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## Form **990**

### **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For #	ne 2009 calend	dar voar	or tax year beginning J	ul 1	21	009 ar	nd endin	g Jun	30		2010	
<u>—</u>			Tar year, v	C Name of organization	<u>u</u>	,,,	<del>005, a</del> i	- Criani	<u>g 0 um</u>			cation Number	
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	l in	ıtıal return	specific Instruc-	1531 Babcock Di	<u></u>					(314	1) 38	8-2121	
	Te	ermination	tions.	City, town or country		S		P code + 4		Ì			
	Ar	mended return		Saint Louis		1	10 6	3136		<b>G</b> Gross re		145,630	<del></del>
	L A	pplication pending	F Name a	and address of principal officer					1	a group retur		ites? Yes	X No
			Steven I	Heitert 1531 Babcoc	k Dr. St	. Louis	MO 6	3136		affiliates incl attach a list		uctions)	∐ No
<u> </u>	Tax	-exempt statu	s X 501	l(c) (3 ) <b>(</b> Insert	no )	4947(a)(1) o	r []	527	,,		(	,	
J	We	bsite: ► N/	Ά						H(c) Group	exemption nu	ımber 🟲		
K	Forn	n of organization	X Corpora	ation Trust Associa	ition Othe	er ►	L Yea	r of Forma	tion 198	6 M s	tate of leg	al domicile MO	
Pa	art I	Summ	ary										
	1	Briefly descri	be the org	ganization's mission or m	ost significa	ant activities	NORCO	CYO Soc	cer Club,	operating	expenses	include provi	ding un
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Š	2	Check this bo		if the organization discor			spose	d of mor	e than 25	% of its as			
প্ৰ	3			bers of the governing boo							<b>3</b> 5		
0 1	4 -			it voting members of the	governing t	ody (Part VI, II	ne Ib)	)			4 3	<u> </u>	
<u> </u>	6			yees (Part V, line 2a) eers (estimate if necessa	- T						<b>5 6</b> 2	5	
Activities & Governance	1 -			ousiness revenue from Pa		umn (C) una 1	2				7a		0.
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(	<del>  "</del>	THE UTILITIES	, pasifics:	s taxable income nomin of	1 -	"KECEIVE	<del>-D</del> -	<del></del>	Τ.		, , ,	C	
		Contributions	and area	oto (Part \/III lina 1h)			~~~.	(2)	<u>'</u>	Prior Year	70	Current Ye	
ne 3	1 -									37,0			813.
e c	10	-		(Part VIII, column (A), lines 3, 4, and 7d)									65.
Revenue	11			III, column (A), lines 5, 6	1			χi	<b></b>	32,3	78.	73	605.
<b>7</b>	12			nes 8 through 11 (must e			Jine 1	<u> </u>		86,			630.
_	13			ounts paid (Part IX, colur			, 11110	2)		00,	<del></del>	145,	050.
აი <b>::</b>	1			· · · · · ·					-				
_		<ul> <li>Benefits paid to or for members (Part IX, column (A), line 4)</li> <li>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</li> </ul>											
es	13		•	· ·			ies 5-1	10)					
Expenses	16a			ng fees (Part IX, column (									
X	b	Total fundrai	sing expe	nses (Part IX, column (D)	), line 25) •	·		0.	.				
	17	Other expens	ses (Part	IX, column (A), lines 11a	-11d, 11f-2	4f)			L	102,6	552.	159,	059.
	18	Total expens	es Add Ii	nes 13-17 (must equal Pa	art IX, colui	mn (A), line 25	)		L	102,6	552.	159,	059.
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58									Beai	nning of Y	'ear	End of Ye	ar
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A P	21	Total liabilitie	es (Part X	(, line 26)						<u> </u>			
Ž	22	Net assets o	r fund hal:	ances Subtract line 21 fr	om line 20					28,3	377	1 4	948.
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_				with the preparer shown								X Yes	No
B/	AA Fo	r Privacy Act	and Pape	rwork Reduction Act Not	ice, see th	e separate inst	ructio	ns.		TEEA0101	07/20/0	9 Form <b>99</b>	0 (2009)

