Check if applicable:

Address change

Name change

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. and ending For the 2018 calendar year, or tax year beginning D Employer identification number DR PHILLIPS SOCCER CLUB CORPORATION C Name of organization XXXXXXXX Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number C5 7479 Conroy Windermere Road ZIP code MANTA 371-4165 City or town

	nitial retu	m	City or town		FL	32835		(407) 37 1-4	100			
		a.minatad	ORLANDO			Foreign post	ial code					
		Aeminaled	Foreign country name	Foreign pr	ovince/state/county	1 Greight pos	((4) 0.000	G Gross rec	eipls \$		4	1,270
$\Box$ /	mended	retum					I	The second secon	27/1/A 2001/F-100	A PARTY NAMED IN COLUMN	Yes	77 1/2
		n pending	F. Name and address of principal	officer:				this a group roturn				
,	Applicatio	ii beruma	RAFAEL NAVARRO 8923	MGFLICA	DR. ORLANDO, FL	32836	H(b) A	re all subordinal	es includ	led?	Yes	No
							i	f "No," attach a li	st. (see i	nstruction	s)	
) T	ах-өхелі	pt status:	X 501(c)(3) 501(o) (	,	insert no.) 4947(a)(	1) 01 [] 02.				lin.		
1 1	Valveita	·  DR	PHILLIPSSOCCERCLUB.O	RG			H(c) 6	Proup exemption	number			
			<u></u>	Associati	on Other 🕪	L.Y	ear of forr	mation: 2015	MS	State of leg	jal domicile:	FL
		rganization:		- Taisticida	,,, <u> </u>							
F	antil	Su	mmary		7.77	70	ACHIN	G OF SOCCE	R SP	ORT W	TH TRAIN	ING.
2000000	T 1	Date	lescribe the organization's n	nission or m	iost significant activiti	es:	ACTINY	3 01 30001	-11	2111-111	.1111111111	11111
g		SCRIM	MAGES AND GAMES. COM	PETITION	GAMES WITH OTH	R ACADE	VIIES.					
Activities & Governance	1		*									
E		Observed	his box ▶ if the organ	zation disc	ontinued its operation	s or dispose	ed of mo	ore than 25%	of its p	net asse	its.	***
ð	2	Check	r of voting members of the g	overning by	dv (Part VI. line 1a)							
Ō	3	Number	r of voting members of the g r of independent voting men	bore of the	governing body (Par	t VI. line 1b	١		4			7
OZ)	4	Number	cot independent voting men	iners or me	governing body it wi	line 2a)	,		5			0
Ę,	5	Total nu	mber of individuals employe	od IU caleuc	iai year zo io (rait vi	nno zuj .			6			0
⋛	6	Total nu	imber of individuals employs	e if necessi	ary)				7a			0
υ ex	7a	Total ur	imper of volunteers (estimate related business revenue fr	om Part VII	I, column (C), line 12				7b			0
	ь	Net unr	elated business taxable inco	ome from F	orm 990-1, line 38.	<del></del>	<del>```</del>	Prior Year	L! P		Current Year	
							<u> </u>	Phot teat	2,700	<u> </u>		0
	8	Contrib	utions and grants (Part VIII,	line 1h).			-					10,970
23		a Draggom conice revenue (Part VIII, line 20)							2,185	ļ		300
Revenue	1	frogram	antincome (Part VIII colum	nn (A). lines	3, 4, and 7d)				0			
á	10	At Other revenue (Dort VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0			0		
1.0.	11	Omern	venue—add lines 8 through 11	imust eaus	l Part VIII. column (A).	line 12)			4,885			41,270
	12	Total re	and similar amounts paid (F	Port IX colu	mn (A) lines 1-3)				0			0
	13	Grants	and similar amounts paid (r	artix, com	on (A) line (I)				0			0
	14	Benefit	s paid to or for members (P	att IV' colni	(Dort IV column /A) lir	es 5-10)			0			0
ý	15	Salaries	s, other compensation, employ	ee penents	(ESICIV <sup>†</sup> eominii (s.)? iii	ico o Tuj i	` <del> </del>		0			0
Expenses	16a	Profess	sional fundraising fees (Part	IX, column	(A), line ite).		0 3000			100000000		
ğ	b	Takal 6	ndroising avnenses (Parl IX	. column (L	)), line 25) 🤛		U ANDRES	TEST (SECONDARIA SANCTARA	0		444	45,653
ŭ	17	م بيسمالين	whose Part IX column (	4). lines 11a	1–11d, 111–24e)		ļ		0	<del></del>		45,653
	18	Talala	wanege Add lines 13-17 lt	nust equal l	⊇art IX, column (A), ii	ne zo).	·					-4.383
	19	Davani	ue less expenses. Subtract	ine 18 from	line 12		v 1		14,885	<u>'</u>	End of Year	
		17040111	40 (000 0/15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				Beg	Inning of Curre			Ella or rear	
91	2 0	Taiolo	ssets (Part X, line 16)				, <u>                                     </u>		9,602			5,219
8	20	Joial a	abilities (Part X, line 26).	, , ,					0			
Net Assets or	21	Total III	sets or fund balances. Subt	act line 21	from line 20				9,602			5,219
Ž,	22	90/								-		
13	ant II		gnature Block  ry, I declare that I have examined the	in column india	ding accompanying schedu	les and statem	ents, and l	o the best of my	knowled	ge		
Un	der penal	llies of perju	ry, I dectare that I have examined the rect, and complete. Declaration of p	reduct, myd	han officer) is based on all	information of v	which prep	arer has any kno	wiedge.			
and	i belief, il	l A	rect, and complete. Desiate of the	17-7-1		······································				5/1/2	019	
Ċ	gn			100 7				Date	!			
		V	Signature of officer	(		Đ	RESIDE	≓NT				
1716	ere		RAFAEL NAVARRO /				KEOIDE	W > E 1				
			Type or print name and title		D - 1 - 5 5			Date			PTIN	
-		Pr	int/Type preparer's name		Preparer's signature		1		Check			
Even	. 1 .1			1			1	1	self-en	nployed		

Paid Firm's EIN ▶ Preparer Firm's name Use Only Phone no.

Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) . . . For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

X Yes

	THE PROCESS OF THE CORPORATION	47 32000		Page 2
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	DR PHILLIPS SOCCER CLUB CORPORATION			
Pari	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III			
			****	
1	Briefly describe the organization's mission:			
	TEACHING SOCCER SPORT		*****	
:34	I bef WI 111-0			
	Did the organization undertake any significant program services during the year which were not listed on			[ <del>,</del> ]
2	Did the organization undertake any significant program solvious daming the year.  the prior Form 990 or 990-EZ?		Yes	X No
	the prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on Schedule O.			
3	If "Yes," describe these new services on constant of		Yes	X No
	services?	lean or	, =	
	If "Yes," describe these changes on Schedule O.	one se messi	ired by	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service.	allocations to	others	
	a - Par E01/a/3) and 401/c)(4) ordanizations are required to report the	anocations to	Othors	
	the total expenses, and revenue, if any, for each program service reported.			
	the total expenses, and revende, it dry, for value			
	(Code: ) (Expenses \$ 39,586 including grants of \$ ) (Reve	enue \$	40	1910)
4a	(Code: ) (Expenses \$ 39,000 including grants of \$ 1000 including grants of \$ 10000 including grants of \$ 10000 including grants o			
	TRAINING PROVIDED TO AROUND 50 CHILDREN DURING 2018			
	***************************************			
			A	
	WENDER			
	**************************************			
				77.934 : 1/0 - 1/2 : 1/2
	(Code: ) (Expenses \$ including grants of \$ ) (Rev	enue \$		)
4b	(Code: ) (Expenses \$ including grants of \$) (Nov	701740 4		*
40	(Cous.	~~~~~~~~~~~~~		
9				
	(Code: ) (Expenses \$ including grants of \$ ) (Re	venue \$		)
4c	(Code: ) (Expenses \$ including grants of \$ / (Code:)			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	A			
7.5	Other program services. (Describe in Schedule O.)  O including grapts of \$ 0 ) (Revenue \$	0	1	
4d	Other program services. (Describe it of the program services. (Describe it of the program services.)  (Revenue \$ 0 ) (Revenue \$	0	<i></i>	
	(EXPENSES 4			000
4e			Fo	rm <b>990</b> (20

Form 990 (2018)

Part	Statements Regarding Other IKS Fillings and Tax Semplian		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2a 0				
	Statements, filed for the calendar year ending with or within the year covered by this return	2b			
b	If at least one is reported on line 2a, did the organization life all required to e-file (see instructions)				
	If at least one is reported on line 2a, did the organization file air required to e-file. (see instructions)  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a		X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, you may be required to the local sum of lines 1a and 2a is greater than 250, and 2a is greater than 250, and 2a is greater than 250, and 2a i	3b			
b	Did the organization have unrelated business gross income of \$1,000 of the during the year.  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 35, provide an explanation of the authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, did the organization have an interest in, or a signature or other authority over, and the calendar year, and the calendar year.	4a		Х	
48	At any time during the calendar year, did the organization have an interest in, or a digital account, or other financial account)? a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	2017	70.71	Water L	
	If "Yes," enter the name of the foreign country:			J. V	
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		×	
63	See instructions for filing requirements for FinCEN Form 114, Report of Poleign Dank and Time during the tax year?	5b		X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax years.  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	-~	
b	Did any taxable party notify the organization that it was or is a party to a profile tax and the constraint of the party to the profile tax and the constraint of the constrai	5c		+	
c	If "Yes" to line 5a or 5b, did the organization file Form doco-17.  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			N.	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and an accordance organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X_	
	organization solicit any contributions that were not tax deductible as characteristic solicit and contributions or If "Yes," did the organization include with every solicitation an express statement that such contributions or	l., 1		1 1	
b	If "Yes," did the organization include with every solicitation and the organization and the organ	6b		X	
	gifts were not tax deductible?				
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Organization that may receive a payment in excess of \$75 made partly as a contribution and partly for goods		105	Name of	
a	Did the organization receive a payment in excess of \$75 made party as a second party	7a		X	
	Did the organization receive a payment in excess of the made party and services provided to the payor?	7b			4
b	and services provided to the payor?				
C		7c		X	_
d	required to file Form 8282?	7e		X	
e	If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	75		X	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?.	<b>7g</b>			
	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h			
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	1920) 4			
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles,	8		X	
O	argonization have excess DUSITIESS HORITIES AT ALL AND	1.1%	, EV	H	i
n	Sponsoring organizations maintaining donor advised funds.	9a		X	
9	Sponsoring organizations maintaining donor advised runds.  Did the sponsoring organization make any taxable distributions under section 4966?	9b	_	X	_
a	Did the sponsoring organization make any taxable distributions under section 4300?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			10 3 3	
b			-		i
10		-	1	A PO	
a	Initiation fees and capital contributions included on Flat VIII, line 12, for public use of club facilities	- 33			H
b					
11	the an abarcaholders	-	710		
a					
b	against amounts due or received from them.)	- 40		al the same	O.P.
		12	a	130 Te	
12a	after example interest received of doordog warms	-		A STATE	
b	If "Yes," enter the amount of tax-exempt into section 501(c)(29) qualified nonprofit health insurance issuers.  Section 501(c)(29) qualified nonprofit health plans in more than one state?			· -	_
13		13	a /	X	Ġ
a					
				0.5	
b	the organization is licensed to issue qualified health plans		Bi E		
	the organization is licensed to issue qualified health plants.		90	F E 1237	
c	the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to issue qualified notice partial to the organization is licensed to the organization of the organization is licensed to the organization of the	14		X	ů.
14a	Enter the amount of reserves on hand	. 14	b	X	_
b	If "Yes," has it filed a Form 720 to report these payments? If "No, provide an expension of them \$1,000,000 in remuneration of				
15			5	X	1
	excess parachute payment(s) during the year	9-27	(a)		75
			G	>	(
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		J		
16	If "Yes," complete Form 4720, Schedule O.		_	100	
	If "Yes." complete Form 4720, Schedule 5.	Fo	orm 9	90 (20	18

