Return of Organization Exempt From Income Tax

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

Open to Public

- 1
Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	2017 calendar year, or tax year beginning OCT 1, 2017 and	ending (SEP 30, 2018	
Вс	Check if ipplicable	C Name of organization		D Employer identifi	cation number
	Addres change Name	Casper Soccer Club		83-0	271001
\vdash	,∐change ∏Initial		Room/suite		
\vdash	Ireturn Final	P.O. Box 2101	NUUIII/SUILE		473-2617
	/return -termin			G Gross receipts \$	437,261.
	ated □Amend	City or town, state or province, country, and ZIP or foreign postal code Casper, WY 82602			
H	∐return ∏Applica			H(a) is this a group re for subordinates	
	⊥tiòn pendin	_ I	_		
			or 7)52	H(b) Are all subordinates in	list. (see instructions)
		mpt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c			•
		e: Caspersoccerclub.com	I Von	H(c) Group exemption	A State of legal domicile: WY
		Organization, L22	<u> L_ Year</u>	oriormation. 1907	A State of legal doffficile. WI
F		Summary	abile	dran in thei	~
ë	1	Briefly describe the organization's mission or most significant activities: Help	CHIT	aren in chei	L
ā	9	development of positive life skills and s			
ēr	2 (Check this box I if the organization discontinued its operations or dispos	sea ot mor		
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		3	10 10
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	700
<u>₹</u>	6	Total number of volunteers (estimate if necessary)		6	
1	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
0 Zactivities & Governance	b_!	Net unrelated business taxable income from Form 990-T, line 34		7b	
				Prior Year	Current Year
, e		Contributions and grants (Part VIII, line 1h)		90,814.	89,454.
₩ ₩		Program service revenue (Part VIII, line 2g)		285,153.	309,459.
Revenue 2	1	investment income (Part VIII, column (A), lines 3, 4, and 7d)		164.	327. 25,734.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	18,883.	424,974.
<u> </u>	1	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		395,014.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0.	<u>0.</u>
ζ	1	Benefits paid to or for members (Part IX, column (A), line 4)		49,331.	54,810.
S C	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11gy 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25)		90,357.	67,264.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	040 250	201 400
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		242,358.	281,408.
	18	Total expenses Add lines 13-17 (must equal Part X, column (A), line 25, 0	> -	382,046.	403,482.
	l 19 l	Revenue less expenses Subtract line 18 from line 12 7/V 2	-	12,968.	
Net Assets or Fund Balances		Revenue less expenses Subtract line 18 from line 12		eginning of Current Year	End of Year
Ssel	20			218,956.	243,032. 7,171.
et P	21	Total liabilities (Part X, line 26)		<u>4,587.</u>	235,861.
꾩	22	Net assets or fund balances Subtract line 21 from line 20	L.	214,369.	235,601.
	art II	Signature Block		wanta and to the heat of m	v knowledge and heliof it is
		ties of perjury I declare that I have examined this return, including accompanying schedules			y kilowicaye alio boliol, it is
true,	, correct	t, and complete. Decigration of preparer (other than officer) is based on all information of wh	non prepare	ir flas any knowledge,	12019
		Signature of Officer		Date	12011
Sig				2415	
Her	e	Trish Nix, President Type or print name and title			
				Date Check	PTIN
D-**		Print/Type preparer's name Preparer's signature		. In	-
Paid	Г	Michael J. Cometto, CPA Michael Glometts,		1/8)2019 self-employ	
-	F		P.C.	Firm's EIN	83-0232451
use	Only	Firm's address 104 South Wolcott, Suite 735		Dhara / 2	071224 5205
		Casper, WY 82601-2555		Phone no. (3	07)234-5395
Maν	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2017)

