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Department of the Treasury Internal Revenue Service

Form - 990-EZ

Short Form 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) 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

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

OMB No 1545-1150

2011

Open to Public Inspection

A			of it calendar year, or tax year beginning AUGUS 1 UL , 20	ii, and	enging L	1011 27	<u></u>	, 20 ⊥∠
В	Che	eck if ilicable	C Name of organization			D Emplo	yer ide	ntification number
Γ	Address change Gillette Soccer Club Inc							83-0324822
	Name change Number & street (or P O box, if mail is not delivered to street addr.) Room/suite E Telepho						none nui	
	Initial return							
	Terminated P O Box 3482							07)686-1184
	_	ended r				F Group	Exemp	tion
L	App	lication iding	Gillette WY 82717	_		Numb		
			ng Method. X Cash		Н Н	Check ▶ X	ıf the org	ganization is not
			e:▶ www.gsc@vcn.com			required to a	attach S	chedule B
J	Tax	x-exe	mpt status (check only one) X 501(c)(3) 501(c)() ◀ (insert no) 4947	7(a)(1) or	527	(Form 990,	990-EZ,	or 990-PF).
K	Ch	eck 🕨	If the organization is not a section 509(a)(3) supporting organization or	a sectio	n 527 orga	nization and	I its gros	ss receipts are normally
	not	t more	than \$50,000 A Form 990-EZ or Form 990 return is not required though	Form 9	90-N (e-pc	stcard) may	be requ	ired (see instructions)
	But	t if the	organization chooses to file a return, be sure to file a complete return					
L	. Ad	ld lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are	\$200,0	00 or more	, or if total as	ssets (Pa	art II,
_	line	e 25, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 99			•	▶ \$	60,377
Ł	Par	t i	Revenue, Expenses, and Changes in Net Assets or Fu	ınd Ba	alances (see the instr	uctions	for Part I)
_		, ,,	Check if the organization used Schedule O to respond to any question i	n this P	art I			X
		1	Contributions, gifts, grants, and similar amounts received				1	1,100
		2	Program service revenue including government fees and contracts				2	
		3	Membership dues and assessments				3	41,310
		4	Investment income				4	26
		5a	Gross amount from sale of assets other than inventory .	5a			1 1	
		b	Less. cost or other basis and sales expenses	5b			1	
	R	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from sale of assets)	om line	5a)		5c	
	F V	6	Gaming and fundraising events					
	ピートロア	a	Gross income from garring lattach Schedule G if greater than					
			\$15,000)	6a				
	E	ь	Gross income from fundraising events (not uncluding \$		of contribu	itions		
	:		from fundaging events reported on line 1) (attach Schedule G if the					
			sum of such arbss income and contributions exceeds \$15,000)	6b		4,238	4 1	
			Less direct expenses from garning and lundraising events	6c		3,025	4 1	
		d	Net income or (loss) from gaming and fundraising events (add lines 6a a	nd 6b a	nd subtract	Ì		
			line 6c)				6d	1,213
		7a	Gross sales of inventory, less returns and allowances	7a			1 1	•
		b	Less cost of goods sold	7b		····	-	
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a	a)			7c	
		8	Other revenue (describe in Schedule O)			_	8	13,703
_		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u>· · · · · · · · · · · · · · · · · · · </u>		9	57,352
		10	Grants and similar amounts paid (list in Schedule O)				10	5,000
	É	11	Benefits paid to or for members				11	
	Ê	12	Salaries, other compensation, and employee benefits		•		12	
	モメトロアの日の	13	Professional fees and other payments to independent contractors				13	
	Ş	14	Occupancy, rent, utilities, and maintenance				14	
	ร	15	Printing, publications, postage, and shipping Other expanses (describe in Schodule O)	•			15	FO 114
		16 17	Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16				17	58,114 63,114
-		18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-5,762
	Ą	19	Net assets or fund balances at beginning of year (from line 27, column (A	()) (mus	t acree with	· 1	"	-5,762
ļ	ASSETS	'	end-of-year figure reported on prior year's return)	,,, (iiius	. agree will	•	19	45,900
Ī	ΤĒ	20	Other changes in net assets or fund balances (explain in Schedule O)	•		• •	20	1
	Ś	21	Net assets or fund balances at end of year Combine lines 18 through 20			•	21	40,139
			acces of large seminors at the of your combine into 10 through 20			_		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

