	990-T	Ex	empt Organization B	lusiness Incom	Tax Retu	ırn	OMB No. 1545-0687
For	m Valu	İ	(and proxy tax u	nder section 60	33(e))		മത⊿ 🕶
		For cales	ndar year 2017 or other tax year beginn	ina	endina		ZU1
	partment of the Treasury emal Revenue Service	S On unt	Go to www.irs.gov/Form990T for tenter SSN numbers on this form as it i	r instructions and the late	# information		Quarto Public Inspection for
A	Check box if				Parameter of the Parame		591(5)(3) Organizations Only yer identification number
B	Exempt under section		DR PHILLIPS SOCCER CLUB	ox if name changed and see in	ructions.)		ees' trust, see instructions.)
	X 501 (C )(3)	Print	Number, street, and room or suite no. If				47
	408(e) 220(e)		8923 ANGELICA DR			E Unrela	47-deciments activity codes
	408A 530(a)	Туре	City or town	State	IP code		tructions.)
	529(a)	,	ORLANDO	FL	2836		
			Foreign country name F	oreign province/state/county F	eign postal code		1
c	Book value of all assets at	F Grou	l p exemption number (See instru	intiana ) b			
U		G Chec	x organization type ► X 501		(c) trust	404/a) te	a Flor
H			rimary unrelated business activit		(c) trust	401(a) tr	ust Other trust
1	During the tax year, wa	s the com	poration a subsidiary in an affiliated	group or a parant-subsidi	ny controlled are	uno	<b>B</b> []V. [3]V.
	If "Yes," enter the name	and iden	itifying number of the parent corpora	ation	ry controlled gro	up?	. 🕨 🗌 Yes 💢 No
J	The books are in care	e of 🕪	RAFAEL NAVARRO		one number	(407)	745-1067
English and			Business Income	(A) Income		penses	(C) Net
7	a Gross receipts or sa						
2	b Less returns and allowa		le A, line 7)	10 0			
3	Gross profit. Subtra	ct line 2 t	from line 1c				
	a Capital gain net inco	ome (atta	ich Schedule D)	3 0 4a			0
	b Net gain (loss) (Form	4797, Par	rt II, line 17) (attach Form 4797)	4b			
	<ul> <li>Capillal loss deduction</li> </ul>	on for tru	usts	4c			
5	Income (loss) from partn	erships an	d S corporations (attach statement)	5			
6	Rent income (Sched	lule C) .		6	- Parameter consistency	allocated appears	2
7	Unrelated debt-finan	iced inco	me (Schedule E)	. 7			<del> </del>
8	Interest, annuities, royalties,	and rents in	om controlled organizations (Schedule F)	8			
10	Evoluted event of a sect	ion svijejir) Rivibrigas	(), ( <sup>g</sup> ), or (17) organization (Schedule G)	9			
11	Advertising income (	Schedule	eJ)	10			
12	Other income (See in	nstruction	ns; attach schedule)	12	51W15554 F-525665	Contract Statement	
13	Total, Combine lines	3 throug	oh 12	13			
Pa	rt II Deductions N	lot Take	en Elsewhere (See instruction	ons for limitations on	leductions \/	Evcent fo	ontributions
	CHARACTER IS III	ise de u	RECAY connected with the un	related husiness incr	20 )		a contributions,
14	Compensation of offi	cers, dire	ectors, and trustees (Schedule F	0		14	T
15	omenico and valles					400	
16 17	repairs and madhen	ance .		G AME OF THE PERSON OF THE		40	
18	Day wents	12.	그는 그리는 전에 가는 사람이 가는 것이 되었다.				
19	Taxes and licenses	duicj .			5	18	
20						. 19	<u> </u>
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22						22b	80
23	Depletion		# # # # # # # # # # # # # # # # # # #				
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25 26	minhichee netient hin	diamp "	· Hand the second of the secon				
27	TVOCAG OVOLUNI CVOCI	1000 100	neugle i)				· · · · · · · · · · · · · · · · · · ·
28	THE PARTY OF THE P	212 10011	GUBIC 11				
29			dule)				
30							0
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U4							
For Pa	perwork Reduction Act I	n zero ur	ine 32			. 34	0
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L-	The second second	Tax Computation					Address		1 aye
35	Oirg	anizations Taxable as Corporations. Se	e instructions for	r tax comput	ation	'ontrollad and	legio		
	11100	mera facemona 1001 and 1000) check bei	A P Can	ivendurantta.	2010/02/02 67		33.35		
3	a Ente	er your share of the \$50,000, \$25,000, and	\$9,925,000 taxa	able income	hranke	c (in that and			
	(1)	(2) 8	1 /3	3) \$	DIACKE	s (in that ord	er):		
	b Frde	The state of the s		7/\ <u>\\</u>					