Forth 990 (2017) Casper Soccer Club Part IV Checklist of Required Schedules

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V					
# "Yes," complete Schedule A 1 X 2 X 3 2 Site to granusation required to complete Schedule B, Schedule of Contributions? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 X X Sections 051(io)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II X X X Sections 051(io)(3) organizations. Did the organization had receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II X X X X X X X X X				Yes	No
2 Is the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I and the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II as the organization. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year If "Yes," complete Schedule C, Part II as the organization as action 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c), or 501(c), or 501(c), or 501(c), or 501(c), or 501(c), or 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ĺ		
3		If "Yes," complete Schedule A	_1_	X	
public office? If "Yes," complete Schedule C, Part I Section 50 (P(s)) organizations. Ddt the organization engage in lobbying activities, or have a section 501(h) elscition in effect during the tax year? If "Yes," complete Schedule C, Part III I be the organization as election 501(h)(s) 501(e)(5), or 501(e)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98197 If "Yes," complete Schedule C, Part III Old the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Old the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II Old the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI If the organization report an amount for westments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part III Did the organization report an amount for westments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XI Did the organization report an amount for other intellites in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XI Did the organization report an amount for other la	2	· · · · · · · · · · · · · · · · · · ·	2		X
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III is the organization assertion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III is Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization report an amount or hold a consensation asserting including assembles to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Schedule D, Part II is Did the organization in amount in IP art X, line 21, for escrive or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II is Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI is Did the organization report an amount for investments of there is a septicable assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI is Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X is Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X is Did the organization report an amount for other assets in Part X, line 15 in the say year? If "Yes," complete Schedule D, Part X is Did the organization schedule and amount for other assets in Part X, line 15 in the say year? If "Yes," complete Schedule D, Part X is Did the organization assertio	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sensition amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization or eport an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 16 Did the organization or eport an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 16 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization slability for uncertain tax positions under FIII 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Part II and IV 15 Did the organization appoint on Part IX, column (A), line 3, more than \$1,0,000 f		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
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## "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporanily restricted endowments, permanent endowments, or quasi-endowments, if "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 17 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII X 18 Did the organization report an amount for other inself its late in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII X 19 Did the organization on separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 19 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X 19 Did the organization maintain an office, employees, or agents outside	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13		·	12a		
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complete Schedule G, Part III	10	·			
ochipicto contestit di ritaria	13		19		х
		Complete Contraction of Fair III		990	

Form 990 (2017) Casper Soccer Club
Part IV Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			} _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		
	instructions for applicable filing thresholds, conditions, and exceptions)			**
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
Ç	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_ <u>X</u> _
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30_		_^_
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_21_
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	9 <mark>90</mark> (2017)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	25	1,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	
•	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•	
		13	_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country	_	f*	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			í - <u>-</u>
	sponsoring organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.		` ′	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	→		. 1
11	Section 501(c)(12) organizations. Enter	. '		
а	Gross income from members or shareholders 11a	`	` 	1.
b	Gross income from other sources (Do not net amounts due or paid to other sources against			i
	amounts due or received from them)	<u> </u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	— `		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			多线点
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			; ;
b	Enter the amount of reserves the organization is required to maintain by the states in which the			.
	organization is licensed to issue qualified health plans	\dashv	1	١.
_	Enter the amount of reserves on hand	- 	+	-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	1

Form 990 (2017)

Casper Soccer Club

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 83-0271001 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI

<u>Sec</u>	tion A. Governing Body and Management					
		1	l		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	4		,
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	iip with	any other		'	
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under to	he dire	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form		is filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		_ <u>X</u> _
6	Did the organization have members or stockholders?			6		_ <u>X</u> _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e tollowing.		,,	
а	The governing body?			8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			w
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0 1 1	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu <u>.</u>	e Code)		V	NI-
	D. Hills and a state to the land of the state of the state of			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	shantar	e affiliates	iUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such or and have the activities of such organization and have activities of such organization.	mapter	s, annates,	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy hefo	re filing the form?	11a	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	dy Deic	ite ming the form	110		
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to cor	flicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
Ĭ	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro-	val by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			}		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's			
	exempt status with respect to such arrangements?			<u> 16b</u>		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None	T (2				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Sect	ion 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply		t - d.d- 0)			
	Own website Another's website X Upon request Other (explain			J &	امردا	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, and	ı tınan	ciai	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	na recoras. >		-	
	Wendy Brown - 307-473-2617	-				
	P.O. Box 2101, Casper, WY 82602					

Form 990 (2017)
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Casper Soccer Club

83-0271001

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	(do		Position check more than one			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	lo a c	Irecto	or/trus	(ee)	from	from related	other
	(list any	recto	ŀ			1		the	organizations	compensation
	hours for related	e or d	g			뜷		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		, a	mpeu		(** 27 1033 101100)		and related
	below	Individual trustee or director	Institutional trustee	_ ا	읕	stco	 ==			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former	_		
(1) Wendy Brown	20.00									
Administrator & Registrar		X						34,000.	0.	0.
(2) Fred Catchpole	2.00									
Director		X						0.	0.	0.
(3) Jennifer Turnbull	2.00							_	_	_
Director		X						0.	0.	0.
(4) Melissa Best	2.00									
<u>Director</u>		X			<u> </u>	_		0.	0.	0.
(5) Greg Tuma	2.00									
Director		X		<u> </u>	-			0.	0.	0.
(6) Peter Nicolaysen	2.00								!	•
Director	2 00	X	_	<u> </u>			<u> </u>	0.	0.	<u> </u>
(7) Chris Stanbury	2.00									•
Director		X	<u> </u>			<u> </u>		0.	0.	0.
(8) Trish Nix	2.00			١,,						0
President	2 00			X		\vdash		0.	0.	0.
(9) Annie Graham	2.00			х				0.	0.	0.
Vice President	2.00		_	Λ						
(10) Mike Cometto Treasurer				х				0.	0.	0.
(11) Stacey Balanoff	2.00					_				
Secretary				х				0.	0.	0.
		-								
	-									
						L			<u> </u>	