_		ccer Club Inc	83-032	4822			Page 2
Pa	Balance Sheets. (see the instruc	•		land II	_		,
	Check if the organization used Sched	iule O to respond to any	·				. , , ,
22	Cook covings and investments		<u> </u>	(A) Beginning of ye	ear ———	-	(B) End of year
23	Cash, savings, and investments		•• -	45,900		22	40,139
24	Land and buildings Other assets (describe in Schedule O)	• •	ļ	0		23	0
	Total assets	•	·			24	0
25	Total liabilities (describe in Schedule O)		. —	<u>45,900</u> 0		25	40,139
26 27	Net assets or fund balances (line 27 of col	lumn (D) must agree with		45,900		26	0
	Int III Statement of Program Serv					27	40,139
Fe	Check if the organization used Sche				' <i>)</i>	-	Expenses (Required for section
\A/h.	at is the organization's primary exempt purpos			rait III		-	501(c)(3) and 501(c)(4)
Des	it is the organization's primary exempt purpos cribe the organization's program service accor	molishments for each of	its three largest n	rogram services		-	organizations and section
as r	cribe the organization's program service accor neasured by expenses. In a clear and concise sons benefited, and other relevant information	manner, describe the se	ervices provided,	the number of			4947(a)(1) trusts, optional for others)
	ons benefited, and other relevant information	for each program title.				╁	1
28	· · · · · · · · · · · · · · · · · · ·						
							
	(Grants \$) If this am	ount includes foreign gra	ints, check here		<u>▶ </u>	28a	
29			<u> </u>				
						1	
	(Grants \$) If this am	ount includes foreign gra	ints, check here		> _	29a	
30	7-7-						
						1	
	(Grants \$) If this am	ount includes foreign gra	ints, check here		<u> </u>	30a	
31	Other program services (describe in Schedule	e O)					
	(Grants \$) If this am	ount includes foreign gra	ints, check here	· · · · · · · · · · · · · · · · · · ·		31a	
	Total program service expenses (add lines :				>	32	0
Pa	rt IV List of Officers, Directors, Trustees	s, and Key Employees.	List each one eve	en if not compensa	ted (se	e the	
	Check if the organization used Sche	dule O to respond to any	<u> </u>		<u>.</u>	•	X
	(a) Name and address	(b) Title and Average hours per week	(c) Reportab compensati (Form W-2/1099	Contri	i benefit butions t	o	(e) Estimated amount of
	(a) Name and address	devoted to position	(If not paid, en	ter -0-) employee	oenefit p	lans &	other compensation
Se	e attachment #2						
				<u>.</u>			
						-	
						_	-
		1					1
		1		l			
			-				
			-				

JVA

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Von	 N/ =
00	Did the exceptation organic in any propries at activity and available and the IRCO M (Voc. 2) available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	<u> </u>	_^
34				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			\ _V
05-	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
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		X
3 8a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
3 9	Section 501(c)(7) organizations Enter]		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
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	1		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			İ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	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			
_	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE	700		
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
424	Located at > ZIP + 4 >			
.	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	420		
			1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	40-		v
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			۲
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		1 //	<u> </u>
			Yes	No
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		X
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		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45b	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)	45b	İ	X

