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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		August 1	, 2010, and ending	July 31	, 2011
B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		CW Soccer Inc.		26-1444638	
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	
		PO Box 1071		715-212-9243	
		City or town, state or country, and ZIP + 4		F Group Exemption Number ► 31208	
		Wausau WI 54402			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► MCUNITEDSOCCER.ORG					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (3) (b) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 27073					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		27073	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory		5a	
	b	Less: cost or other basis and sales expenses		5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6	Gaming and fundraising events		5c	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		#002		
c	Less: direct expenses from gaming and fundraising events		6b		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6c RECEIVED ENTITY DEPT		
7a	Gross sales of inventory, less returns and allowances		6d		
b	Less: cost of goods sold		7a		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7b		
8	Other revenue (describe in Schedule O)		7c		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8		
10	Grants and similar amounts paid (list in Schedule O)		9		
11	Benefits paid to or for members		27073		
12	Salaries, other compensation, and employee benefits		10		
13	Professional fees and other payments to independent contractors		11		
14	Occupancy, rent, utilities, and maintenance		12		
15	Printing, publications, postage, and shipping		13		
16	Other expenses (describe in Schedule O)		14		
17	Total expenses. Add lines 10 through 16		15 2236		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		16 30000		
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)		17 32236		
20	Other changes in net assets or fund balances (explain in Schedule O)		18 -5163		
21	Net assets or fund balances at end of year. Combine lines 18 through 20		19 5858		
			20		
			21 695		

69 VI

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5858	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	5858	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5858	27
			695

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

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? _____

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.

28		
29		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
30		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
32	Total program service expenses (add lines 28a through 31a)	►	31a
			32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this 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
Chad Strehlow	President	0	0	0
N353 Delphine Ln Hatley, WI 54400				
Chuck Keefe	Vice President	0	0	0
1111 Highland Park Blvd. Wausau, WI 54403				
Jennifer Schueller	Secretary	0	0	0
421 Crescent Dr. Wausau, WI 54401				
Peter Irwin	Treasure	0	0	0
7503 Summerfield St. Schofield, WI 54476				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? 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 tax year 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 ► _____ 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b

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. ► _____ 40c

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

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. ► **Wisconsin**42a The organization's books are in care of ► **Peter Irwin** Telephone no. ► **715-212-9243**
Located at ► **7503 Summerfield Street, Schofield WI** ZIP + 4 ► **54476**

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)?

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: ►

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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		✓
45a		✓
46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a
b	If "Yes," was the related organization a section 527 organization?	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."	

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."

52 **d** Total number of other independent contractors each receiving over \$100,000 . . ►
Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► Yes No

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.

Sign Here		12/18/11
	Signature of officer	Date
	Peter Irwin Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's BN ►		
	Firm's address ►		Phone no. _____		

May the IRS discuss this return with the preparer shown above? See instructions.

▶ Yes 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

2010

Open to Public
Inspection

Name of the organization
CW Soccer Inc.

Employer identification number
26-1444638

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

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

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

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
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		
(A)							
(B)							
(C)							
(D)							
(E)							
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33$\frac{1}{3}$% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33$\frac{1}{3}$% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				63642	27073	27073
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				2538		
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				66180	27073	27073
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
8 Public support (Subtract line 7c from line 6.)						27073

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						27073
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						27073
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 2010 (line 8, column (f) divided by line 13, column (f))	15	100	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%
19a 33 1/3% support tests—2010. 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 type="checkbox"/>			
b 33 1/3% support tests—2009. 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. Also complete this part for any additional information. (See instructions).

Please advise of any questions as this is my first year as treasurer and took over at the midway point of this twelve month period.

If any corrections are needed I will do the best to communicate fully. I am assuming that all the information within the documents

are supportive of what you are looking for. Thank you for any understanding within this tax return.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization
CW Soccer Inc.

Employer identification number
26-1444638

Line 16 in regards to expenses totaling were from office supplies, coaching, website, field maintenance, club affiliation fees, four state team expenses, indoor equipment.

The total Revenue of line 9 is \$27,073, which is from the gross profit line within the income statement ending July 31, 2011