Form 990 (2009) NORCO CYO SOCCER CLUB
Part IV Checklist of Required Schedules

	1 1		Yes	No
_	5044400 4047414141414141414141414141414141414141		163	110
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		_X
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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		Х
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		X
	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI</li> </ul>			
	<ul> <li>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</li> </ul>			,
	<ul> <li>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</li> </ul>			!
	<ul> <li>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</li> </ul>			;
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			:
	<ul> <li>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</li> </ul>			,
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X	-		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<b></b>	х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>†</b>	X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
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		х
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		х
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		Х
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) NORCO CYO SOCCER CLUB
Part IV Checklist of Required Schedules 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		X_
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		X
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? <i>If</i> 'Yes,' <i>complete Schedule J</i>	23		Х_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ł	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		х_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	X
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		x
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		_x_
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		х
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		х
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	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 'Information Returns Enter -0- if not applicable 1 a 1 b 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Χ (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х **3**a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 36 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account) X **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7** a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? Х 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

BAA

Form **990** (2009)

12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) NORCO CYO SOCCER CLUB 43-1424474 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. Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body 1 a **1b**|3 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its organizational documents 4 since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х 7b X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х 86 X **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **Policies** (This Section B requests information about policies not required by the Internal Section B. Revenue Code ) Yes No 10 a 10a Does the organization have local chapters, branches, or affiliates? Х b 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 11 X 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Does the organization have a written whistleblower policy? 13 Х 14 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers of key employees of the organization 15b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation

	status with respect to such arrangements?	16ь	
Se	ction C. Disclosures		
17	List the states with which a copy of this Form 990 is required to be filed ▶		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply  Own website	ivailable for pu	ıblıc
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest po statements available to the public	icy, and financ	cial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızatıon	
	► Kimberly Heitert 1531 Babcock Dr. St. Louis MO 63136	(314)_388-	2121

# 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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee											
(B)	(c)						(D)	(E)	(F)		
Average hours		tion (		k all t	hat app		Reportable	Reportable	Estimated		
per week	adividi हो निवस्तरक जातीलाटी हो निवस्तरक	arshtutronel kustee	Offi et	Key employee	High est coinnersated employee	FUSPE	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
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Part VII   Section A. Officers, Directors, Trust	tees, k	(ey	Em	plo	ye	es,	and	d Highest Con	npensated Emp	loyees	(cor	nt.)
(A)	(B)	_		(4	•			(D)	(E)	(F)		
Name and Title	Average hours per week		_	Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou	timated nt of oth pensatio om the	
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1 b Total	1	<u> </u>	<u> </u>	I		<u> </u>	<u> </u>	0.	<del> </del>			0.
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abo	ve) v	who	rece	·	<del>'</del>	e comp	ensatı	
from the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste Idividuai	ee, k	еу е	empl	loye	e, o	r hig	hest compensate	d employee	3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	oortable nan \$15	con 0,00	nper 07 /	ısatı f 'Ye	on a	and o	othe o <i>lete</i>	r compensation fr Schedule J for st	rom uch			
<ul><li>individual</li><li>Did any person listed on line 1a receive or accrue or</li></ul>	ompens	atıor	ı fro	m a	пуι	ınrel	lated	l organization for	services	4		X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	for s	such	per	son				<del></del>	5	l	X
Complete this table for your five highest compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more th	an \$100,000 of			
(A) Name and business addres	ss		_			-		(E Description	3) of Services	(Compe	C) ensatio	on
	-					_						
									-			
2 Total number of independent contractors (including	but not	lımıt	ed to	o the	ose	liste	d ab	ove) who receive	d more than	· ·		
\$100,000 in compensation from the organization												

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns 1a		75151140		312, 313, 61 314
ANT	b Membership dues 1 b				
μŠ	c Fundraising events 1c				
FA	d Related organizations 1 d				
S,S	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 15, 147.				
ξŠ	g Noncash contribns included in Ins 1a-1f \$				
용론	h Total. Add lines 1a-1f	15,147.			i
40E	Business Code				
Ē	2a Player Registration 10	50,613.	0.	0.	50,613.
ERE	<b>b</b> Camp Fees 10	6,200.	0.	0.	6,200.
Ş	c			·	
SER	d				
¥	e				
g	f All other program service revenue				
<u>8</u>	g Total. Add lines 2a-2f ►	56,813.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	65.	0.	0.	65.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				, ,
	6a Gross Rents				
	b Less rental expenses				, i
	c Rental income or (loss)	······································			
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				e t
	c Gain or (loss)	h			
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$				,
REV	of contributions reported on line 1c)				le le
OTHER REVEN	See Part IV, line 18 a				Į.
Ė	b Less: direct expenses b			~	
	c Net income or (loss) from fundraising events			<del></del>	<u> </u>
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b			-	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				: : :
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				<del> </del> ,
	11a			·	
	<u></u>		_		
	d All other revenue	72 605	72 605		
	e Total. Add lines 11a-11d	73,605.	73,605.	0.	0.
;	12 Total revenue. See instructions	73,605.	72 605		
<del></del> !	12 Total Tevenue, See Instructions	145,630.	73,605.	<u> </u>	<u>56,878.</u>