SCHEDULE A (Form 990 of 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

<u>G1.</u>	<u>L T</u>	ette soc	ccer Club Ir	ıc				8	3-032	4822			
Pa	<u>rt l</u>	Reasor	n for Public Char	ity Status (All organ	nzations m	ust compl	ete this pa	rt) See in:	structions				
The	orga	anization is not	a private foundation b	ecause it is. (For lines	1 through 1	1, check	only one b	ox)					
1	Ц			association of church		ed in sect	ion 170(b)	(1)(A)(i).					
2	\Box)(1)(A)(II). (Attach Sche									
3	Н	•		service organization de									
4				rated in conjunction wi	th a hospit	al describ	ed in sect	lon 170(b)	(1)(A)(III).	Enter the	e hospi	tal's na	me,
_	\Box	city, and state		-64 -611							· · · · ·		
5	Ш	_	n operated for the ben /). (Complete Part II)	efit of a college or univ	ersity own	ea or ope	rated by a	governme	ental unit c	escribea	in sect	ion	
6				or governmental unit o	locaribad ii	n s ection	170/b\/1\/	A \/\/\					
7		An organizatio	n that normally receive	s a substantial part of					om the ge	neral put	olic des	cribed	ın
)(1)(A)(vi). (Complete										
8		•		on 170(b)(1)(A)(vi). (C	•								
9	X	-		es' (1) more than 33 1/3					•		-		
		•		exempt functionssubj ne and unrelated busin		•					กร		
			•	ne 30, 1975 See section		,		•	nom busi	1103303			
10	П		_	ited exclusively to test	, , ,			·					
11	Н	3	,	ated exclusively for the	•	•			to carny o	ut the			
• •	Ш	-	-	oported organizations		•			•		ion		
				pes the type of support					, ,, ,				
		a Type I	ь Птуре	e II	гуре III-Fu	nctionally	integrated		d □ 1	Type III-C	Other		
e	П	L		e organization is not co	•		_	one or mo		* *			
	ш	-		gers and other than on		-			-		tion		
		509(a)(1) or se	ection 509(a)(2)										
f		-		determination from the	IRS that it	is a Type	I, Type II	or Type III	supportin	g			_
		organization, o		,					•				L
g		following person	-	nization accepted any o	gift or conti	ribution fro	m any of	ine					
		(I) A person v	who directly or indirect	ly controls, either alone	or togethe	er with per	sons desc	ribed in (ii)	-		Yes	No
			= =	dy of the supported org	ganization	,				. [11g(l)		X
		• •	ember of a person des	• • • • • • • • • • • • • • • • • • • •		•				-	11g(ll)		X
		• •	•	on described in (i) or (i						L	11g(lil)		X
<u>h</u>		Provide the fol	llowing information abo	out the supported organ	nization(s)	-							
(I) N	lam	e of supported	(II) EIN	(III) Type of organization	(iv) Is the	organization	(V) Did yo	u notify the		ls the	(vii)	Amour	nt of
• •	org	ganization		(described on lines 1~9	ın col (i) lı	sted in your	organizatio	n in col. (1)	organizatio	nincol (I) ed in the	s	upport	
				(see Instructions)	governing	document?	of your s	support?	-	S ?			
				(0000	Yes	No	Yes	No	Yes	No	-		
-		 		<u> </u>							†		
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					}								
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_													
Tota	ai		E	1	t .		E :		:	į	1		

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.)

Sec	tion A. Public Support		,		······································		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	36,170	22,381	40,612	26,575		125,738
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				-		
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	36,170	22,381	40,612	26,575		125,738
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						
8	Public support (Subtract line 7c from line 6)						125,738
	tion B. Total Support	T	T			T	
	lendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	36,170	22,381	40,612	26,575	 	125,738
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	2	21	124		147
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		2	21	124		147
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)	36,170	22,383	40,633	26,699		125,885
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's firs	st, second, third,	fourth, or fifth ta	ax year as a section	on 501(c)(3)	▶ [
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8, c	column (f) divide	ed by line 13, co	lumn (f))		15	99.88 %
16	Public support percentage from 2010 Sched			·		16	%
	ction D. Computation of Investmen			10 (0)		1471	
17	Investment income percentage for 2011 (line			: 13, column (f)),	• •	17	0.12 %
18	Investment income percentage from 2010 Sc 33 1/3 % support tests 2011. If the organ			n line 14 and lin	ne 15 is more the	L	% %
19a	not more than 33 1/3 %, check this box and						d line 17 is ▶ X
ь	33 1/3 % support tests 2010. If the organ	=					
	line 18 is not more than 33 1/3 %, check this						

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

SCHEDULE O

(Form 990 of 990-EZ)

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Gillette Soccer Club Inc

Employer Identification number

83-0324822

Angela B. University of California \$500
Cody Nice S Western Wy College \$500
Bailey W Western Nebraska \$500
Glendale Community College Zach Green \$500
Laramie Co College \$500
Ortero Junior College \$500
University of Wyoming \$1000
University of Montev \$500
Rocky Mt College \$500

990 PRIMARY EXEMPT PURPOSE

Attachment	1: page 1 - 990-EZ Page	2, Part III		•
Open to Public Inspection	For calendar year 2011 or tax period beginning	08-01	, and ending	07-31-2012
Name of Organizatio		00 01		
-	occer Club Inc		,	oyer Identification Number
GITIECCE 2	occer crub inc			0324822
		Primary Purpose		
To provide	a positive and enjoyable	e experience	in organize	d team sports
-				