3	191 4	er organization's share of: (1) Additional 5%	o tax (not more th	han \$11,750	) .				
	e Inco	additional 3% tax (not more than \$100,000) me tax on the amount on line 34	)		Ŀ				
36	Tour	the tax on the amount on the 34					. > 3	5c	
90	8 8 1665	as randole at trust haies, see instruction	ons for tax compu	Itation Incom	no tou	in the	22019		
37	CHILL	unit of mile 34 mont.     lax rate sched	ule or   Scho	adula D /Eas	ma + n 1	•	. > 3	6	
38	8 16 au	A see see upitability						7	<del></del>
	2 716,502	ngaya minimuli (ax						8	
39	iax	on Non-Compliant Facility Income. See	instructions		# 0		· · · · · · · · · · · · · · · · · · ·		
40	1 W.M.	is ridd lines or, so and so to line soc or se	), whichever appl	lies			4		
Par		Tan did i dyllicites				<del></del>		<u> </u>	0
41 a	Fore	gn tax credit (corporations attach Form 11	18; trusts attach	Form 1116)	41a		16990	EWAT .	<del></del>
ib	Ollie	r creats (see instructions)			41b				==
C	Gene	rai pusiness credit. Attach Form 3800 (se	a instructional		41c				
d	CIGUI	tior prior year minimum tax (attach Form.	8801 or 88271		44.1		<del></del>	25	
6	1 Ora	taeaucs. Add lines 41a through 41d							1
42	SULM	act one 4 te nom ine 40					. 41		0
43	Other	taxes. Check if from: Form 4255 Form 861	1 Form 8607	Farm Bacc	٠, ١-		42		0
44	i Orai	tax. Add lines 42 and 43			L	Other (attach sch	edule) 43		
45 a	Paym	ents: A 2016 overpayment credited to 201			í '	7	. 44	<u> </u>	0
b	2017	estimated tax payments		• • • •	45a				
e	Tax d	eposited with Form 8868			45b				
ď	Foreig	in organizations: Tax paid or withheld at s	0.1200 /000 1	* * *	45c				
e	Back	p withholding (see instructions)	ouice (see instru	ctions).	45d	~			
f	Credit	for small employer health insurance prem		* * * *	45e				
9	Other	credits and payments: Form 2439	nums (Attach For	m 8941)	45f	***************************************		94 800	
3									1
40		m 4136 Other		Total 🗠	45g		0		
46	Total	payments. Add lines 45a through 45g .				~	<b>医伊姆特</b>	98	
47	CSUMB	ited tax behalty (see instructions) Check i	f Form 2220 in -1	Marah 1				<del></del>	0
							48	<del></del>	
49		The local of the l	I lines 44 and 47	, enter amou	int ove	paid	. > 49		0
NAME AND ADDRESS OF THE OWNER, WHEN								<del></del>	0
ran	V E	itatements Regarding Certain Activi	ities and Other	r Informatio	on les	inatoreties	<del>,</del>	<u> </u>	0
51	or ally	une uning the 2017 calendar year did th	a araanization k-	22.72.02.22.00.00	0.2	The state of the s			
Ä	over a	financial account (bank, securities, or other	er) in a familian an	ave an intere	st in o	a signature	or other aut	hority	Yes No
	FinCLE	Form 114, Report of Foreign Bank and F	inancial Assumb	ountry? If YES	S, the	rganization i	may have to	file	
1	here D	>	mandat Account	s. If YES, en	iter the	name of the	foreign cou	ntry	
52	During t	he tax year, did the organization receive a dist see instructions for other forms the organ	ribution from						SCHOOL SANGERS
1	FYES.	see instructions for other forms the organ	induon nom, or w	as it the grant	or of, o	transferor to,	a foreign trus	t?	
53 [	Enter ti	le amount of tax-exempt interest ressions	ization may nave	to file.			1,555	ā	
	Und	ne amount of tax-exempt interest received or penalties of perjury, I declare that I have examined this return, complete. Declaration of preparer (other than taxpayer) is based	or accrued durin	g the tax yea	ar 🕨 :				
ign	aird	complete. Declaration of preparer (other than taxpayor) is based	including accompanying ton all information of which	schedules and ste	tements,	id to the best of my	knowledge and b	ellef, it is true, con	rent.
323				<b>A</b>	, mionioc	э.	-		
lere	(2)	anahum of aff		PRESID	DENT	-	May the	elfts discuss this parer shown below	return with
	1 (3)/2	mature of officer	Date	Title			instruct	ions)? X Yes	(See No
aid		Print/Type preparer's name	Preparer's signature		To	œ	- Instrument		
repa	rar		SELF-PREPARE	D DETUGU		-	Check	if PTIN	W(0)-57-6
		Firm's name	INLEARE	TO KE LUKN			self-employed	4	
se O	nly	Firm's address					Firm's EIN		
		And the second s					Phone no.		