- 4. 5 77 Section A. Onicers, Directors, Trus		Picy	ees,			giie.	<u> </u>				_
(A)	(B)	1	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per					is bot		00)		ľ	
•	week	\vdash) (i)		1 6010	rector/trustee)		from	from related	other	_
	(list any hours for	recto						the	organizations		1
	related	or d	a			sated		organization	(W-2/1099-MIS	· 1	
	organizations	nstee	trust		<u>ရ</u>	ined:		(W-2/1099-MISC)		organization and related	
	below	ualtr	onal		Ploy	t con	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег			organizations	
		=	트	ō	ᆂ	포늄	- <u>-</u> -				_
		Į į									
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		1									
4h Cub tetal	L				I			34,000.	·	0. 0) .
1b Sub-total	U C+: 4							0.			<u>) .</u>
c Total from continuation sheets to Part V	II, Section A										
d Total (add lines 1b and 1c)								34,000.			<u>.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportable)	_
compensation from the organization											0
										Yes No	
3 Did the organization list any former officer	director, or tru	uste	e, ke	y er	nplo	уее,	or	highest compensated e	mployee on	10,0 (). 142 32 45 45 4 4 4	
line 1a? If "Yes," complete Schedule J for s	such individual									3 X	Ľ
4 For any individual listed on line 1a, is the si	um of reportab	le co	amo	ensa	atior	and	d otl	her compensation from	the organization		₹
and related organizations greater than \$15	•		-						J	4 X	(
									dual for services	77. 77. 99	
							cial	ed organization or indivi	dual for 3ct vices	5 X	
rendered to the organization? If "Yes," con	ipiete Scriedui	e J I	UI SL	ucn	pers	SON					<u>-</u>
Section B. Independent Contractors								de et conservation of	Φ100 000 - f - ·		_
1 Complete this table for your five highest co										pensation from	
the organization Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ıthır		/ear		_
(A)								(B)		(C)	
Name and business	address	NO	INC	<u> </u>				Description of s	ervices	Compensation	
										•	
							T	·····			_
											_
]		İ		
							\dashv				_
							- }		ļ		
										a part au amaza e e	20
2 Total number of independent contractors (including but n	ot lir	nite	d to	tho	se lis	sted	d above) who received m	ore than		j
\$100,000 of compensation from the organ	zation				(<u>) </u>			2		
										000	