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV Open to Public Inspection 08 - 01 - 2011, and ending 07-31-2012 For calendar year 2011 or tax period beginning Name of Organization **Employer Identification Number** Gillette Soccer Club Inc 83-0324822 (B) Average hours per (A) Name and Title (C) Compensation (D) Cont to employee (E) Expense account week devoted to (Form W-2/1099-MISC) ben plans & def comp & other compensation (if not paid, enter -0-) DAN KING President 7600 Roadrunner 5.00 Gillette, WY 82718 0 0 0 JODI STUMBAUGH Vice PO Box 4138 President Gillette, WY 82717 5.00 0 0 0 KIM HATZENBIHLER Treasurer 3313 Fitzpatrick Drive 5.00 Gillette, WY 82718 0 0 0 SARAH WILLIAMS Secretary 4505 Lexington 5.00 Gillette, WY 82718 0 0 0 KANDI YOUNG Registrar 914 E 8TH ST 5.00 Gillette, WY 82716 0 0 0 JAY MAHYLIS Director of 3101 Fitzpatrick Coaching Gillette, WY 82718 5.00 0 0 0 JENNIFER GAUTHIER Field 12 Benjamin Street Schedule Gillette, WY 82716 5.00 0 0 0

JVA

990 BOOKS ARE IN CARE OF

Attachment	<u> 3 - 990-EZ Page 3, Part V,</u>	Line 42a		,
Open to Public Inspection	For calendar year 2011 or tax period beginning	08-01	, and ending	07-31-2012
Name of Organization	loccer Club Inc		lo	Employer Identification Number 3 - 0 3 2 4 8 2 2
Part V - Line 42a				
Individual Name or Business Name		<u>Kim Hat</u>	zenbihler	
	· · · · · · · · · · · · · · · · · · ·			
Street Address		. <u>3313</u> Fi	itzpatrick	
U S Address				
or	82718 Cnty Gillette		State	WY
Foreign Address				
City .	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Province or	State	P. T.		
Country				· · · <u> </u>
Postal code			•	
Phone Num	nber			(307)686-1184
Fax Number	r			

990 FIVE HIGHEST COMPENSATED EMPLOYEES

	t 4: Form 990-EZ, 1	Page 4, Part VI,			
Open to Public	For colondar year 2011 or tay per	nd bogungung 0.0 0.1	2011 and and	una 07 21	2012
Inspection Name of Organizat	For calendar year 2011 or tax peri	od beginning 08-01	-2011, and end	ing 07-31 Employer Identification	
	Soccer Club Inc			83-0324822	
	hest Compensated Employees Oth	er Than Officers, Directors, a	nd Trustees and Ke		
	tle of Each Employee Paid More Than \$100,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Reportable	(d) Health benefits, Contributions to Empl. Benefit Plans & Deferred Compensation	(e) Estimated am of other compenstions
None,			0	0	
				,	
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2011 DETAIL STATEMENTS

Gillette Soccer Club Inc 83-0324822

Page 1

	Page 1
STATEMENT #1 - Contributions, gifts, grants (EZ1 Line 1)	
contributions	
TOTAL CARRIED TO EZ1 Line 1	1,100
STATEMENT #2 - Membership Dues & Assessments (990-EZ PG 1 Line 3)
regisrtation. 36,405 Fall 2012 player card. 2,730 2011-2012 fall player card. 1,295 Player card Spring 2012. 845 Player card 2010-2011. 35	
TOTAL CARRIED TO 990-EZ PG 1 Line 3	41,310
STATEMENT #3 - Investment Income (990-EZ PG 1 Line 4)	_
interest income	
TOTAL CARRIED TO 990-EZ PG 1 Line 4	26
STATEMENT #4 - Gross income from fundraising (990-EZ PG 1 Line 6	b)
Fall Blast	
TOTAL CARRIED TO 990-EZ PG 1 Line 6b	4,238
STATEMENT #5 - Direct expenses from gaming (990-EZ PG 1 Line 6c)	
Fall Blast	
TOTAL CARRIED TO 990-EZ PG 1 Line 6c	3,025
STATEMENT #6 - Other revenue (990-EZ PG 1 Line 8)	
volunteer fee 2,650 uniforms 3,275 polo shirts 68 socks 445 training suit 715 t shirt commission 221 wrap 180	