Part VI

DR PHILLIPS SOCCER CLUB CORPORATION Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

0 41	on A. Governing Body and Management			Yes	No
Secu	On A. Governing Body with	an e	7		
<b>3</b> 5	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	-		
	If there are material differences in voting rights among meaning in the governing body delegated broad authority to an executive committee or similar				
		1000.00	<b>,</b>		
		1b	4		
b	Enter the number of voting members included in line 1a, above, who are interpretable to the properties of the properties	ship with		製鋼幣	
2	Did any officer, director, trustee, or key employee?		2	Χ	
	any other officer, director, trustee, or key employeer.  Did the organization delegate control over management duties customarily performed by or under	the direct	1 1		100
3	Did the organization delegate control over management duties customents performed by a supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervision of officers, directors, or trustees, or key employees to a management company or other supervisions.	er person?	3		X
	supervision of officers, directors, or trustees, or key employees to a management company of the prior Form 990 w. Did the organization make any significant changes to its governing documents since the prior Form 990 w. Did the organization make any significant changes to its governing documents since the prior Form 990 w.	as filed?	4		X
4	Did the organization make any significant changes to its governing documents since the programization's	assets?	5		X
5	Did the organization make any significant changes to its governing documents since the prior of the organization become aware during the year of a significant diversion of the organization's		6		X
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	annoint			
7a			7a		X
<i>i</i> u					
h			7b		X
b	Are any governance decisions of the organization reserved to (or subject to appear any stockholders, or persons other than the governing body?			1445	
	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken the organization contemporaneously document the meetings held or written actions undertaken.	en during			
8			8a	X	350574944
	the year by the following: The governing body?			<u> </u>	X
а			8b	-	+^-
b	Each committee with authority to act on benair of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached	1.	1	1
9	Is there any officer, director, trustee, or key employee listed in Fait VII, Goddon II, the state of the real VIII of the state of the		9	Ļ	X
	at the organization's mailing address? If "Yes," provide the hames and addresses in denotate of tion B. Policies (This Section B requests information about policies not required by the	e Internal Revenue	Code	/	т
Sec	tion B. Policies (This Section B requests information about p		F	Yes	
	Did the organization have local chapters, branches, or affiliates?		10a		X
10a	Did the organization have local chapters, branches, or attitudes?  If "Yes," did the organization have written policies and procedures governing the activities of such	r chapters,			1
b	If "Yes," did the organization have written policies and procedure got the organization's exempt	ourposes?	. 10b		
	If "Yes," did the organization have written policies and procedures governing the activities of the ac	fore filing the form?.	11a		X
11a					
b	Describe in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process, if any, used by the digardance in Schedule O the process in the digardance in Schedule O the process in the digardance in Schedule O the process in the digardance in the digard		. 12a		X
12a	Describe in Schedule O the process, if any, used by the organization to return to the process of any, used by the organization to return to the organization have a written conflict of interest policy? If "No," go to line 13	d give rise to conflicts'	121		
b	Did the organization have a written conflict of interest policy? If No, go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that coul were officers, directors, or trustees, and key employees required and enforce compliance with the policy?	If "Yes."			
c	Were officers, directors, or trustees, and key employees required to disclose crimeary metabolicy?  Did the organization regularly and consistently monitor and enforce compliance with the policy?		120	1	
7	Did the organization regularly and consistently monitor and consistentl		13		X
13			-	-	X
14					
	Did the organization have a written document retention and document persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the process for the pro	moval by	表数		
15	Did the process for determining compensation of the following persons include a formal independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons, comparability data, and contemporaneous substantiation of the deliberation independent persons are contemporated by the	n and decision?			Х
	independent persons, comparability data, and contemporaneous substantiation of the data.  The organization's CEO, Executive Director, or top management official.		15	-	X
a	the state of the organization in the state of the organization		10		
b					
	If "Yes" to line 15a or 15b, describe the process in Schedule 5 (666 mondates).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ingement			V
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or establishment with a taxable entity during the year?		16	9 - S	X
b	If "Yes," did the organization follow a written policy of procedure requiring the organization follow a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy of procedure requiring the procedure requiring the organization follows a written policy of the procedure requiring the pro	afeguard			
	participation in joint venture arrangements under applicable lederal tax law, arrangements the organization's exempt status with respect to such arrangements?		16	b	
	the organization's exempt status with respect to such an angeniome.				
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 9	90, and 990-T (Secti	on 501(	c)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 of 1024-7) application, a	apply.			
22	(3)s only) available for public inspection. Indicate now you have	(evolain in Schedule	0)		
	X Own website X Another's website X Upon request United Management Course	ts. conflict of interest	policy,	and	
19	X Own website X Another's website X Upon request Cultor  Describe in Schedule O whether (and if so, how) the organization made its governing document  The state of the day year.	171 - 17111111	A		
	financial statements available to the public during the tax year.	's books and records	3:	<b>&gt;</b>	
20	State the name, address, and telephone number of the person who pessesses the	(407) 437-5	240		
20					
	7479 CONROY WINDERMERE ROAD, ORLANDO, FL 32836		and the later of t		۸۸