83-0271001

		Check if Schedule O cont	ains a response	or note to any hi	ne in this Part VIII	•		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
		·	1c			Color In the Color		
	C		1d					
		Related organizations					5个数据表示	
	е	Government grants (contribut						
e i	f	All other contributions, gifts, gran		00 454				
들		similar amounts not included abo	ve 1f	89,454.				
ğ	g	Noncash contributions included in lines	1a-1f \$					
<u>ō</u> ē	h	Total. Add lines 1a-1f			89,454.	The region of the first the second	Harris Committee	1、2·歩い ヴァハル - 後(Cobanto Y W Lusti - か)
		٠		Business Code		evelkeiner	And Altera	
<u>8</u>	2 a	Program Revenue	<u> </u>	713990	309,459.	309,459.		
Program Service Revenue	b	·	•		,		~	
n S	C	·						
e S	d						<u> </u>	•
δ.	е							`
σ.	f	All other program service reve	enue	713990	,	1.111 - 11	Same of a second second	Colombia mena 1845 de 90
	g				309,459.	李武王子 (1955年)	ANGER TON	
	3	Investment income (including other similar amounts) Income from investment of ta		· > '	327.	٠.	_	327.
	5	Royalties		•				
		-	(ı) Real	(II) Personal	and the state of the state of the state of	11.15年中央海岸等等	12113414513184	
	6 a	Gross rents	. (7	(7)				
	b							
	~	Rental income or (loss)	_		PONTER DAM			1344 134 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	Net rental income or (loss)			The Berne Continues of the Selection on the Selection of the selection of	b eddy'r Eat Same EndelpSid 1990/95 Who Tananat S	The grantegraph of partie states in transfered.	may that the statement statement and according to
		Gross amount from sales of	(i) Securities	(II) Other	REPARE NO	17 70 £ 1. 1 2 £ 2.	والمراجع المراجع المنافية	1 3 TAC 9
	, a	assets other than inventory	(i) Occumics	(ii) Gariei				
		Less: cost or other basis		-				
		and sales expenses						
	_	·					Tarkersky fred (a)	
		Gain or (loss)	<u></u>		Literatura Maria de La	متقعلب للدود المشاتات	سىدادۇرى ئاۋاتىدۇرلىكىدىدىنى ئادىدىدىدىنىدىدىنىدىنى بارسىدىنىنىدىنى بارسىدىنى ئادىلىكىدىنى بارسىدىنى بارسىدىنى	التكوية بالتكويمة المطويمة ال
		Net gain or (loss)		,		, _{,,,,} ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	129 9000 mm - 12 1336	BANGAR ARAB CALS
ī	ва	Gross income from fundraisin						And the second second
Ven		including \$	<u>,</u> of	}				
Be		contributions reported on line						
Other Reven		Part IV, line 18	а					
ð		Less direct expenses	b				i siki a rikesin isi sila	neurodist Edika neurodi neurosia -
		Net income or (loss) from fund			State Control of the N	Language Company	ng making desiring allows in	214 Tach 17 . 8227
	9 a	Gross income from gaming ac						The first section of the section of
		Part IV, line 19	. a					
		Less direct expenses,	b		Sandadashira - se sesatisti ad	la side Indida		الكىتىلىسىلىلىداكىة ھەھەلەتقىيلىدارا - ئالىكىلىسىلىلىداكىة ھەھەلەتقىيلىدارا
		Net income or (loss) from gam			Costant at 1955		Same William	377F N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	10 a	Gross sales of inventory, less		22,866.				
	_	and allowances	а	12,287.				的英数数数数
		Less cost of goods sold	b. of inventors	<u> 14,401.</u>	10,579.		R. R. S. S. S. S. J. C. 17	10,579.
	<u>_</u> _c	Net income or (loss) from sale		Business Os de	THE RESERVE OF THE PROPERTY AND ADDRESS.		J. Philippe J. J. Straffan	
	44	Miscellaneous Revenu Sponsorships	ie	Business Code 713990	12,375.	12,375.	tuuta Perina Proportia Marka katuralisi.	president victor (hidden bed)
				713990	2,780.	2,780.	-	-
	b	Miscellaneous		113330	4,100.	4,100.	-	·
	, c	All Aller managers	,		 	 	<u> </u>	,
	d	All other revenue			15,155.	1364 - 2365 - 3441 AL 14 156 - 1	L. Verriger Lings Falls	
	e	Total. Add lines 11a-11d Total revenue See instructions.			424,974.	324,614.	0.	10,906.
	12	I DIALIE VEHILE OCC HISH UCHOHS.			. エロスノノーせき	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Form 990 (2017) Casper Soccer Club
Part IX, Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			отріете соіитп (А)	
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21		•		
2	Grants and other assistance to domestic	•			
	ındıvıduals. See Part IV, line 22	·	t	The second of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		54.040	The Control of the Control	of TEEL WAY TO BE STORE
4	Benefits paid to or for members	54,810.	54,810.	ALEGE SHIP SEED WITH	<u> </u>
5	Compensation of current officers, directors,	24 222	24 222		
	trustees, and key employees	34,000.	34,000.		
6	Compensation not included above, to disqualified			-	ļ
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	. 07 000	27 220	,	
7	Other salaries and wages	27,238.	27,238.	<u> </u>	
8	Pension plan accruals and contributions (include	•			
_	section 401(k) and 403(b) employer contributions)		· · · · · · · · · · · · · · · · · · ·		• _
9	Other employee benefits	6,026.	6,026.		
10	Payroll taxes	0,020.	6,040.		
11	Fees for services (non-employees)	i			•
a	Management				
þ	Legal	950.	950.		<u></u> ,
C	Accounting	930.	930.		
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	_	e verifie which every street	Market At an analysis of second at	
ģ	Other (If line 11g amount exceeds 10% of line 25,		•		·
. 9	column (A) amount, list line 11g expenses on Sch O.)		·	,	
12	Advertising and promotion	1,114.	1,114.		
13	Office expenses	1,030.	1,030.		-
14	Information technology	3,868.	3,868.		-
15	Royalties	<u> </u>	,		-
16	Occupancy	29,444.	29,444.		,
17	Travel			t	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings		1		
20	Interest		•		
21	Payments to affiliates			<u></u>	
22	Depreciation, depletion, and amortization	3,625.	3,507.	118.	· .
23	Insurance	5,020.	5,020.	P	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		an estate sa martin a		HARTE BROKEN S. C.
а	<u>Tournament costs - Meda</u>	71,947.	71,947.		<u> </u>
b	Referee Expense	69,780.	69,780.		·
С	WSSA Registration Fees	54,148.	54,148.		
d	Bank Service Chrgs	10,779.	10,779.	, *	
е	All other expenses	29,703.	29,703.		
<u>25</u>	Total functional expenses Add lines 1 through 24e	403,482.	403,364.	118:	<u> </u>
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	•	·	~	,
	Check here I if following SOP 98-2 (ASC 958-720)		İ		l .

