See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning AUGUST 01 , 2013, and ending JULY 31 , 20 14

B Check if applicable	C Name of organization	D Employer identification number
☐ 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 Telephone number
☐ Initial return		
☐ Terminated	P O BOX 3482	(307)686-1184
☐ Amended return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ▶
☐ Application pending	GILLETTE WY 82717	

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ WWW.GSC@VCN.COM

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 84,894

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 ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	5,000
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	64,260
	4	Investment income		4	12
	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)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	12,575	
	c	Less. direct expenses from gaming and fundraising events	6c	1,123	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	11,452
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	3,047
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	83,771
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	3,000
	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	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	76,769
	17	**Total expenses.** Add lines 10 through 16		17	79,769
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,002
	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	52,127
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-4
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	56,125

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3

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	52,127	22	56,125
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	52,127	25	56,125
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	52,127	27	56,125

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? SEE ATTACHMENT #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 0

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #2				

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

			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
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		X
35a	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
b	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
c	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
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		X
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 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		X
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		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
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		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
c	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 N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		X

		Yes	No
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	46		X

Part VII Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 VII ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #4				

f Total number of other employees paid over $100,000 ▶

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 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

▶ Signature of officer 12/15/14 Date

▶ KIM HATZENBIHLER TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	KAREN DUVALL	Karen Duvall	12-11-2014		P00085733
	Firm's name ▶ H AND R BLOCK			Firm's EIN ▶	830260463
	Firm's address ▶ 200 W LAKEWAY			Phone no.	307-682-2206

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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
GILLETTE SOCCER CLUB INC	83-0324822

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-Non-functionally integrated

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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,612	26,575	57,352	62,528	69,260	256,327
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	40,612	26,575	57,352	62,528	69,260	256,327
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.)						256,327

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	40,612	26,575	57,352	62,528	69,260	256,327
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21	124	26	10	12	193
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21	124	26	10	12	193
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.)	40,633	26,699	57,378	62,538	69,272	256,520

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.92 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.08 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests -- 2013.** 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 ▶ ☒

b **33 1/3% support tests -- 2012.** 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 ▶ ☐

20 **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 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.**

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
GILLETTE SOCCER CLUB INC	83-0324822

SCHOLARSHIP FOR TAYLOR WILDE $1000
SCHOLARSHIP FOR CIARA NICE $1000
SCHOLARSHIP FOR TARREN YOUNG $1000

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 08-01 , and ending 07-31-2013

Name of Organization	Employer Identification Number
GILLETTE SOCCER CLUB INC	83-0324822

Primary Purpose
TO PROVIDE A POSITIVE AND ENJOYABLE EXPERIENCE IN ORGANIZED TEAM SPORTS

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 08-01-2013, and ending 07-31-2013.

Name of Organization: GILLETTE SOCCER CLUB INC

Employer Identification Number: 83-0324822

(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
RUSS HALCROFT PRESIDENT	5.00	0	0	0
KIM HATZENBIHLER TREASURER	5.00	0	0	0
BRIAN HOKANSON VICE PRESIDENT	5.00	0	0	0
KRISTINA ROSWADOVSKI REGISTRAR	5.00	0	0	0
MAGGIE LOCKWOOD SECRETARY	5.00	0	0	0
LINDA HORSLEY EQUIPMENT MANAGER	5.00	0	0	0
TONY WYLLIE GAME SCHEDULER	5.00	0	0	0
AUDRA STUMBAUGH PUBLIC RELATIONS	5.00	0	0	0
LYLE FOSTER DIRECTOR OF COACHING	5.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 08-01 , and ending 07-31-2013.

Name of Organization	Employer Identification Number
GILLETTE SOCCER CLUB INC	83-0324822

Part V - Line 42a

Individual Name . . . . . KIM HATZENBIHLER

or

Business Name:

Street Address . . . . . 3313 FITZPATRICK

U.S. Address

Zip code 82718 City GILLETTE State WY

or

Foreign Address

City . . . . .

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (307)686-1184

Fax Number . . . . .

990 FIVE HIGHEST COMPENSATED EMPLOYEES

ATTACHMENT 4: FORM 990-EZ, PAGE 4, PART VI, LINE 50

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 08-01-2013, and ending 07-31-2013.