<b>(.</b> □											
	DR PHILLIPS SOCCER CLUB COP	RPORATION								47 47 47 101	Page 7
Form 990 (2018)	Compensation of Officers, Direct	tors, Trustees	s, Ke	y E	mp	oloy	ees,	Hi	ghest Compe	nsated	
Part VII		- Curry March 242									П
	Chack if Schedule () contains a re-	sponse of note	e to a	ny	line	in	this i	ar		<u> </u>	<u> </u>
Section A.	Officers, Directors, Trustees, Key Em	ployees, and H	ighes	st C	om	oen "	sated	En	ipioyees	th or within the	
1a Complete t	his table for all persons required to be lis	sted. Report com	ipens	atio	n to	r the	e cale	naa	ir year ending w	III OI WIIIII III	
											nt
	tax year. of the organization's current officers, direction. Enter -0- in columns (D), (E), and (F										
of compensati	ion. Enter -0- in columns (D), (E), and (F) of the organization's current key employ	ees, if any. See	instru	ctio	ns f	or d	lefiniti	on	of "key employed	9."	lan
e List the	of the organization's current key employ organization's five current highest com	pensated employ	yees	(oth	er th	nan	an of	fice	r, director, truste	e, or key employ a and from the	ee)
who received	reportable compensation (Box 5 of Form	n W-2 and/or Bo	x 7 of	For	m 1	099	I-MI5	(J)	more man wio	0,000 110111 1110	
organization a	and any related organizations. of the organization's former officers, key	amployees and	d hiat	est	con	nne	nsate	d er	nployees who re	ceived more tha	n
								ty a	s a former direct	or or trustee of t	he
Liet nacenne i	n the following order: individual trustees	or directors; inst	itutio	nal t	rust	ees	; offic	ers	key employees	; nignest	
Check th	employees; and former such persons. is box if neither the organization nor any	related organization	ation	com	pen	ısat	ed an	y cu	irrent onicer, und	1	
					10	.)					
	400	(B)	(do n	ot ch	Positieck r	nore	than o	ne	(D)	(E) Reportable	(F) Estimated
	(A) Name and Title	Average hours per	box, i	unles er and	s per la di	rson	is both or/truste	an e)_	Reportable compensation	compensation	amount of other
		week (list any						Former	from the	from related organizations	compensation
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	·	organizations below dolled	현교	onal		ploy	e Sim		(44-211033-11110-0)		and related organizations
		line)	uste	ta sta		8	pens				o,gan
				99			ated				
		4.50				-					
	AS NAVARRO	0,00	1		X				3,277		
VICEPRESID	EL NAVARRO	4.00	-								
(2) RAFA		0.00		<u> </u>	X	<u> </u>		_	3,000		
(3) DANIE	L NAVARRO	0.50	1						324		
TREASURY		0.00		┼	X	+		-	021		V
(4) SAND	RA CASTELLANOS	0.00	-1		x	1			432		<u> </u>
SECRETAR'	<u>Y</u>			T							
_(5)			Ī			L.,		L			
10)			_						1		
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(7)			-						V		
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(8)			1								
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(5)					_	-		+		-	-
(10)			-								
			-	+	+	+	-	-			
(11)			{	1				1	1		

(12)

(13)

Parid	Territoria	CORPORATIO	loyee	98, 8	and (C	Hig	nest	00	imperisated Life	pioyeco (ocim			
	(A) Name and title	(B) Average hours per	(do no box, u office	ot ch inles	Posit eck n s per	ion nore t son is rector	lhan o s both r/truste	ne an ae)	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estin amou ot)	nated unt of her	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organ and r	ensation n the nization related izations	
15)													_
16)													
17)													
18)								_					
19)		,											
20)						_		-			-		
21)			-										
22)			-			_							
(23)								-			-		
(24)				-				+	_	-			
(25)									7,03	3	0		0
c	Sub-total . Total from continuation sheets to Part VII, Total (add lines 1b and 1c).	Section A		•		1	31	. 1	7.03	3	0		0
2	Total (add lines 1b and 1c).  Total number of individuals (including but not reportable compensation from the organization)	limited to those	listed	abo	ove) 0	who	o rec	eive	ed more man an			Yes	No
3	Did the organization list any former officer, di	rector, or trusted									3		Х
4	For any individual listed on line 1a, is the sun the organization and related organizations gr	n of reportable c eater than \$150	ompe ,000?	nsa If "	Yes,	" co	mple 	ei c ete	Schedule J for s	uch	4		X
5	Did any person listed on line 1a receive or action for services rendered to the organization? If									dividual 	5	(4) (V	Х
Sec	tion B. Independent Contractors			7.			11-	01.0	agained more the	n \$100,000 of			
1	Complete this table for your five highest com compensation from the organization. Report	compensation f	or the	cal	end	ar y	ear e	endi		the organization			
	year. (A) Name and business a	address			+:		-		(B) Description of	services	Compa	C) ensalio	n ;
				_		_							
					-	_							
W- 100	Total number of independent contractors (in		11	110	thos	o lie	tod	abo	ve) who receive	4	i sanka		10