Cohadula A Cart at C	DR PHILLIPS	SOCCER CI	UB CORPORATIO	N		47		Pag
Schedule A—Cost of Go	0005 501d. E	nter metho	d of inventory val	uati	ion⊳		2100 - 2100 dh (m. 1170 dh (m. 1270 dh (m. 1270 dh	1 4
	or year	1		3	nventory :	end of year	6	
	* * * *	2	7	7 (	Cost of gr	ods sold. Subtract		
	St. 3 - 5 H +	3		li	ine 6 from	ine 5. Enter here		1
4 a Additional section 263		1		a	and in Par	l, line 2	7	o
(atlach schedule)		4a	8		o the rule	of section 263A (v	with respect to	Yes
b Other costs (attach sci	hedule) .	4b		p	roperty pr	duced or acquired	for resale)	
5 Total. Add lines 1 thro	ugh 4b .	5	0	a	pply to the	organization?	ioi iosalej	
Schedule C—Rent Incon (see instructions)	ne (From Rea	al Property	and Personal P	rop	erty Lea	ed With Real Pr	opertyl	
				100	## —	C.706 IVE DOI: 1.335.50.	opolity)	
Description of property						<del></del>		
(1)	····							
(2)				3817				
(3)	<del></del>						<del></del>	
(4)		·	······································			**************************************		
<del></del>	2. Rent rec	eived or accrue	d			7		
(a) From personal property (if the p for personal property is enough the thom (50%))	encentage of rent an 110% but met	percen	From real and personal pr tage of rent for personal p rrif the rent is based on p	rono	rtu avanada	3(a) Deductions din columns 2(a	rectly connected wit a) and 2(b) (attach s	h the income chedule)
1)		<del> </del>				r		
2)	TV-11 11 11 11 11 11 11 11 11 11 11 11 11	<del> </del>						
3)		<del></del>						
4)		<del></del>	"					
otal		0 Total	· · · · · · · · · · · · · · · · · · ·				T	
c) Total income. Add totals of col ere and on page 1, Part I, line 6, c Chedule: E—Unrelated D	okeon IA)	<b>b</b>	see instructions)	- 10		(b) Total deducti Enter here and or Part I, line 6, colu	page 1.	
1. Description of dalet		*	Gross income from allocable to debt-finan	or		Deductions directly control debt-finance	nected with or allocal	ole
			property	ced	(a) Strain	it line depreciation	(b) Other ded	totiono
)						th schedule)	(attach sche	dule)
			<del></del>					
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)	······································		<del></del>					
Amount of average     acquisition debt on or     altocable to debt-financed	5. Average ad of or alloc debt-finance	able to d property	6. Column 4 divided		7. Gross	icome reportable 2 × column 6)	8. Allocable ded	uctions f columns
properly (attach schedule)	(attach sc	hedule)	by column 5		(oomin	L - Oolding by	3(a) and 3(	2))
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-/				%		0	<del></del>	<del></del>
<del></del>				%		0		
					F-4 .			
als					Part I, Iin	7, column (A).	Enter here and or Part I, line 7, colu	page 1, Imn (B).
al dividends-received deduction	ns included in col	umn 8		L	<del></del>	0		

