42b		\underline{Y}
	'Yes," enter the name of the forcign country: ▶		i	
	e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts.	_	_	_
	any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		×
43 Se	action 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	. 1	▶ □
		ſ	Yes	No
	d the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		×
	any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	7-		- ٧
	any rolaton organization a controlled entity of the organization within the inequinity of section of 2(b)(10)1 if [-		*/
	es," Form 990 must be completed instead of Form 990-EZ	45		X

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	le trusts only. A t answer question	II section Ins 46-4	9b		
	Did the organization engage in direct or indirect					s No		
	candidates for public office? If "Yes," complete				_46	<u> </u>		
	Did the organization engage in lobbying activities				47 48	X		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an exempt non-charitable related organization?							
	officers directors	49b	nd kov					
	Complete this table for the organization's five hi employees) who each received more than \$100,							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expense & account and			
	NONE	devoted to position	 	1	Other uno	***************************************		
	<u> </u>							
f	Total number of other employees paid over \$100	0.000 ▶		L				
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service							
d 	Total number of other independent contractors e	each receiving over \$100,0	00 •					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes of which preparer has	at of my kno any knowled	wledge dge		
Sign Here	Muchael Hology Signature of officer	22		7/18/10 Date				
	Type or print name and title	ZYC, TREASU	KEK			_		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (See inst	ructions)		
Use On	I Firm's name (or		Ell	N ►				
May th	e IRS discuss this return with the preparer show	n above? See instructions		▶ [Yes _	No Z (2009)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer-identification-number-Name of the organization RIVERDALE SOCCER CLUB INC. 13:3951806 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). ☐ 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). 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) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я 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% % 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). 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 X 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). 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 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) 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? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) CIN (iii) Type of organization (v) Did you notity (vi) is the (vii) Amount of (iv) is the organization organization organization in col support (described on lines 1-9) in col (i) listed in your the organization in above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? US? NONE Yes No Yes No Yes No

Total

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.)

Sec	tion A. Public Support	ou the Bex of		<u></u>		 -		
	elendar 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.")	97,271	88,373	81,495	92,911	103,611	463,66	
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	909	2,246	2,397	2,243	2,113	9,908	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	٥	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	O	ø	0	O	0	
6	Total. Add lines 1 through 5	98,180	90,619	83,892	95,154	105,724	473,569	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	3	0	0	o	9	
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 amount on line 13 for the year	0	6	0	o	0	ð	
С	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)						473,569	
	tion B. Total Support				1 0 0000	1 () 2222	1 (0 T + 1	
	alendar year (or fiscal year beginning in) 🕨	(a) 2005 98,180	(b) 2006 90,619	(c) 2007 83,892	(d) 2008 95, 154	(e) 2009 105,724	(f) Total 473,569	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,788	2,763	2,304	862	5	6,922	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Ö	0	O	0	9	υ	
С	Add lines 10a and 10b	1,388	2,363	2,704	862	5	6,422	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	O	٥	0	0	ပ	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	٥	o	O	0	
13	Total support. (Add lines 9, 10c, 11, and 12)	99,568	92,982	86,196	96,016	105,729	480,491	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				on 501(c)(3) ▶ □	
	tion C. Computation of Public Su		, · · · · · · · · · · · · · · · · · · ·		(0)	145	98.6 %	
15 16 Soc	Public support percentage for 2009 (lir Public support percentage from 2008 stion D. Computation of Investmen	(t))	16	98.4 %				
	·			d bulling 12 o	olumn (fl)	17	1.4 %	
17 18 19a	Investment income percentage for 2008 Schedule A, Part III, line 17							
	17 is not more than 331/3 %, check this b	ox and stop h e	e re. The organi	zation qualifies	s as a publicly	supported orga	anization 🕨 🔼	
b	33%% support tests—2008. If the organine 18 is not more than 33%%, check that	iization did not s box and stop	here. The orga	ı iine 14 or iine nization qualifie	es as a publicly	supported orga	nization ►	

Schedule A (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Riverdale Soccer Club Inc. 13-3951806; Attachment to Form 990-EZ, 2009

Part IV: List of Officers

David Bent, 5255 Sycamore Avenue, Bronx, NY 10471, Coaches' Representative, 2 hrs/week, 0, 0, 0
Ronald Bergmann, 6007 Fieldston Road, Bronx, NY 10471, Vice President/Secretary, 2 hrs/week, 0, 0, 0
Elizabeth Curcio, 4555 Henry Hudson Pkwy, Bronx, NY 10471, Field Setup Coordinator, 2 hrs/week, 0, 0, 0
Sam Gurka, 2600 Netherland Ave, Bronx, NY 10463, Registrar/Travel Team Coordinator, 4 hrs/week, 0, 0, 0
Michael Holoszyc, 4600 Fieldston Road, Bronx, NY 10471, Treasurer, 4 hrs/week, 0, 0, 0
Ken Katzman, 2600 Netherland Ave, Bronx, NY 10463, Recreation Programs Director, 2 hrs/week, 0, 0, 0
Sean Maher, 3820 Sedgwick Avenue, Bronx, NY 10463, Field Maintainer, 2 hrs/week, 0, 0, 0
Bruce Silverman, 3333 Henry Hudson Pkwy, Bronx, NY 10463, President, 4 hrs/wk, 0, 0, 0
Lisa Wilson, 5204 Delafield Avenue, Bronx, NY 10471, Travel Teams Representative, 2 hrs/week, 0, 0, 0