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 235,218. 206,103. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 1.4144 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 71,839 10a basis. Complete Part VI of Schedule D . 64.025 11,439. 7.814 Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 218,956 243,032. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,587 5,177. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 0. Schedule D 4,587. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 127,924. 127,924. Capital stock or trust principal, or current funds . 30 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 86;445. 107,937. 32 Retained earnings, endowment, accumulated income, or other funds 32 214,369. 235,861. 33 Total net assets or fund balances 243,032. 218,956 Total liabilities and net assets/fund balances

	1990 (2017) Casper Soccer Club ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u>83-0</u>	<u> </u>	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		1,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	
3	Revenue less expenses Subtract line 2 from line 1	_3		L,4:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214	1,3	<u>69.</u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	235	5,8	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·		<u> </u>
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			5	· (1)
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	red in	7.7	-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		$\lambda_{ij} \geq 1$	
	separate basis, consolidated basis, or both.		[4] A.		
	Separate basis Consolidated basis Both consolidated and separate basis		ا م المسكرة ا	422	ر د کوسک
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	[[[[]	1 37	
	consolidated basis, or both			***	[M.45]
	Separate basis Consolidated basis Both consolidated and separate basis			54.7 V 23.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,		ر استونده استونده	تبند
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audr	[] [] [] [] [] [] [] [] [] []	S.A.	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	. _		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 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.

▶ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number 83-0271001

		Casp	er Soccer	Club				8	3-0271001
Pa	rt I	Reason for Public (mplete th	ıs part) Se	ee instructions	;	
he i	organi	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of ch							
2	同	· ·	· ·				-70-70-7		/ N
	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3	믐	•					-	(iii) Entor	the becatal's name
4	لـــا	A medical research organiz	ation operated in cor	njunction with a nospital	describe	ı iii secuo	n 170(b)(1)(A)	(III). ⊏IIIei	the nospital s hame,
		city, and state							
5		An organization operated for		liege or university owner	or opera	ted by a g	overnmentai u	nit descrit	oea in
		section 170(b)(1)(A)(iv). (C							
6	\sqsubseteq	A federal, state, or local gov	•				• •		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						•
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g							
		university							
ıo	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its suc	port from	contributi	ons. members	hip fees, a	nd gross receipts from
		activities related to its exen	• • • •	•	•			-	=
		income and unrelated busin	•	•	• •				=
		See section 509(a)(2). (Cor		(1033 Section of Francisco	Jiii 505iii0	3303 4040	mod by the or	garneanori	and danie de, rere
	\Box	An organization organized a	•	walu ta tast for public sa	foty Soo	naction El	20/2//4)		
11	H	•	•	•	•			rn, out the	nurnoses of one or
2		An organization organized a							
		more publicly supported or							neck the box in
	_	lines 12a through 12d that							_
а		Type I. A supporting orga							
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting
		organization You must o	•						
b		Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving
		control or management o	f the supporting orga	anızatıon vested ın the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its suppoi	ted organi	zation(s)
		that is not functionally int							
		requirement (see instructi							
٩		Check this box if the orga		•				II. Type III	
-		functionally integrated, or					, , , ,,	, ,,	
f	Ente	r the number of supported of		yog.a sapport					
' ~		ide the following information	_	nd organization(s)					
9		Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	, ,	(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)
		·	 	above (see instructions))					
	_			•	-				
			-						
_									