2011 DETAIL STATEMENTS

Gillette Soccer Club Inc 83.0324822

Page 2

misc	226	
Challenger camp income	2,320	
jerseys	1,575	
Shorts	605	
backpack	665	
hoodie	658	
fleece beanie	100	
TOTAL CARRIED TO 990-EZ PG 1 Line 8		13,703
STATEMENT #7 - Grants and similar amts paid (990-EZ PG :	l Line 10)
America D. Maissansitus of colifornia	500	
Angela B. University of california	500	
Cody Nice S Western Wy College	500	
Bailey W Western Nebraska	500	
Glendale Community College, Zach Green	500	
Laramie Co College	500	
Otero Junior College	500	
University of Wyoming	1,000	
University of montev	500	
Rocky Mountain College	500	
nocky modificatin corrego	300	
TOTAL CARRIED TO 990-EZ PG 1 Line 10		5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201 2,000	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201 2,000 198	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense travel expense. Camp expense	489 653 1,622 121 2,057 157 201 2,000 198 222	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration. advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense. travel expense. Camp expense. Skills development training. Keeper clinic expense. Referee Clinic. Drop in soccer. Coaching.	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration. advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense. travel expense. Camp expense. Skills development training. Keeper clinic expense. Referee Clinic. Drop in soccer. Coaching.	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense Referee Clinic Drop in soccer Coaching Coaching travel	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense Referee Clinic Drop in soccer Coaching Coaching travel equipment expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration. advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense travel expense. Camp expense. Skills development training. Keeper clinic expense. Referee Clinic. Drop in soccer. Coaching. Coaching travel equipment expense Benches expense First aid kits.	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration. advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense. travel expense. Camp expense. Skills development training. Keeper clinic expense. Referee Clinic. Drop in soccer. Coaching. Coaching travel equipment expense Benches expense. First aid kits. PUG expense.	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240 239	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration. advertising. bank fees. Postage. Got Soccer. misc. supplies. website expense. travel expense. Camp expense. Skills development training. Keeper clinic expense. Referee Clinic. Drop in soccer. Coaching. Coaching travel. equipment expense. Benches expense. First aid kits. PUG expense. Soccer balls expense.	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240 239 477	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense Referee Clinic Drop in soccer Coaching Coaching travel equipment expense Benches expense First aid kits PUG expense Soccer balls expense Field expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240 239 477 199	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising. bank fees. Postage. Got Soccer misc. supplies. website expense travel expense. Camp expense. Skills development training. Keeper clinic expense Referee Clinic Drop in soccer. Coaching. Coaching travel equipment expense Benches expense. First aid kits PUG expense Soccer balls expense Field expense Field expense Referee expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240 239 477 199 9,856	5,000
STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16) administration advertising bank fees Postage Got Soccer misc supplies website expense travel expense Camp expense Skills development training Keeper clinic expense Referee Clinic Drop in soccer Coaching Coaching travel equipment expense Benches expense First aid kits PUG expense Soccer balls expense Field expense	489 653 1,622 121 2,057 157 201 2,000 198 222 2,400 700 229 935 2,089 982 847 1,042 240 239 477 199	5,000

2011 DETAIL STATEMENTS

Gillette Soccer Club Inc 83-0324822

Page 3

storage and insurance expense	
portapotty	
Facility expense	
Awards	
uniform expense	
Shorts	
Socks	
Training suits	
polo shirts	
Full uniform expense	
backpack expense	
volunteer fee refund	
WSSA	
,,	
TOTAL CARRIED TO EOEZ Pg 1 Line 16	58,114
STATEMENT #9 - Beginning of Year - Cash (990-EZ PG 1 Line 22)	
checking account balance 7/31/2010	
TOTAL CARRIED TO 990-EZ PG 1 Line 22	45,900
STATEMENT #10 - End of Year - Cash (990-EZ PG 1 Line 22)	
savings account #02110131	
registration account #11023058	
Ul6 coed team account #11016388	
basic checking #364916 13,830	
TOTAL CARRIED TO 990-EZ PG 1 Line 22	40,139
STATEMENT #11 - Assets included (SCH D, PG 1 Line 2b)	
ROUNDING1	
TOTAL CARRIED TO SCH D, PG 1 Line 2b	1