Part IX   Statement of Functional E				1,1 , ugo 10
Section	501(c)(3) and 501(c)(4) organiza	tions must complete all	columns.	
All other organizations mu	ist complete column (A) but are	not required to comple	te columns (B), (C), and	(D).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to government and organizations in the U.S. See Part line 21	ents IV,		,	
2 Grants and other assistance to individua the U.S. See Part IV, line 22	als in			
3 Grants and other assistance to governm organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	nents, ne			
4 Benefits paid to or for members				
5 Compensation of current officers, direct trustees, and key employees	ors,			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons describe section 4958(c)(3)(B)	ed in			
7 Other salaries and wages				
8 Pension plan contributions (include sec 401 (k) and section 403(b) employer contributions)	tion			
9 Other employee benefits				
10 Payroll taxes	_			
11 Fees for services (non-employees)	_			
a Management				
<b>b</b> Legal				
c Accounting	1,250.	0.	1,250.	0.
<b>d</b> Lobbying				
e Prof fundraising svcs See Part IV, In 1	7			
f Investment management fees				
<b>g</b> Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	349.	0.	349.	0.
15 Royalties				
16 Occupancy				
<b>17</b> Travel				
Payments of travel or entertainment expenses for any federal, state, or loca public officials				
19 Conferences, conventions, and meeting	gs			
20 Interest				
	-			

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)  a Management  b Legal  c Accounting  1 1,250.  0 . 1,250.  d Lobbying  e Prof fundraising svos See Part IV, In 17 finvestment management fees  9 Other  2 Advertising and promotion  13 Office expenses  14 Information technology  15 Royaltes  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses shown on time 25 below y  a See Statements  5 Total functional through 24f  5 Joint costs. Check here ► If following SOP 99.2 Complete this line endly if the organization eported in column (8) joint costs from a combined decicational cases page and hundraising solicitation  8AA  Form 990 (accounting and hundraising solicitation)	•	o mor outlines on a mag-	<del> </del>			
10   Payroll taxes	8	401(k) and section 403(b) employer				
a Management b Legal	9	Other employee benefits				
a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 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 11 Interest 12 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a See Statements 5 Total functional expenses. Add lines 1 through 2#f 5 Joint costs. Check here *	10	Payroll taxes				
b Legal c Accounting d 1,250. 0. 1,250. d 1,250	11	Fees for services (non-employees)				
c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 349. 0. 349. 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a See Statements 5 Total functional expenses. Add lines I through 24f 25 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational expenses in solit, solit, and in the organization reported in column (8) joint costs from a combined educational expenses and confirm a combined educational expenses and only interest are made and incolumn (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and functional expenses and column (8) joint costs from a combined educational expenses and functional expenses and column (8) joint costs from a combined educational expenses and functional expenses and column (8) joint costs from a combined educational expenses and functional expenses and column (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and column (8) joint costs from a combined educational expenses and functional expenses	а	Management				
d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other  22 Advertising and promotion 33 Office expenses 41 Information technology 349. 0. 349. 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a See Statements  b	Ŀ	Legal				
e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a See Statements 5 Total funding expenses. Add lines I through 24f 5 Joint costs. Check here >  if following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	c	: Accounting	1,250.	0.	1,250.	0.
f Investment management fees   g Other	c	Lobbying				
g Other 12 Advertising and promotion 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) 2 See Statements 2 Interest 3 See Statements 4 Interest 5 Total functional expenses. Add lines 1 through 24f 5 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 campagn and fundratising solicitation	•	Prof fundraising svcs See Part IV, In 17				
12 Advertising and promotion 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 a See Statements 2	f	Investment management fees				
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 22 Depreciation, depletion, and amortization 23 Insurance 24 Ofter expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 a See Statements 2 b	ç	Other				
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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 a See Statements 2 b 2 c 4 d 4 c 6 f All other expenses 2 Total functional expenses. Add lines 1 through 24f 2 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 campain and fundraising solicitation	12	Advertising and promotion				
15 Royalites 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 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 a See Statements 157,460. 150,218. 7,242.  b c d d d d d d d d d d d d d d d d d d	13	Office expenses		<u> </u>		
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 22 Depreciation, depletion, and amortization 23 Insurance 40 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) 2 a See Statements 2	14	Information technology	349.	0.	349.	0.
17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   10 Interest	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  5 Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here   1 If following SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation	16	Occupancy				
expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  5 Total functional expenses. Add lines 1 through 24f  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	17	Travel				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  c  d  e  f All other expenses. Add lines I through 24f  25 Total functional expenses. Add lines I through 24f  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	18	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  b  c  d  e  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  total other expenses  5 Total functional expenses. Add lines 1 through 24f  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	20	Interest				
23 Insurance 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements  b  c  d  e  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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	21	Payments to affiliates				
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)  a See Statements  5 157,460.  150,218.  7,242.  b  c  d  e  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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	22	Depreciation, depletion, and amortization				
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a See Statements	23	Insurance				
b c d e f All other expenses  Total functional expenses. Add lines 1 through 24f  SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
b c d e f All other expenses  Total functional expenses. Add lines 1 through 24f  SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		a See Statements	157,460.	150,218.	7,242.	0.
c d e f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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						
d e f All other expenses  Total functional expenses. Add lines 1 through 24f  25 Total functional expenses. Add lines 1 through 24f  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						
f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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						
f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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			1			
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						
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	Total functional expenses. Add lines 1 through 24f	159,059.	150,218.	8,841.	0.
BAA Form 990 (:	26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	BAA					Form <b>990</b> (2009