Part	VIII I	Statement of Revenue Check if Schedule O contains a response or note to any line	e in this	Part VIII	<u> </u>	. ,	
		Check if Schedule O companies a response of note to any	William	(A) otal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	10	Federated campaigns 1a	0	1 1			
おも	1a	Mombarship dues	0				
Srai		Fundraising events 1c	0				
B. A.		Polated organizations	0				
Glf	d e	Government grants (contributions) . 1e	0				1
Sir	e	All other contributions, gifts, grants, and					
her	1	similar amounts not included above   11	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f: \$	0				
SE	h	m	.D	<u> </u>			
		Total. Add liftes 1a-11	ode	40.070	MINER DE MAINTE		
an l	2a	MONTHLY TRAINING FEES		40,970			
Seve	b			0			
8	c	/		0		3	
2	d	A		0			
Program Service Revenue	e			0			
E E	f	All III a see scom corvice revenue	lina	40,970			
o.	g	Total Add lines 2a-2f	-	40,070			
-	3	to continue tincome (including dividends, interest, and	- 1	300	_=57		
		the eximilar amounts)	fle-	0			
	4	Income from investment of tax-exempt bond proceeds	D>	0			
	5	Royalties	nal	and the second			
							the party
	6a	Gross rents	88				
	b	Less: rental expenses 0	0			etti kilalbesi	200
	c	Rental income or (loss)	. 🌬	0			
	d	Net rental income of (1033)	er .				
	7a	Gross amount from sales of	0				
		assets other than inventory	70				
	b	Less: cost or other basis and sales expenses	0				
		0	0	Private Nove Man	147. 10. 10. 10. 1	The Special Section	A We will be supplied to the s
	C		. 🕪	0	animal August Augus		
	d	Net gain or (1035).			War week was trade		
o)	0.0	Gross income from fundraising	9.		1,25		
Ę	08	events (not including \$0	8				
8		of contributions reported on line 1c).					
œ		See Part IV, line 18	0				
Other Revenue	1		0			BOR OF WHITEHOUSE	No. (a)
ŏ	1 7	Net income or (loss) from fundraising events	. ▶	y 2010 \$ 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			7.4
	98	Gross income from gaming activities.	10				
		See Part IV. line 19	0				
	1	D I	- U				
		Net income or (loss) from gaming activities		eggymfy W. Ke	1.04/1.55		
	10	Gross sales of inventory, less	0				
		returns and allowances a	0				
		b Less: cost of goods sold b		brasella com casa	O I		
		c Net income or (loss) from sales of inventory	Code				
		Miscellaneous Revenue Business		NAME OF STREET	0		
	11	a			0		
		b			0		
		c			0		
		d All other revenue	🌬		0		
		The state of the s		41,27	0	0	000,000
	12	Total revenue. See instructions.	-				Form 990 (2018

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (B) Program service (D) (C) (A) Fundraising Management and Do not include amounts reported on lines 6b, 7b, Total expenses expenses general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21. . . . . . Grants and other assistance to domestic 2 0 individuals. See Part IV, line 22 . . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 . . . . . . . 0 Benefits paid to or for members . . . . . . . . . . Compensation of current officers, directors, 5 Ò trustees, and key employees . . . . . . Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) . . . . . . 0 Other salaries and wages . . . . . . . . . . . . . 7 Pension plan accruals and contributions (include 8 0 section 401(k) and 403(b) employer contributions) . . . 0 Other employee benefits . . . . . . . . . . . . . 9 0 Payroll taxes . . . . . . . . . . . . . . . . . 10 Fees for services (non-employees): 11 0 177 177 Legal............ 49 49 C 0 Lobbying. d Professional fundraising services. See Part IV, line 17. . . 0 e 0 Other. (If line 11g amount exceeds 10% of line 25, column 12,041 12,041 (A) amount, list line 11g expenses on Schedule O.) 2,999 2,999 Advertising and promotion . . . . . . . . . . . . . 1,473 12 1,473 13 0 14 0 Royalties...... 15 0 16 0 Travel..... 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials . . . . . 0 Conferences, conventions, and meetings . . . . . . 19 0 20 0 21 0 Depreciation, depletion, and amortization . . . . . 22 0 23 Other expenses. Itemize expenses not covered 24 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 O.) 14,074 14.074 FIELDS MAINTENANCE 1,350 a 1,350 FIELDS LEASE 3,308 b LEAGUES TOURNATMENTS REGISTRATION 3,308 2,285 2,285 PLAYERS CARD AND INSURANCE 1,369 6,528 7,897 All other expenses 6,067 39,586 Total functional expenses. Add lines 1 through 24e. 45,653 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720) . Form 990 (2018)