	edule A (Form 990 or 990 EZ) 2017 C	asper Soc	cer Club				1001 Page 2
Ρŧ	int III Support Schedule for						
	(Complete only if you checke				on failed to qualify t	under Part III If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part	III)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	- (a) 2013	(b) 2014	(c) 2015	' (d) 201 <u>6</u>	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				•	/	
	ınclude any "unusual grants ")		_				
2	Tax revenues levied for the organ-						
	ızatıon'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,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			化学衰变学的		
	column (f)			alemante / 12/2 c. G.	AT TRACK		
	Public support. Subtract line 5 from line 4	PROSE CONTRACTOR		W. SE. X. CAN.	[1] 独立建筑等保护	The rest of the state of the st	
Se	ction B. Total Support	,				·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 .	(c) 2015	(d) 2016	(e) 2017	(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	<u> </u>					
10							
	or loss from the sale of capital					L	
	assets (Explain in Part VI)	75 357 (3 76 75 76 76 75	Sur is a sur sur	The state of the s	1, 11, 23, 21, 21	TOTAL THE LINE WAS TAKEN	
	Total support. Add lines 7 through 10			Sale An Lotte 1885	<u>(15월 남[[왕왕] 7.111월</u>	Part of Miles	•
	Gross receipts from related activities				_	12	•
13	First five years. If the Form 990 is fo	<i>,</i>	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
50	organization, check this box and stor ction C. Computation of Publ	othere	rcentage				
				nol		14	%
	Public support percentage for 2017 (•	Joiumm (i))		15	
	Public support percentage from 2016 33 1/3% support test - 2017. If the			n line 12 and line	14 to 33 1/3% or n		
162	<i>,</i>		•		14 15 33 17370 01 11	iore, crieck triis be	· L
	stop here. The organization qualifies 33 1/3% support test - 2016. If the				t line 15 ie 33 1/3%	or more check th	nie hox
Ľ	,				, illie 13 is 33 1/3/0	·	■ □ ·
47.	and stop here. The organization qual 10% -facts-and-circumstances tes				e 13 16a or 16b a	and line 14 is 10%	or more
1/2	and if the organization meets the "fac						
	/				•	. VI HOW the bigai	
٠.	meets the "facts and circumstances" 10% -facts-and-circumstances tes	_	-	· · · · · · · · · · · · · · · · · · ·	-	I7a and line 15 is	1 0% or
Ľ	more, and if the organization meets to						
	organization meets the "facts-and-cire						´ · ▶□
10	Private foundation. If the organization						s 🕌
10	riivate Journation, ii the organizatio	AT GIG HOL CHECK A	DOX OF HIE 10, 10	a, 100, 17a, 01 17	D, SHOOK HIIS DOX A		<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Casper Soccer Club | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	ction A. Public Support	clow, please comp	nete i ait ii j				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(8) 2014	(0) 2010	(4) 2010	30)==	
ı	membership fees received (Do not						
	include any "unusual grants ")	330,295.	303,745.	360,525.	375,966.	398,912.	1769443.
2	Gross receipts from admissions,	330,233.	303,7431	300,3230	37373000	050/511	
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	22,305.	20,703.	47,986.	26,987.	38.021.	156,002.
3	Gross receipts from activities that	22,303.	20,703.			00,0220	20070020
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization'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	352,600.	324,448.	408,511.	402,953.	436,933.	1925445.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0
	amount on line 13 for the year			_			0.
	Add lines 7a and 7b	1.00.2000000000000	mayor u si si mili	in a standard of the and	Andrew Mill Franks	Marian San San San San San San San San San S	0. 1925445.
	Public support. (Subtract line 7c from line 6) ction B. Total Support	Participant of the second	T# 115 .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	range en . 1 11	<u> </u>	1945445.
		(-) 0010	(h) 0014	(-) 001E	(4) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013 352, 600.	(b) 2014 324, 448.	(c) 2015 408,511.	(d) 2016 402, 953.	436,933.	1925445.
_	Amounts from line 6 Gross income from interest,	354,000.	344,440.	400,311.	402,333.	430,933.	1723443.
IUa	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	95.	130.	151.	164.	327.	867.
	Unrelated business taxable income		150.		104.	327.	0071
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	95.	130.	151.	164.	327.	867.
-	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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	352,695.	324,578.	408,662.	403,117.	437,260.	1926312.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here					 .	
	ction C. Computation of Publi						00 05
	Public support percentage for 2017 (li			olumn (f))		15	99.95 <u>%</u> 99.96 %
	Public support percentage from 2016 etion D. Computation of Inves					16	99.96 %
					 	17	.05 %
	Investment income percentage for 20 Investment income percentage from 2	•		ie 13, Column (1 <i>))</i>		18	.04 %
	33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3		
198	more than 33 1/3%, check this box ar						→ X
h	33 1/3% support tests - 2016. If the						
~	line 18 is not more than 33 1/3%, che						ightharpoons
	Private foundation. If the organization						ightharpoonup

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizatio

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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			1
	10b		

		<u>83-027100</u>) <u> </u>	age 5
Pa	t IV Supporting Organizations (continued)		_	
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	·	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-Luciana	-	i
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		.	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		'	. ·
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			· .
	controlled the organization's activities If the organization had more than one supported organization,		'	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		٠	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		\ \frac{1}{2}	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		.	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
	,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	'		
	or management of the supporting organization was vested in the same persons that controlled or managed		ندار تقديد ار	
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1.6
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		:	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	بالمسلس		<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1,1	2	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	•		
	significant voice in the organization's investment policies and in directing the use of the organization's		-	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		,	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
' a	The organization satisfied the Activities Test Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructior	rs)	
2	Activities Test Answer (a) and (b) below.	, ,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 3	1.
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	,	1 1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		'	
	that these activities constituted substantially all of its activities	2a		نسوسته د
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	1.	ا - س
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
] .	[[
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	7	THE REPORT
_	activities but for the organization's involvement	20	+	
3	Parent of Supported Organizations Answer (a) and (b) below.	,		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	1