Form 990-T (2017)

	s. Royaltine	and Re	ORPORATIO	ontrolled C			4		Page
Schedule F-Interest, Annuitie	so, royalties,	Exempt	Controlled C	ontrolled Or	anı	zations (	see inst	ruction	18)
1. Name of controlled organization	2. Employer dentification number	3, Net ur	related income	4. Total of spec	led B	5. Part of co	he control	Ilina	6. Deductions directly connected with income
(1)				<del> </del>	-	organization's	gross inc	come	in column 5
(2)				<del> </del>		ļ	····		
(3)				<del> </del>		<del> </del>			
(4)		*	<del>```</del>	<del> </del>		<del></del>			<del> </del>
Nonexempt Controlled Organizations	S				-				
7. Taxable Income	8. Net unrelated in (loss) (see instruc			tal of specified ments made	-	10. Part of co	ne controll	ling co	11. Deductions directly onnected with Income in
(1)		<del></del>				organization's	gross mc	ome	column 10
(2)	· · · · · · · · · · · · · · · · · · ·			······	-		N		<del></del>
(3)		******			-		10 m		
4)					-				
Totals		· · · · · · · · · · · · · · · · · · ·		1		Add column Enter here an Part I, line 8,	d on page column (/	1, En A). Pa	dd columns 8 and 11. der here and on page 1, art I, line 8, column (B).
Schedule G—Investment Incom	ne of a Section	1 501(c)	(7), (9), or (	17) Organiza	ior	(see instr	uctions	<u> </u>	
1. Description of income	.2. Amount of inc	1	3. De	ductions	-	4. Set-aside		5.	. Total deductions
				connected schedule)				and	d set-asides (col. 3
The state of the s				schedule)		(attach sched		and	plus col. 4)
23								and	plus col. 4)
2)								and	plus col. 4) 0
2) 7) 0)								and	plus col. 4) 0 0
2) 3) 0) otals	Enter here and on part I, line 9, colum	n (A).	(attach	schedule)			ule)	Enter h	plus col. 4) 0
2) 3) 6) otals	Part I, line 9, colum	n (A).	(attach	schedule)		(attach sched	ule)	Enter h	plus col. 4)  0 0 0 0 0 nere and on page 1.
interfer	Part I, line 9, colum	n (A).	(attach	schedule)	ne		ule)	Enter h	0 0 0 0 0 ere and on page 1, line 9, column (B).
2) 3) 5) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6)	Part I, line 9, colum	e, Othe  3, Exidin connect produit unre	r Than Adv penses 4, h sactly from ted with or b ction of 2 n elated If a	schedule)	5. G from	(attach sched	ctions)  6. Ex	Enter h	0 0 0 0 0 ere and on page 1, line 9, column (B).
otals	Activity Incom  2. Gross Unrelated business income from trade or	e, Othe  3, Exidin connect produit unre	r Than Adv penses 4, h sactly from the with or become of the lated life.	ertising Inco  let income (loss) in unrelated trade pusiness (column inus column 3). a gain, compute ls. 5 through 7.	5. G from	(see instru	ctions)  6. Ex	Enter h Part I, I	onere and on page 1, line 9, column (B).  7. Excess exempt expenses (column 6 minus column 5, but not more than
otals	Activity Incom  2. Gross Unrelated business income from trade or	e, Othe  3, Exidin connect produit unre	r Than Adv penses 4, h sactly from the with or become of the lated life.	ertising Inco  let income (loss) in unrelated trade pusiness (column inus column 3). a gain, compute ls. 5 through 7.	5. G from	(see instru	ctions)  6. Exp	Enter h Part I, I	7. Excess exempt expenses (column 6 minus column 4).
totals	Activity Incom  2. Gross Unrelated business income from trade or	e, Othe  3, Exidin connect produit unre	r Than Adv penses 4, h sactly from the with or become of the lated life.	ertising Inco  Net income (loss) In unrelated trade susiness (column ininus column 3). In gain, compute les. 5 through 7.  0	5. G from	(see instru	ctions)  6. Exp	Enter h Part I, I	7. Excess exempt expenses (column 6 minus column 4).
tals	Activity Incom  2. Gross     unrelated business income from trade or business	n (A).  0 0  e, Othe  3. Ext din connect productions business	r Than Adv penses sactly from ted with or bettion of lated if a sincome co	ertising Inco  let income (loss) in unrelated trade pusiness (column inus column 3). a gain, compute ls. 5 through 7.	5. G from	(see instru	ctions)  6. Exp	Enter h Part I, I	7. Excess exempt expenses (column 6, but not more than column 4).
totals	Activity Incom  2. Gross Unrelated business income from trade or	e, Othe  3, Exidin connect produit unre	r Than Adv penses 4, protested with corrected life income co	ertising Inco Net income (loss) In unrelated trade susiness (column a gain, compute ls. 5 through 7.	5. G from	(see instru	ctions)  6. Exp	Enter h Part I, I	7. Excess exempt expenses (column 6 minus column 4).

gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross 7. Excess readership 1. Name of periodical 3. Direct advertising 5. Circulation costs (column 6 minus column 5, 6, Readership advertising costs income income costs but not more than column 4). (11) (2) (3) (4) Totals (carry to Part II, line (5)) . 0 0

## SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

Complete में किल arganization is a section 501(c)(3) organization or a section 4947(a)( ) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the lat st information.

For Pape	erwork Reduction Act Notice, see t	e Instructions for F	orm 990 or 990-EZ.			Schodule A (F-	0		
Total			Programme Control						
(E)					-		<del></del>		
(D)									
(c)									
(B)	<del>770, 77 , 71 , 71 , 71 , 71 , 71 , 71 , </del>								
(A)				Yes	No				
	£	\(\frac{1}{2} = \frac{1}{3} \)	(described on lines 1–10 above (see instructions))	(IV) Is the org listed in your docume	werning l?	Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)		
g_	Provide the following informati (i) Name of supported organization	on about the suppo	orted organization(s).  (III) Type of organization	Hulle the	death 1		0		
f	Enter the number of supporter	l organizations	many integrated auppo	· · · · · ·	mon.		F*** ***		
e	functionally integrated, or	Type III non-function	written determination f			a Type I, Type II,	Type III		
020"	requirement (see instructive	ms). You must con	muloto Bast N/ Casti	sausiy a dis	button re	equirement and a	n attentiveness		
ď	Type III non-functionally	internated A comp	of the section	e Part IV, S	ictions /	, D, and E.			
¢	Type III functionally inter	wated A cumportin	a organization servet				ptogented		
, and	Type II. A supporting organization(s). You must			ection with same pers	s suppor	iled organization(s	s), by having the supported		
b	organization. You must c	omplete Part IV. S	Sections A and B	st a majority	or the dir	ectors or trustees	of the supporting		
a	Type I. A supporting orga	mization onerated	sunervised or contact	porting orga	lization	and complete line	s 12e, 12f, and 12g		
12	An organization organized a of one or more publicly supp Check the box in lines 12a to	no operated exclus orted organizations	ively for the benefit of, described in section	to perform 509(a)(1) o	te functi section	ons of, or to carry (509(a)(2). See se	out the purposes		
11 12	An organization organized a	nd operated exclus	ively to test for public	safety See	antion 5	00/21/41			
	An organization that normal receipts from activities relative support from gross investme acquired by the organization	ent income and unr after June 30, 197	elated business taxables. See section 509(a)	le income (I	ns, and ss section	(2) no more than on 511 tax) from b	o fees, and gross 33 1/3% of its usinesses		
10	university:	ly necelves: (1) mor	than 22 d/20/ at the	is). Enter tr	name,	city, and state of t	he college or		
9	An agricultural research om	anization described	d in cooling 470/LV4V	A 1 /2: 1	ad în con	iunction with a la	nd-arant college		
8	described in section 170(b)  A community trust describe	( .)( .)( .), ( combio	no raiting			and the state of t	Sauciei hanila		
7	An organization that normal	ly receives a subst	antial part of its suppo	nt section rt from a go	ru(b)(1)( ernment	A)(v). Al unit or from the	general nublic		
6	section 170(b)(1)(A)(iv). (C	remplote Full II.					r described in		
5	An organization operated for	or the benefit of a co							
4	☐ A medical research organiz	ation operated in c	onjunction with a hosp	ital describ	in sect	ion 170(b)(1)(A)(i	iii). Enter the		
3	A hospital or a cooperative	hospital service or	ganization described in	section 1	)(h)(d)(A	990-EZ).)			
2	A church, convention of ch	uiches, or associat ion 170/b)/11/Δ///ii	ion of churches descri	bed in sect	in 170(b	in 170(b)(1)(A)(i).			
The	a Banneanan is not a bilate lon	nualion because it	IS' (For lines 1 through	sto about	wh		is,		
Pa	PHILLIPS SOCCER CLUB COR	nanty Status (All	organizations must	complete	is nart	See instruction			
DB.	DHILLIDG SOCCED CLUD COR	DODATION				comployer identifica	uon number		