Name of the organization

Employer identification number

MC United, Inc
Income Statement
For the Twelve Months Ending July 31, 2011

	Current Month		Year to Date	
Revenues				
Funds from old Bank Account	\$ 25,323.40	37 48	\$ 25,323.40	48.48
Finance Charge Income	0.00	0 00	0.00	0 00
Shipping Charges Reimbursed	0.00	0.00	0.00	0 00
Fee Discounts	0 00	0.00	0.00	0 00
2008-2009 Outdoor Soccer	230.00	0 34	0.00	0 00
Uniform Income	801 10	1 19	0.00	0 00
Spiritwear Income	278 00	0 41	0.00	0.00
Uniform Exchange	864 00	1.28	0.00	0 00
Tournament	(5 00)	(0.01)	0.00	0.00
Interest Income	20.92	0 03	0.00	0 00
The Soccer Academey	1,795.00	2 66	0.00	0 00
Refunds Outdoor 2008	(835.00)	(1.24)	0.00	0 00
2009-2010 Outdoor Soccer	14,513.89	21 48	0.00	0 00
2009-2010 Tsunami Select Team	62.00	0 09	0.00	0 00
State League U15 Boys	(2,210.00)	(3 27)	0.00	0 00
League One Fees	(191 38)	(0 28)	0.00	0 00
Refunds- Outdoor 2011	(3,619 30)	(5 36)	(3,619 30)	(6 93)
2010-2011 Outdoor	30,531.95	45 19	30,531 95	58 45
 Total Revenues	 67,559.58	 100.00	 52,236 05	 100.00
 Cost of Sales				
Cost of Sales	0 00	0 00	0.00	0 00
Cost of Sales-Salaries and Wag	0 00	0 00	0.00	0 00
Purchase Discounts	0 00	0.00	0.00	0 00
Uniform	11,467 54	16 97	11,411.10	21 85
Spiritwear	4,072 87	6 03	698.50	1 34
Academy Expenses	2,550 49	3 78	1,202.66	2 30
Referee Payout	15,982 50	23.66	9,807.50	18 78
Indoor Soccer Courts	1,709.50	2.53	1,468 50	2 81
Tournaments	4,615.00	6.83	575 00	1.10
 Total Cost of Sales	 40,397.90	 59.80	 25,163.26	 48.17
 Gross Profit	 27,161 68	 40 20	 27,072 79	 51 83
 Expenses				
Legal Fees	0.00	0.00	0.00	0.00
Professional Fundraising Fees	0 00	0 00	0.00	0 00
Equipment Rental Expense	0 00	0 00	0.00	0 00
Maintenance Expense	25.32	0 04	25 32	0 05
Printing Expense	0 00	0 00	0.00	0 00
Publications	0 00	0 00	0.00	0 00
Meetings Expense	0 00	0 00	0.00	0 00
Wages Expense	0.00	0 00	0.00	0 00
Purchase Disc-Expense Items	0 00	0 00	0.00	0 00
U12 State Girls	175 00	0 26	0.00	0 00
U13 Boys State	175 00	0 26	0.00	0 00
U14 Girls Regional	200 00	0 30	0.00	0 00
U15 Girls State	175 00	0 26	0.00	0 00
U16 Boys State	175 00	0 26	0.00	0 00
Professional Fees	1,351 10	2.00	0.00	0 00
Tsunami U13 Girls	2,759 93	4.09	0.00	0 00
U15 Boys State	4,350 41	6.44	0 00	0.00

For Management Purposes Only

MC United, Inc
Income Statement
For the Twelve Months Ending July 31, 2011

	Current Month		Year to Date	
U14 Girls State League	4,479.41	6.63	0.00	0.00
Supplies	428.32	0.63	0.00	0.00
Office Supplies	818.18	1.21	682.79	1.31
Promotion & Advertising	3,118.27	4.62	2,236.27	4.28
Mailing-Indoor	31.65	0.05	0.00	0.00
Coaching	16,411.05	24.29	10,301.05	19.72
Coaching Clinic	1,238.50	1.83	0.00	0.00
Indoor Equipment	623.51	0.92	442.51	0.85
Website	2,000.00	2.96	1,000.00	1.91
Field Maintenance	20,771.26	30.75	10,021.10	19.18
Club Affiliation Fees	4,334.00	6.42	2,175.50	4.16
Meeting Prep	221.00	0.33	0.00	0.00
U12 State Girls	1,732.50	2.56	1,732.50	3.32
U16 State Boys	1,565.00	2.32	1,565.00	3.00
U13 State Boys	1,927.50	2.85	1,927.50	3.69
U14 State Girls 2011	127.00	0.19	127.00	0.24
Total Expenses	<u>69,213.91</u>	<u>102.45</u>	<u>32,236.54</u>	<u>61.71</u>
Net Income	<u><u>\$ (42,052.23)</u></u>	<u><u>(62.24)</u></u>	<u><u>\$ (5,163.75)</u></u>	<u><u>(9.89)</u></u>

For Management Purposes Only

MC United, Inc
Balance Sheet
July 31, 2011

ASSETS

Current Assets		
Regular Checking Account	\$	<u>694 71</u>
 Total Current Assets		694.71
 Property and Equipment		<hr/>
Total Property and Equipment		0.00
 Other Assets		<hr/>
Total Other Assets		0 00
Total Assets	\$	<u>694 71</u>

LIABILITIES AND CAPITAL

Current Liabilities	
Total Current Liabilities	0.00
Long-Term Liabilities	
Total Long-Term Liabilities	0.00
Total Liabilities	0 00
Capital	
Retained Earnings	\$ 5,858.46
Net Income	(5,163.75)
Total Capital	694.71
Total Liabilities & Capital	\$ 694.71