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

	edule A (Form 990 or 990 EZ) 2017 Casper Soccer Club			3-0271001 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income	*	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	•	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	•	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		<u>'</u>	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	الأرد والي ال	The state of the s	The state of the s
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3 43		
	factors (explain in detail in Part VI)		· 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		•
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1	4名121 据证 X12	
2	Enter 85% of line 1	2	が、おは、変なので、	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	经理查尔里斯基定的基础	
4	Enter greater of line 2 or line 3	4	引导数型 (VE) ARE	
5	Income tax imposed in prior year	5	李子家 司是我们的	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		高的名字: 1875 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	emergency temporary reduction (see instructions)	6	以多为工员等。3000000	·
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

<u>. ,</u>	rival Type III Non-Functionally integrated 509	(a)(o) oupporting orga	inizations (continued)	-
ecti	on D - Distributions	1		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	,	ė
`	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets	·		<u>.</u>
5	'Qualified set-aside amounts (prior IRS approval required)	,		
6	Other distributions (describe in Part VI) See instructions	·		
7	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which ti	ne organization is responsive	•	
	(provide details in Part VI) See instructions		·	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
ecti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(iı) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-		<u>"</u>	
	able cause required- explain in Part VI) See instructions			連続がある。 本語の様になる
3	Excess distributions carryover, if any, to 2017			
а	是有學家們們們們就是可能的一個一個的意思的意思	是一個學問題的學問		
b	From 2013	論中於上述是認識的世界中最	。据译为明显实现是一种知识与	
С	From 2014	NACOLAR SECTION	法的基础是不完全的	
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Mary St. Brand	2 7 100	
<u>h</u>	Applied to 2017 distributable amount		The state of the s	The state of the s
i	Carryover from 2012 not applied (see instructions)	વાજી હતે. જોવા સમાં જો જો કોઈ હતો.	ARTO BENTALES CONTROL	San Control of the San Control o
1	Remainder Subtract lines 3g, 3h, and 3i from 3f	in the profession of the contract of the contr		
4	Distributions for 2017 from Section D,			
	line 7 \$		And The Control of th	THE SECTION OF THE PROPERTY OF THE SECTION OF THE S
а	Applied to underdistributions of prior years		A MARKET A SERVICE AND A STREET AND A SERVICE AND A SERVIC	with the mitter and to be a defined by ordered
	Applied to 2017 distributable amount	東京学達し、記書書・海の		The first of the property of the second
С	Remainder Subtract lines 4a and 4b from 4	and the state of t		Litera II istopista kantiningi (1914-1944) Saka II istopista (1914-1944)
5	Remaining underdistributions for years prior to 2017, if		,	
	any Subtract lines 3g and 4a from line 2 For result greater		•	
	than zero, explain in Part VI. See instructions			· 特別公司與於其 1 等數 16 1 3 4 1 1995
6	Remaining underdistributions for 2017 Subtract lines 3h			•
	and 4b from line 1 For result greater than zero, explain in			1
	Part VI See instructions		TO THE STORY OF THE SET OF THE	
7	Excess distributions carryover to 2018. Add lines 3j and 4c	and the second of the second o		
8	Breakdown of line 7	14 1 1 1 1 1 1 1 1 1		
а	Excess from 2013		The state of the s	The state of the s
b	Excess from 2014			
	Excess from 2015	The first of the second of the	The state of the s	
	Excess from 2016			
е	Excess from 2017		And the second of the second o	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 Casper Soccer Club	83-0271001 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 83-0271001

	Casper Soccer Club	<u>,</u>	83-0271001
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e g , recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	
•	listed in the National Register Number of conservation easements modified, transferred, re	leased extragruphed or terminated by th	2d
3	vear	neased, extinguished, or terrimated by the	e organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
_	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in turtherance of pu	iblic service, provide the following amounts
	relating to these items		• •
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the complete seeds for first seeds	st gain, provide
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	TO (MOC 300) relating to these items	\$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$