Sche	dule A (Form 990 or 990-EZ) 2017 DR PH	IL,LI	PS SOCCER CL	UB CORPORAT	ION		47-10000	Page 2
<b>STOCKEDAR</b>	Support Schedule for O	rga	inizations Des	cribed in Sect	ions 170(b)(	(A)(iv) and 17	0(b)(1)(A)(vi)	
Sandaran	(Complete only if you che	cke	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	illed to qualify L	ınder
	Part III. If the organization	1 fa	ils to qualify ur	nder the tests li	sted below, p	ease complete	Part III.)	
	ction A. Public Support	2 1			7.0045	4 11 6/046	- L- L- DO477	/B T-1-1
Cale	endar year (or fiscal year beginning in)	Pr.	(a) 2013	(b) 2014	(c) 2015	(d) 2:016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add fines 1 through 3		0	0		0	0	0
5	The portion of total contributions by each penson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							0
	tion 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	.	0	0		0	0	. 0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							0
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							0
11	Total support. Add lines 7 through 10.	. [						0
12	Gross receipts from related activities, etc.					\()	12	
13	First five years. If the Form 990 is for the organization, check this box and stop hen							
Sec	tion C. Computation of Public S	Sur	port Percenta	ige				
14	Public support percentage for 2017 (line 6		2.7				14	0.00%
15	Public support percentage from 2016 Sch	eɗul	le A, Part II, line 14				15	0.00%
16a	33 1/3% support test—2017. If the organization qualifies	ileati as a	on did not check the publicly supported	ne box on line 13, and I organization	nd line 14 is 33 1)	% or more, check t	his box	
	33 1/3% support test—2016. If the organi box and stop here. The organization quali							
17a	10% facts and circumstances test—201 is 10% or more, and if the organization me Part VI how the organization meets the "Ya organization.	17.1 cets ces-	f the organization of the "facts-and-circu and-circumstances	lid not check a box umstances" test, ch " test. The organiza	on line 13, 16a, c eck this box and ation qualifies as i	16b, and line 14 top here. Explain in publicly supported	1	
b	10%-facts-and-circumstances test—201							(1)

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check til 3 box and see

of its supported organizations? If "Yes," describe in Part VI the role played by the on anization in this regard.

3a

3b

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions).