Form 9	90 (201	(8) DR PHILLIPS SOCCER CLUB CORPORATION			
Pati		01			
		Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X.		• •	(B)
			(A) Beginning of year		End of year
			7,377	1	5,219
$\neg T$	1	Cash—non-interest-bearing	2,225	2	
1	•	Covings and temporary cash investments	0	3	0
		Diagram and grants receivable net	0	4	0
	12				
		t and other receivables from current and former officers, directors,			
		toutes you employees and highest compensated employees.	0	5	
1		Complete Part II of Schedule L		7.	
	6	Loans and other receivables from other disqualified persons (as defined under section			
1		Loans and other receivables from other discount (18) and contributing employers and 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
- 1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	_6	
\$3		organizations (see instructions). Complete Part II of Schedule L	. 0	7	0
Assets	7	Notes and loans receivable, net	0	8	
₫.	8 .	Inventories for sale or use	0	9	
	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or		lave a	
		other pasis, Complete Fait VI of Complete Fait	0	10c	0
	b	Less: accumulated depreciation	0		0
	11	Investments—publicly traced securities.  Investments—other securities. See Part IV, line 11	0	-	0
- 1	12	Investments—other securities. See Fart IV, line 11	0	-	
	13	Intangible assets .	0	_	
	14	Other assets. See Part IV, line 11	0		
-	15	Total assets. Add lines 1 through 15 (must equal line 34)	9,602	-	
	16	the and accrued expenses	0	_	
	17		0		
	18	mark and accounts	0		
	19		0	-	
	20	- Leading account liability Complete Part IV of Schedulo D		21	
	21	ather navables to current and former officers, uncolors,			
Liabilities	22	t malauge highest compensated employees, and		22	· ·
Ē		us 1 Complete Pari II of Schedule L		23	
To to	0.0	the same and the s		) 24	
gam.	23	to the and loons payable to unrelated unity parties.			
	25	" to deval income tay havables to related this	Т		
	20	the and other liabilities not included on lines (7-24). Complete		0 25	5 0
		CO-devadulo D		0 20	
	26	Total liabilities Add lines 17 through 25			
	20	Occasions that follow SFAS 117 (ASC 958), check here   and			
(J)	1	complete lines 27 through 29, and lines 33 and 34.			
92		It all to be presented and pre		0 2	
ig	27	Townselly restricted net assets		0 2	
m	28	Permanently restricted net assets	The street five the country for the first	0 2	9
JQ.	29	Permanently restricted not used \$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00 (\$1.00			
豆		Organizations that do not follow of Ao 111 (16000)			
ö		complete lines 30 through 34.			0
Ş	30	Capital stock or trust principal, or current funds			1
(i)	31	Paid-in or capital surplus, or land, building, or equipment fund			5.046
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other tanks.  Total net assets or fund balances	9,60		5,219
2		Total net assets or fund balances	9,60	02 3	5,219
	34	Total liabilities and net assets/fund paranees			Form 990 (2018

Part 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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other  1 Accounting method used to prepare the Form 990: X Cash Accrual Other  1 Accounting method used to prepare the Form 990: X Cash Accrual Other  1 Accounting method used to prepare the Form 990: X Cash Accrual Other  1 Accounting method used to prepare the Form 990: X Cash Accrual Other	ğ
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)	
Total revenue (must equal Part VIII, column (A), line 12).  Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Investment expenses.  Prior period adjustments.  Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Yes No.	i
Total expenses (must equal Part IX, column (A), line 25).  Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Investment expenses.  Prior period adjustments.  Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Yes No.	•
Revenue less expenses. Subtract line 2 from line 1.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  Net unrealized gains (losses) on investments.  Donated services and use of facilities.  Investment expenses.  Prior period adjustments.  Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	7
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (7))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Fant XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.	
Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Fant XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.	
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No.	•
7 Investment expenses	-
Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	7
Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII.  Yes No.	-
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (hidst equal array in the state of t	-
Check if Schedule O contains a response or note to any line in this Part XII.  Yes No.	ł
Check if Schedule O contains a response or note to any line in this Part XII	-
Check if Schedule O contains a response of note to any line in this factorial Other  Yes No.	
Wes Farms 2000; X Cash Accrual Other	met.
	9
	2
Accounting method used to prepare the Form 990. [X] oddin  If the organization changed its method of accounting from a prior year or checked "Other," explain in	
Schedule O. 2a X	
the test and a compiled of reviewed by an independent accountant.	9
Is "Vee " check a hox below to indicate whether the financial statements for the year ways	
reviewed on a separate basis, consolidated basis, of bottl.	
Both consolidated and separate basis	
- A subject to a s	
b Were the organization's financial statements audited by an independent december of the year were audited on a If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
and basis consolidated basis, of DOIN:	
Both consolidated and separate pasts	
Coparate was a specific of the second shill by for oversight of	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility to the audit, review, or compilation of its financial statements and selection of an independent accountant?	
the audit, review, or compilation of its financial statements and sciedals of at the statements and sciedals of the first	
	(
3a As a result of a federal award, was the organization required to undergo an addition did not undergo the	
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not take of a such audits	(8)

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public ▶ Attach to Form 990 or Form 990-EZ. Inspection

OMB No. 1545-0047

Internal Revenue Service

(E)

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Employer Identification number Name of the organization DR PHILLIPS SOCCER CLUB CORPORATION Partil Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 3 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 6 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 8 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). 12 Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported b organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness d requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). \* (vi) Amount of (v) Amount of monetary (Iv) Is the organization (III) Type of organization other support (see (I) Name of supported organization support (see listed in your governing (described on lines 1-10 instructions) instructions) above (see instructions)) document? No Yes (A) (B) (C) (D)