1.		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	28,377.	1	14,948
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	The desired frame of the same of	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	-
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis   10a			
	Complete Part VI of Schedule D			
ь	Less accumulated depreciation 10b	The state of the same of the s	10 c	
1	Investments – publicly-traded securities		11	
12	Investments – other securities See Part IV, line 11		12	<del></del>
ı	Investments – program-related See Part IV, line 11		13	
	Intangible assets		14	<del></del>
	Other assets See Part IV, line 11		15	
	Total assets Add lines 1 through 15 (must equal line 34)	28,377.		14 040
	Accounts payable and accrued expenses	20,311.	16	14,948
18	Grants payable		17	<del></del>
19	Deferred revenue		18	
	Tax-exempt bond liabilities		19	
ı	Escrow or custodial account liability Complete Part IV of Schedule D		20	
			21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		-	
23			22	
	Secured mortgages and notes payable to unrelated third parties		23	
!	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here X and complete lines			
1	27 through 29 and lines 33 and 34.			x
1	Unrestricted net assets	28,377.	27	14,948
	Temporarily restricted net assets		28	
l	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ □ and complete			
l	lines 30 through 34.	and the second s		
	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, and equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	-
	Total net assets or fund balances	28,377.	33	14,948
34	Total liabilities and net assets/fund balances	28,377.	34	14,948

Form <b>990</b> (2009) NORCO CYO SOCCER CLUB	43-1424474	Pa	age <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	~~		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2	a	X
b Were the organization's financial statements audited by an independent accountant?	21	Ы	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	С	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	٦		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	re issued on a		'
Separate basis Consolidated basis Both consolidated and separate basis			'
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	a	x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit	ь	

BAA

Form 990 (2009)

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

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

OMB No 1545-0047

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

nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ, ► See separate instructions.

Open to Public Inspection

Employer identification number NORCO CYO SOCCER CLUB 43-1424474 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 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 4 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) 5 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 7 in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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) 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 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 11 Type III- Other Type II Type III - Functionally integrated 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 If the organization received a written determination from the IRS that 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? Yes No (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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported (ii) EIN (v) Did you notify the organization in col (i) of (vii) Amount of Support (III) Type of organization (iv) is the (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) Organization organization in col organization in col (i) organized in the (i) listed in your governing document? your support? Yes No Yes No Yes No