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Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following tha	at are a s	ignificant	use of its	collection i	tems
	(check all that apply)		_							
а	Public exhibition	d	_	Loan or exc	hange progr	ams				
b	Scholarly research	е	. []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's control of the organization of the organiz							ose in Par	t XIII	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
Γ=	to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Pai			ete if the	e organizatio	n answered	"Yes" on	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Part X, line 21 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
1a	-	ian or other intermed	diary for	contribution	s or other as	ssets not	included		٦.,	┌─┐
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table					A	
							4-		Amount	
	Beginning balance						1c			
	Additions during the year						1d 1e			
e	Distributions during the year						1f			
2a	Ending balance Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or ci	istodial acco	ount liabi			Yes	No No
	If "Yes," explain the arrangement in Part XIII								_ ,,,,	
Pai										
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four y	ears back
1a	Beginning of year balance		<u> </u>	7.5.	107		(-)			
b	Contributions							-		
С	Net investment earnings, gains, and losses							•		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	i)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for t	he organi	zation	<u></u>	
	by.									es No
	(i) unrelated organizations								3a(i)	+-
	(ii) related organizations		0	Nahadula DO					3a(ii)	+
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn		wment	iunas						
r ai	Complete if the organization answere) Part I	/ line 11a S	See Form 996	n Part X	line 10			
•	Description of property	(a) Cost or o			or other		ccumulate	he	(d) Book	value
	Description of property	basis (investr			(other)		preciation	- 1	(a) Dook	
12	Land				· _ /					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			7	1,839.		64,0	25.	_7	,814.
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur					ightharpoonup		,814.

7,814. Schedule D (Form 990) 2017

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		<u> </u>	- 31	· - ·
(3) Other				
(A)				
(B)	ļ	·		
(C)	ļ			
(D) ,			 -	
(E)				•
(F)				
(G) ·			· · · · · · · · · · · · · · · · · · ·	
(H)		4 6 9 9 9 255 1 25	* I was also at all of In the s	Star to the me that is among the first
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)		,是於漢類的實	Friend Build	是深刻的"理》的"
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		ne 11c See Form 990), Part X, line 13	<u> </u>
(a) Description of investment	` (b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1)				<u> </u>
(2)		•		•
(3)				
(4)				
			 	
(7)				
(8)				
. (9)		7 2 - 26 - 63 5 - 52	Tarana de Tarana de Maria de M	The state of the s
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		<u> </u>	
Part IX: Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990), Part X, line 15	(b) Dooleyselve
(a)	Description			(b) Book value
				
(2)			•	<u> </u>
(4)	<u></u>		<u> </u>	
(5)	•	•	·	
	• 5	•		•
(7)				
(8)				
(9)		*****		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li		rm 990, Part X, line 25) - #12 2.05 me 1 5 st z
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		,		
. (2) Payroll liabilities		1,994		
(3)				
(4)				
(5)			二世界的歌。其568	
(6)	•			
(7)				
(8)				
(9)		*		
Total, (Column (b) must equal Form 990, Part X, col (B) lin	25.1	1,994	- 1014年17日25日では3月25日 (1896)	ニュロアハー アスプリング しょうこうしんご

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
 Schedule D (Form 990) 2017

	edule D (Form 990) 2017 Casper Soccer Club			
	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	2e	
e 2	Add lines 2a through 2d Subtract line 2e from line 1		3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
∸r a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	101	4c 5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	0)		
	TO ALL CUMP TO THE CONTROL CON			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4 Part IV lines 1b and 2b.	Part V. line 4. Part X. line 2. Part)	 (I.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b, Also complete this part to provide a		Part V, line 4, Part X, line 2, Part)	(1,
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4, Part X, line 2, Part)	(1,
			Part V, line 4, Part X, line 2, Part)	(1,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(1,
			Part V, line 4, Part X, line 2, Part)	(1,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(Ι,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part X	(I,
			Part V, line 4, Part X, line 2, Part X	(I,
			Part V, line 4, Part X, line 2, Part X	(I,
			Part V, line 4, Part X, line 2, Part X	(I,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part X	(1,
			Part V, line 4, Part X, line 2, Part X	(1,
			Part V, line 4, Part X, line 2, Part X	(I,
			Part V, line 4, Part X, line 2, Part X	(1,
			Part V, line 4, Part X, line 2, Part)	(I,
			Part V, line 4, Part X, line 2, Part X	(1,
			Part V, line 4, Part X, line 2, Part X	(1,

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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.

Go to www.irs.qov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Casper Soccer Club

Employer identification number 83-0271001

Form 990, Part I, Line 1, Description of Organization Mission:
learning the basic principles of soccer, the fundamentals of teamwork
and the responsibilities of sportsmanship. Honor the Game with Passion,
Respect, Integrity, Dedication, Excellence.
Form 990, Part VI, Section B, line 11b:
Copies are provided to Board for review prior to filing
Form 990, Part VI, Section B, Line 15a:
Board of Directors reviews compensation of employees and approves pay rates
at open meetings.
Form 990, Part VI, Section C, Line 19:
Documents are available upon request.