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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

A For the 2009 calendar year, or tax year beginning		September 1	, 2009, and ending	August 31	2010
B Check if applicable	C Name of organization	D Employer identification number			
<input type="checkbox"/> Address change	Leahi Soccer Club	99-0260640			
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number		
<input type="checkbox"/> Initial return	P.O. Box 10647		808-486-1248		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number ►	
<input type="checkbox"/> Amended return	Honolulu, HI 96816				
<input type="checkbox"/> Application pending					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► www.leahisoccerclub.com

J Tax-exempt status (check only one) — 501(c) (3) ► (insert no) 4947(a)(1) or 527

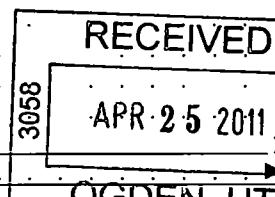
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 121,339

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 14,420	2 26,870	3 37,813	4 4
	b Less: cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>				
	a Gross revenue (not including \$ 9,720 of contributions reported on line 1)	6a	39,041		
	b Less: direct expenses other than fundraising expenses	6b	17,875		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	21,166		
	7a Gross sales of inventory, less returns and allowances	7a	3,191		
	b Less: cost of goods sold	7b	1,348		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8 Other revenue (describe ►)				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►				
Expenses	10 Grants and similar amounts paid (attach schedule)	10			
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13	14,849		
	14 Occupancy, rent, utilities, and maintenance	14	2,438		
	15 Printing, publications, postage, and shipping	15	141		
	16 Other expenses (describe ►)	16	92,549		
	17 Total expenses. Add lines 10 through 16 ►	17	109,977		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,861)		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,794		
	20 Other changes in net assets or fund balances (attach explanation)	20	0		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	38,933		



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II)	
(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,794 22 38,933
23 Land and buildings	
24 Other assets (describe ►)	23
25 Total assets	24
26 Total liabilities (describe ►)	46,794 25 38,933
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26
	46,794 27 38,933

28

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Attached Statement**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
required for section
1(c)(3) and 501(c)(4)
organizations and section
47(a)(1) trusts, optional
others)

28 www.english-test.net

(Grants \$) If this amount includes foreign grants, check here ►

(Grants \$) If this amount includes foreign grants, check here ►

30 _____

(Grants \$) If this amount includes foreign grants, check here .

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attached Listing				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. ► _____	40e	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► Andrew Kagawa Telephone no. ► 808-486-1248 Located at ► 81 Kawananakoa Place Honolulu, HI ZIP + 4 ► 96817		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country. ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ► <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

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

	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	Yes	No
46	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
47	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
48	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
49a	b If "Yes," was the related organization a section 527 organization?	49a	✓
49b		49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

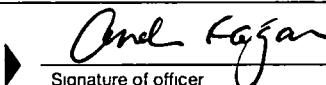
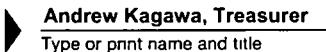
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► **NONE**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each receiving over \$100,000 ► **NONE**

<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p>				
Sign Here	 Signature of officer			
	 Date			
 Andrew Kagawa, Treasurer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	<input type="text"/>	EIN  <input type="text"/>	Phone no  <input type="text"/>
May the IRS discuss this return with the preparer shown above? See instructions  <input type="checkbox"/> Yes <input type="checkbox"/> No				



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

2009

Open to Public
Inspection

Name of the organization

Leahi Soccer Club

Employer identification number

99 0260640

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other
--	---	--	--
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
					Yes	No	
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section 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 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)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
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		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	8,862	16,300	29,399	62,458	52,233	169,252
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	23,421	32,402	40,084	28,803	69,102	193,812
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						
6 Total. Add lines 1 through 5	32,283	48,702	69,483	91,261	121,335	363,064
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 amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						363,064

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	32,283	48,702	69,483	91,261	121,335	363,064
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50	33	14	6	4	107
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	50	33	14	6	4	107
c Add lines 10a and 10b						
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.)						363,171
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.9%	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.9%	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.03%	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.05%	%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Lochi Soccer Club