	(Complete only if you checke tion A. Public Support								
	ndar year (or fiscal year								
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							·	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, ;		,					
	Public support. Subtract line 5 from line 4	* *				*	,		
Sec	tion B. Total Support								
Calendar 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 form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10				•	٠			
12	Gross receipts from related activi	ties, etc (see inst	ructions)	,		·	12		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 50	1(c)(3)	▶ []	
	tion C. Computation of Pul								
	Public support percentage for 200			e 11, column (f)			14	%	
15	Public support percentage from 2	008 Schedule A, F	Part II, line 14				15	%	
16 a	<b>33-1/3 support test — 2009.</b> If the and <b>stop here.</b> The organization of	organization did i qualifies as a publ	not check the box icly supported org	on line 13, and t ganization	he line 14 is 33-1.	/3 % or moi	e, check	this box	
t	33-1/3 support test – 2008. If the and stop here. The organization of	organization did i qualifies as a publi	not check a box o icly supported org	n line 13, or 16a, janization	and line 15 is 33-	1/3% or mo	re, checl	k this box	
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	-circumstances' t	est The organiza	test, check this batton qualifies as a	ox and <b>stop here.</b> a publicly support	. Explain in ed organiza	Part IV h tion	now the ▶	
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	box and se	e instruc	ctions ►	
BAA								or 990 EZ) 2009	

	dule A (Form 990 or 990-EZ) 2009					43-1424474	Page <b>3</b>
Par	t III Support Schedule fo			Section 509(a	a)(2)		
	* `(Complete only if you chec	ked the box on line	9 of Part I)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	93,806.	79,282.	95,689.	86,620.	145,565.	500,962.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	93,000.	13,202.	93,009.	00,020.	143,303.	
	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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	93,806.	79,282.	95,689.	86,620.	145,565.	500,962.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line				,		
	7c from line 6)	*************************************	,	*			500,962.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008_	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	93,806.	79,282.	95,689.	86,620.	145,565.	500,962.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	96.	261.	310.	178.	65.	910.
ŀ	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	30.	201.	310.	170.		910.
	Add lines 10a and 10b	96.	261.	310.	178.	65.	910.
11`	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	30.	201.	310.	170.		710.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)						501,872.
14	First five years. If the Form 990 organization, check this box and	is for the organizat	ion's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	<del></del>	ercentage	<del></del>	<del></del>	<del></del>	
	Public support percentage for 20			13 column (f))	<del></del>	15	99.82%
16	Public support percentage from a ction D. Computation of Inv	2008 Schedule A, F	Part III, line 15	10, column (1))		16	99.85%
17				hy line 13 column	n (f))	17	0.18%
18	Investment income percentage fi		* * *	•	(1)	18	0.15%
	a 33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	ne organization did	not check the box	on line 14, and	line 15 is more th	an 33-1/3%, and lu	
	b 33-1/3 support tests – 2008. If the state of the state	ne organization did this box and <b>stop</b>	not check a box o here. The organiza	in line 14 or 19a, ation qualifies as	and line 16 is mo a publicly support	ore than 33-1/3%, a ted organization	
20	Private foundation. If the organization	zation did not chec	k a box on line 14,	, 19a, or 19b, che	ck this box and s	ee instructions	

Schedule A	A (Form 99	0 or 990	-EZ) 200	09 NO	RCO	CYO	SOC	CER	CLU	JB			43-14	24474	_Page <b>4</b>
Part IV	Supple Part II,	mental line 17	Information 1	<b>nation.</b> 7b; and	Com l Part	plete III, I	this	part 2. Pi	to p	provide de any	the explanat other addition	ions req	uired by mation.	Part II, See inst	line 10; ructions
•			-												
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#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047

2009

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.

NORCO CYO SOCCER CLUB	[43-1424474
Pt_VI-C, Line 19 The reports are available at time of regi	stration and can be viewed at anytime by calling the organization.
Pt VI-A, Line 2 The Treasurer is the spouse	e of the President.
Pt_VI-B, Line 11A The tax return is reviewed by the Treasurer	and President prior to filing and by the full board at the next schedule

Schedule O (Form 990), Supplemental Information to Form 990
' Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

compete in leagues and tournaments in the St. Louis Youth Soccer

Assoc. (SLYSA) and the Catholic Youth Organization (CYO). Area childern may play without
fee so they can participate and improve their skills thereby improving
there chances of obtaining scholarships to continue their education.

The above mentioned Organizations are not-for-profit organizations
under Section 501 (c) (3) of the Internal Revenue Code.