and the second second	DR PHILLIPS SOCKER CLU	B CORPORATION	4	7 12080	Page 7
Account to the last	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	ations (continued)	A AND A STATE OF THE PARTY OF T	rage
Sec	Guor D - Distributions			Current \	/ear
~~~	1 Amounts paid to supported organizations to accomplish	exempt purposes			. 44.,
	2 Amounts paid to perform activity that directly furthers ex	empt purposes of suppl	ted		
	organizations, in excess of income from activity		D. C.		
	3 Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	<del></del>	
	4 Fundames paid to acquire exempt-use assets		,	T	~
	5 Charified set aside amounts (mior IRS approval required	1)			
	6 Chiner distributions (describe in Part VI). See instructions 7 Index around distributions. Add lines 1 through 6	3.			
	A TOWN THE PROPERTY OF THE PRO	· · · · · · · · · · · · · · · · · · ·			0
35	8 Clishilbutions to attentive supported organizations to whice (provide details in Part VI). See instructions.	the organization is re	oonsive		
	Distributable amount for 2017 from Section C, line 6	<del></del>	100		
	Line 8 amount divided by time 9 amount	····			0
	Purple of transferring changes in a safety in SillionUI	7	P		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributa Amount for	
_1_	Distributable amount for 2017 from Section C, line 6			- Almount 101	0
-	Underdistributions, if any, for years prior to 2017				0
2	(neasonable cause required—explain in Part VI). See				
	instructions.			<b>经工作</b> 经营业基本	
38	Excess distributions carryover, lif any, to 2017				
- 3					
b					
- C					
<u>ed</u>					40
£					
B	The state of the s	0			
h	Applied to underdistributions of prior years Applied to 2017 distributionally amount		0		
ă.	Camyweer from 2012 and applied (see instructions)				0
<del>'</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from	0			
5	Sertion D line 7				
a	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount		0		
C	Remainder. Subtract lines 4a and 4b from 4.	-		AUGINIAN	0
5	Remaining underdistributions for years prior to 2017, if	0			
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h		0		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				0
	and 4c.				
8	Breakdown of line 7:	0			
a	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
d	Excress from 2016				
æ	Excess from 2017				

CONTRACTOR OF THE PARTY OF THE	arm 990 or 990-EZ) 2017 [	OR PHILLIPS SOCCE	R CLUB CORPORATIO	N	47-	Secretary de	Page 8
Part V	III, line 12; Part IV, Sec B, lines 1 and 2; Part IV 3a, and 3b; Part V, line	tion A, lines 1, 2, 3b, , Section C, line 1; P 1; Part V, Section B,	3c, 4b, 4c, 5a, 6, 9a, 9b Part IV, Section D, lines	o, 9c, 1 a 2 and ( ∤ n D. line i	10; Part II, line 17a or 1 , 11b, and 11c; Part IV, Part IV, Section E, lines 5, 6, and 8; and Part V	7b; Part Section 1c. 2a. 2b.	
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(5)	*	************************	~~~~~~			******************	
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## SCHEDULE O (Form 550 or 550-EZ)

## Supplemental Information to Form 99 or 990-EZ

Complete to provide information for responses to specif : questions on Form 990 or 990-EZ or to provide any additional in rmation. ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Outpainment of the Travery Unioned Flowence Service Name of the organization

Go to www.irs.gov/Form990 for the latest inforr ation.

Inspection Employer Identification number

DR PIRLLIPS SOCCER CLUB CORPORATION	47 <b>2000 mes</b>
Forum 990, Parit IV, Section A, Line 2: All members of the board of directors are from	ie same
family. (Navarro Family)	
Form 1990, Part IV, Section A, Line 4: Board of Directors member Fabian Navarro res	ined the
position. He was replaced by Mateo Navarro.	######################################
Form 1990, Part IX, Line 25: MISCELLANEOUS EXPENSES: COMMERCE CHAMBEI	\$220, TRUCK RENTAL \$400,
FUEL REFUND 5 VOLUNTEER COACHES \$2207.10, REFEREE FEES \$560, EVEN	S AND RECREATION \$951.51,
BANK FEES \$52.70, PAYPAIL FEES \$686.35, PHONE LINE \$32.29, (ROPHIES AND	MEDALLS \$641,40,
MEMEIERSHIPS AND LEAGUES REGISTRATION \$ 895.00, POSTAGE \$78.42, MIS	ELLANEOUS \$ 1813.13
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and O her Amounts

			Cash	Noncash
ĺ	Federated Campaigns	. 1 ^		
2	Membership dues	2	42,385	
3	Fundhaising events.	3		
礁	Kelededi organizations	4	· · · · · · · · · · · · · · · · · · ·	
5	Government grants (contributions)	5 <sup>~</sup>	······································	
6	All other contributions, gifts, grants, and similar amounts not included above: GIFT	-	2,500	
		-		
_	Officer contributions total	6 _	2,500	0
	Total	7	44,885	0