Name of Organization	Employer Identification Number
GILLETTE SOCCER CLUB INC	83-0324822

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(a) Name and Title of Each Employee Paid More Than $100,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Reportable Compensation Forms W-2/ 1099-MISC	(d) Health benefits, Contributions to Empl. Benefit Plans & Deferred Compensation	(e) Estimated amt of other compenstions
NONE				

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

.....	5,000	
TOTAL CARRIED TO EZ1 LINE 1.....		5,000

STATEMENT #2 - MEMBERSHIP DUES & ASSESSMENTS (990-EZ PG 1 LINE 3)

REGISRTATION.....	23,389	
TOURNAMENT FEES.....	28,233	
SPRING 2014 REGISTRATION.....	10,950	
REFUND TOURNAMENT REGISTRATIONS.....	1,688	
TOTAL CARRIED TO 990-EZ PG 1 LINE 3.....		64,260

STATEMENT #3 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

INTEREST INCOME.....	12	
TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....		12

STATEMENT #4 - OTHER REVENUE (990-EZ PG 1 LINE 8)

UNIFORMS.....	160	
ADVERTISING.....	300	
T SHIRT COMMISSION.....	320	
MISC.....	107	
CHALLENGER CAMP.....	1,490	
GOAL KEEPER CLINIC.....	100	
STORE INCOME.....	426	
EDGE DECAL INCOME.....	144	
TOTAL CARRIED TO 990-EZ PG 1 LINE 8.....		3,047

STATEMENT #5 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

SCHOLARSHIPS.....	3,000	
TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....		3,000

STATEMENT #6 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADMINISTRATION.....	1,222	
ADVERTISING.....	574	
BANK AND CREDIT CARD FEES.....	2,614	

POSTAGE	98
GOT SOCCER	1,183
MISC	224
SUPPLIES	1,026
TRAVEL EXPENSE	73
RECONCILIATION DISCREPANCIES	61
CLINIC AND CAMP EXPENSE	5,887
CAMP EXPENSE	1,919
KEEPER CLINIC EXPENSE	750
REFEREE CLINIC EXPENSE	125
DROP IN SOCCER	56
COACHING TRAVEL EXPENSE	1,417
COACHING EDUCATION EXPENSE	988
FIRST AID KITS EXPENSE	428
SOCCER BALL EXPENSE	731
TENTS FOR TEAMS	383
PICNIC EXPENSE	181
REFEREE EXPENSE	2,245
REFUND	549
CLINIC REFUND	4,552
STORAGE AND INSURANCE EXPENSE	1,125
TOURNAMENT FEES REFUND	1,216
CASPER FALL TOURNAMENT	4,360
TOURNAMENT FEE REASSIGN COACH	1,850
CHEYENNE TOURNAMENT FEES	1,875
REFUND TOURNAMENT FEE	110
CASPER JAMBOREE	2,840
SNICKERS BIG HORN CUP	5,919
WYOMING STATE CUP TOURNAMENT	6,458
TOURNAMENT EXPENSE	620
REFEREE EXPENSE	150
REFEREE EXPENSE	5,709
AWARDS EXPENSE	1,280
STORE EXPENSE	500
TOURNAMENT INSURANCE	386
FIELD EXPENSE	2,186
AWARDS	1,280
INSURANCE	386
UNIFORMS EXPENSE	1,125
STORE EXPENSE	411
WSSA	9,213
RETURNED CHECK	100
COLLEGE EXPENSES	250
PAINT STRIPPING MACHINE EXPENSE	134
TOTAL CARRIED TO EOEZ PG 1 LINE 16	76,769

STATEMENT #7 - OTHER CHANGES IN NET ASSETS (SCH D, PG 1 LINE 20)

ROUNDING	-4

TOTAL CARRIED TO SCH D, PG 1 LINE 20..... -4

STATEMENT #8 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

FALL BLAST.....	12,025	
BOOTH SPACE.....	550	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6B.....		12,575

STATEMENT #9 - DIRECT EXPENSES FROM GAMING (990-EZ PG 1 LINE 6C)

FALL BLAST.....	817	
WINTER BLAST.....	306	
TOTAL CARRIED TO 990-EZ PG 1 LINE 6C.....		1,123

STATEMENT #10 - OF YEAR - CASH (990-EZ PG 1 LINE 22A)

	BEGINNING	ENDING
SAVINGS ACCOUNT #02110131.....	10,408	10,419
REGISTRATION ACCOUNT #11023058.....	29,696	29,068
BASIC CHECKING #364916.....	12,023	16,638
TOTAL CARRIED TO 990-EZ PG 1 LINE 22A.....	52,127	56,125

STATEMENT #11 - GIFTS, GRANTS RECEIVED (SCH A, PG 2 LINE 1(A))

GRANTS GIFTS MEMBERSHIP CONTRIBUTIONS

TOTAL CARRIED TO SCH A, PG 2 LINE 1(A)