Employer identification number

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events Various (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts			48,761	48,761
2 Less: Charitable contributions			9,720	9,720
3 Gross income (line 1 minus line 2)			39,041	39,041
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs			6,200	6,200
7 Food and beverages			3,506	3,506
8 Entertainment				
9 Other direct expenses			8,169	8,169
10 Direct expense summary. Add lines 4 through 9 in column (d)				(17,875)
11 Net income summary. Combine line 3, column (d), and line 10				21,166

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities:	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No				
13 Indicate the percentage of gaming activity operated in:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">13a</td> <td style="width: 50%; text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">13b</td> <td style="text-align: center;">%</td> </tr> </table>	13a	%	13b	%	
13a	%					
13b	%					
a The organization's facility						
b An outside facility						
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<p>Name ►</p> <p>Address ►</p>					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">15a</td> <td style="width: 50%;"></td> </tr> </table>		15a			
15a						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$						
b If "Yes," enter the amount of gaming revenue retained by the third party ► \$						
c If "Yes," enter name and address of the third party:	<p>Name ►</p> <p>Address ►</p>					
16 Gaming manager information:	<p>Name ►</p> <p>Gaming manager compensation ► \$</p> <p>Description of services provided ►</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>					
17 Mandatory distributions:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">17a</td> <td style="width: 50%;"></td> </tr> </table>		17a			
17a						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$						

Leahi Soccer Club
EIN#99-0260640
September 1, 2009 to August 31, 2010

Form 990-EZ Part 1, Line 16

Other Expenses

<u>Description</u>	<u>Amount</u>
Team travel	29,934
Aloha International Cup soccer tournament	18,135
Uniforms	9,770
Coaching, clinics, licensing, etc.	9,744
Little Leahi clinics	5,835
Club service projects & Club events	5,661
Taxes & licenses	4,072
Other	9,397
Total	<u>92,549</u>

Leahi Soccer Club
EIN#99-0260640
September 1, 2009 to August 31, 2010

Form 990-EZ Part III

Organizations primary exempt purpose:

Mission:

Leahi Soccer Club is a non-profit corporation dedicated to promoting soccer in Hawaii among women and girls of all ages, and to helping Leahi players reach their potential as athletes and as persons, in an environment of care and respect.

Statement of Program Service Accomplishments:

Leahi Soccer Club fielded over 22 teams in various age groups, providing an opportunity for over 300 girls and women to develop their soccer skills in a competitive yet "nurturing" environment. Teams participated in leagues and tournaments both locally and regionally.

Besides providing a higher level of competition, the regional tournaments also provide exposure to college coaches. A number of Leahi alumnae have been able to earn athletic scholarships and further their education at various colleges and universities throughout the United States.

The Club continues to sponsor its Aloha International Cup soccer tournament which attracts teams from Hawaii, the Mainland US and the Far East. This past year, the Club started its Little Leahi clinics for the younger keiki (kids) just starting their soccer careers.

In addition, the Club continues to participate in community service projects such as Special Olympics, Great Aloha Run aid station, Operation Soccer Ball to collect soccer balls to send to kids in Iraq, and soccer clinics open to the Club and general public.

Leahi Soccer Club
EIN#99-0260640
September 1, 2009 to August 31, 2010

Form 990-EZ Part IV

List of Officers, Directors, Trustees, and Key Employees:

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Hours per Week Devoted to Position</u>	<u>Annual Compensation</u>	<u>Contribution to Benefit Plan</u>	<u>Expense Acct & Allowances</u>
Derek Tomita	707 Richards St Ste 510 Honolulu, HI 96813	President	15 Hours	none	none	none
Dominic Llacuna	92-1212 Palahia St W-106 Kapolei, HI 96707	Vice-President	2 Hours	none	none	none
Michele Nagamine	7012 Hawaii Kai Dr #1005 Honolulu, HI 96825	Director of Coaching	30 Hours	\$10,170	(a)	none
Andrew Kagawa	81 Kawanakanakoa Place Honolulu, HI 96817	Treasurer	6 Hours	none	none	none
Shari Kaneshiro	3102 Kaloalauki Place Honolulu HI 96822	Secretary	8 Hours	none	none	none

(a) covers reimbursement for coaching, dues, licensing fees, travel, etc