			ID CODDODATI	ON		47	Page Z
Sched		PS SOCCER CLL			(A)(iv) and 170	(b)(1)(A)(vi)	
Par	Support Schedule for Orga (Complete only if you checke	nizations Desc	o 5 7 or 8 of l	ert Lor if the C	organization fail	ed to qualify und	er
THE REAL PROPERTY.	(Complete only if you checke Part III. If the organization fai	d the box on iii	lor the facts lie	ted below plea	se complete Pa	art III.)	
	Part III. If the organization fai	s to quality und	el the teats no	tod bole III pre-			
Sec	tion A. Public Support	(10044	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Caler	dar year (or fiscal year beginning in) 🔑	(a) 2014	(D) 2015	(6) 2010		8 4	
	Glfts, grants, contributions, and	-	,				
	membership fees received. (Do not			a a			0
	include any "unusual grants.")						
	Tax revenues levied for the						
Z.e	organization's benefit and either paid						0
	to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to the		/				. 0
	organization without charge		/		0	0	0
	Total. Add lines 1 through 3	0	0	0			
4	The portion of total contributions by						
5	each person (other than a			Walter Francisco			
	governmental unit or publicly						
	supported organization) included on						
	fine 1 that exceeds 2% of the amount						
	shown on line 11, column (1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0
						ALTONOMIC TO ALTON	
6	Public support. Subtract line 5 from line 4	(1535-15-15-15-15-15-15-15-15-15-15-15-15-15			-	( 1 00dB	(f) Total
Sec	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	0
Cale	ndar year (or nacai year beginning in)	0	0	0	0	0	U
7	Amounts from line 4	0					
8	Gross income from interest, dividends,						
	payments received on securities loans,	}					•
	rents, royalties, and income from	1					0
	similar sources						
9	Net income from unrelated business						2
	activities, whether or not the business is			1			0
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1	1				
	(Explain in Part VI.)		RESIDENCE SERVICES	a to in well a thirty			(
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (					12	
12	Gross receipts from related activities, etc. (	see instructions) .			rae a section 501(c	2)(3)	-
13	Gross receipts from related activities, etc. ( First five years. If the Form 990 is for the	organization's first,	second, third, fou	rtn, or mur tax year	as a scousi seri		
308	organization, check this box and stop nere						
e.	P. P. Jallan C.	( 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1211161			14	0.00%
1				ı (f))		15	0.00%
14	m 15 -unport percentage from 2017 Scho	dule A, Part II, line	14			C. D. L. Leave	
10	Public support percentage from 2017 Sche 33 1/3% support test—2018. If the organ and stop here, The organization qualifies	ization did not ched	k the box on line	13, and line 14 is 3	3 1/3% or more, cr	Jeck fills nox	
16	a 33 1/3% support test—2010. It in organization qualifies	as a publicly suppo	rted organization				, , , , , , , , , ,
	and stop here. The organization qualifies b 33 1/3% support test—2017. If the organ	ization did not ched	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or mo	re, check this	
	b 33 1/3% support test—2017. If the organ box and stop here. The organization qual	fies as a publicly st	upported organiza	tion			
	box and stop here. The organization qual  10%-facts-and-circumstances test—20	40 If the organizati	ion did not check	a box on line 13, 10	6a, or 16b, and line	14	
17	a 10%-facts-and-circumstances test—20 10% or more, and if the organization meel	e the "facts-and-cir	cumstances" test,	check this box and	d stop here. Explai	in in	
	10% or more, and if the organization meet Part VI how the organization meets the "fa	cts-and-circumstar	ices" test. The org	anization qualifies	as a publicly suppo	nted	
	Part VI how the organization meets the "fa organization.					* * * * * * * * * * * * * * * * * * *	
	organization. b 10%-facts-and-circumstances test—20	17. If the organizat	ion did not check	a box on line 13, 1	6a, 16b, or 17a, an	a line	
	15 is 10% or more, and if the organization Explain in Part VI how the organization m	eets the "facts-and-	circumstances" te	st. The organization	ni quannes as a pui		▶
	t the organization d	d not check a box	on line 13, 16a, 16	5b, 17a, or 17b, ch	eck this box and se	e	
18	Private foundation, it the organization of	Control of the second s					

Schedule A (Form 990 or 990-EZ) 2018 DR PHILLIPS SOCCER CLUB CORPORATION

| Pantill | Support Schedule for Organizations Described in Section 509(a)(2)

OI.	in time Described in Section 509(a)(2)
	Support Schedule for Organizations Described in Section 509(a)(2)  Support Schedule for Organizations Described in Section 509(a)(2)
	Support Schedule for Organizations Described in Section 303(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.)
	(Complete only if you checked the box of line to of tart of it the state of the box of tart of it the state of the box of tart of it the state of the box of tart of it the state of the box of tart of it the state of tart o
	(Complete only if you checked the box of line to of a state of the organization fails to qualify under the tests listed below, please complete Part II.)
	If the organization fails to qualify under the tests listed below, produce same
	II the organization rane to 1