### **Supporting Statement of:**

Form 990 p 9/Other amt. not included

Description	Amount
Contributions	15,000.
Other Miscellaneous	147.
Total	15,147.

43-1424474

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (A)-1

Description	Amount		
Equipment	45,933.		
League & Tournament Expenses	85,863.		
Field Lights & Rentals	15,714.		
Storage	840.		
Office Supplies/Telephone/Postage	2,014.		
Donations & Memorials	200.		
Meeting Expenses	1,858.		
Miscellaneous	2,330.		
Total	154,752.		

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-1

Description	Amount			
Equipment	45,933.			
League & Tournament Expenses	88,571.			
Field Lights & Rentals	15,714.			
Total	150,218.			

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (C)-1

Description	Amount		
Storage	840.		
Office Supplies/Telephone/Postage	2,014.		
Donations & Memorials	200.		
Meeting Expenses	1,858.		
Miscellaneous	2,330.		

Total 7,242.

### Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Mont	h Extension, complete only Part I and check this box			► X	
• If you are	e filing for an Additional (Not A	utomatic) 3-Month Extension, complete only Part II (o	n page 2 of this f	orm)		
Do not comp	plete Part II unless you have alr	eady been granted an automatic 3-month extension or	a previously file	d Form 886	8	
Part I	Automatic 3-Month Exter	nsion of Time. Only submit original (no cop	ies needed).			
A corporation	n required to file Form 990-T an	d requesting an automatic 6-month extension — check	this box and con	nplete Part	I only	
All other corp income tax r		rs), partnerships, REMICS, and trusts must use Form 7	7004 to request a	n extension	of time to file	
returns noted the additiona Form 990-T	d below (6 months for a corpora il (not automatic) 3-month exter Instead, you must submit the fu	electronically file Form 8868 if you want a 3-month aution required to file Form 990-T). However, you cannot also or (2) you file Forms 990-BL, 6069, or 8870, groully completed and signed page 2 (Part II) of Form 886 or e-file for Charities & Nonprofits.	t file Form 8868 e	electronicall omposite oi	y ıf (1) you want r consolidated	
	Name of Exempt Organization		<del></del>	Employer ide	entification number	
Type or						
print	NORCO CYO SOCCER C	LUB		43-1424474		
File by the due date for	Number, street, and room or suite num	ber If a P O box, see instructions				
filing your return See	1531 Babcock Dr					
instructions	City, town or post office, state, and ZIP	code For a foreign address, see instructions				
	Saint Louis			MO	63136	
Check type	of return to be filed (file a sepa	rate application for each return)				
X Form 99	0	Form 990-T (corporation)	Form 472	20		
Form 99	0-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	.7		
Form 99	0-EZ	Form 990-T (trust other than above)	Form 606	9		
Form 99	0-PF	Form 1041-A	Form 887	0		
Telephor If the org If this is check this the exter I requese	panization does not have an offictor a Group Return, enter the oral state of the formula of the	FAX No Complete of business in the United States, check this ganization's four digit Group Exemption Number (GEN of the group, check this box Complete of the group, check this box Complete of the form 990-T) extends for a corporation required to file Form 990-T) extends for a corporation required to file Form 990-T).	s box  I) If with the names an ension of time		he whole group, all members	
The ex	tension is for the organization's					
	calendar year 20 or	, 20 <u>09</u> , and ending <u>Jun</u> 30 , 20				
► X	tax year beginning Jul_1	, 20 <u>09</u> _, and ending <u>Jun 30</u> , 20	10_			
2 If this t	tax year is for less than 12 mon	ths, check reason	return C	change in a	ccounting period	
	application is for Form 990-BL, undable credits See instruction	990-PF, 990-T, 4720, or 6069, enter the tentative tax, s	less any	3a \$	0	
<b>b</b> If this a made	application is for Form 990-PF of Include any prior year overpay	or 990-T, enter any refundable credits and estimated to ment allowed as a credit	ax payments	<b>3b</b> \$	0	
deposi	ce <b>Due.</b> Subtract line 3b from lir t with FTD coupon or, if require structions	ne 3a Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment S	red, system)	3c \$	0	
Caution. If y payment ins		onic fund withdrawal with this Form 8868, see Form 84	153-EO and Form	8879-EO f	or	
BAA For Pr	ivacy Act and Paperwork Redu	ction Act Notice, see instructions.		Forr	n <b>8868</b> (Rev 4-2009	