	If the organization fails to qua	alify under the t	ests listed pelov	v, produce comp			
Sect	ion A. Public Support		(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calend	lar year (or fiscal year beginning in)	(a) 2014	(D) 2013	10/2010		to the second	•
1 0	sife grants, contributions, and membership fees						0
ř	eceived. (Do not include any "unusual grants.")						
2 (	Gross receipts from admissions, merchandise sold or services performed, or facilities		ì	1			
(	or services performed, or related to the		1	1			0
(	organization's tax-exempt purpose						
3 (	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	*					0
	organization without charge	0	0	0	0	0	
6	Total. Add lines 1 through 5					i	0
7a	Amounts included on lines 1, 2, and 3						<u> </u>
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						0
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year		0	0	0	(	<u> </u>
C	Add lines 7a and 7b	W. N. L. S					0
8	Public support (Subtract line 7c from					green floor from a	
	line 6.)	1003	Analysis Assert		,	1 1 2010	(f) Total
Sec	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	0 0
Cale	ndar year (or necal year beginning)		0 0	(	) (		0
9	Amounts from line 6				-	1	
10a	Gross income from interest, dividends,						0
	payments received on securities loans, rents,						
	royalties, and income from similar sources				1		
b	Unrelated business taxable income (less		1				0
	section 511 taxes) from businesses						0 0
	acquired after June 30, 1975		0 0		0	0	0
C	Add lines 10a and 10b						
11	Net income from unrelated business				· ·		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other Income. Do not include gain or						(
	loss from the sale of capital assets						
565.57	(Explain in Part VI.)					0	0
13	Total support. (Add lines 9, 10c, 11,		0	0	0		<u> </u>
	and 12.)	e organization's firs	st, second, third, fou	rth, or fifth tax yea	ir as a section by it	(0)(3)	
14	First five years. If the Form 990 is for the organization, check this box and stop her	re			<u> </u>		
						15	0.00%
	Ction C. Computation of Public S Public support percentage for 2018 (line 8	3 column (f), divide	ed by line 13, colum	n (f))		16	0,009
15	1 funna 2017 Sch	ienille A. Palit III. III	10 10		<u> </u>	10	
16	Public support percentage from 2017 3cm	ent Income P	ercentage			17	0.00
	ection D. Computation of Investment income percentage for 2018 (	line 10c. column (f	), divided by line 13	, column (f)) .     .		18	0.00
17	Investment income percentage for 2018 ( Investment income percentage from 2017	7 Schedule A. Part	III, line 17			06 and line 17 is	
18	Investment income percentage from 2017 a 33 1/3% support tests—2018. If the org	anization did not o	heck the box on line	14, and line 15 is	s more than 33 1/3	70, and line 17 is	▶[
19	then 22 1/3% check inis DOX di	Id atob merer in			I the dG in more th	an 33 1/3%, and	,
	not more than 33 1/3%, check this box ar b 33 1/3% support tests—2017. If the org	ganization did not d	check a box on line	14 or line 19a, and	a line to is more th	organization .	▶
	b 33 1/3% support tests—2017. If the org line 18 is not more than 33 1/3%, check t	this box and stop I	nere. The organizat	on qualines as a f	publicly supported	ions	▶[
00	taken If the organization (	did not check a box	on line 14, 19a, or	19b, check this b	ox and see mander	Onhedula A	(Form 990 or 990-EZ) 20
20	Private foundation. If the organization of	and Hot officers				Schedule A	(Form 990 or 990-EZ

Supporting Organizations Part IV

(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.)

000								
Section	A. All	Supp	orting	Organ	izations			

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- 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.
  - 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
Yes No
1
2
3a
3b
3c
4a
4b
4c
5a
5b
5c
6
7
8
9a
9b
9c
10a
10b

Has the organizations accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) has been been directly controls, either alone or together with persons described in (c) and (c) has been been described on a job above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) shove? If "Yes" to a, b, or c, provide detail in Part VI.  The controlled entity of a person described in (a) or (b) shove? If "Yes" to a, b, or c, provide detail in Part VI.  The controlled the organizations are supported organizations have the power to regularly appoint or elect at least a najority of the organizations are supported organizations have the power to regularly appoint or elect at least a raiprity of the organization had more than one supported organization describe how the powers to appoint an exported organization of the organization and what conditions or restrictions. If any, applied to such powers during the fax year, organization operate for the benefit of any supported organization for than the supported organization operate for the benefit of any supported organization for the first with the composition of the purposes of the supporting organization? If "Yes," explain in Part VI how providing such hometic carried out the purposes of the supporting organization for trustees the purpose of the supporting organization and vite organization and the purposes of the supporting organization for trustees of each of the organization detectors or trustees the property or trustees of each of the organization detectors or trustees the property organization for the organization provide to each of its supported organization for the organization for t		DR PHILLIPS SOCCER CLUB CORPORATION 47		Pa	ige O
11 Has the organization accepted a gift or entribution from any of the following persons:  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled ontify or a person described in (a) above?  c A 35% controlled ontify or a person described in (a) above?  7 **Controlled ontify or a person described in (a) above?  8 **Described B **The Controlled ontify or a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, fustees, or memberathip of one or more supported organizations have the power to regularly appoint or elect at least a najority of the organizations directors or fustees at all times during the regular and the remove directors or fustees at all times during the regular and the remove directors or fustees were allocated among the supported organizations or entricled.  1 Did the directors or trustees are allocated among the supported organizations and what conditions or controlled the supported organization of the supporting organizations.  1 Where a majority of the organization's supported organization of the supported organization of the supporting organization's supported organization's the controlled or managed the supported organization's supporting organization's supported organization's december of the organization's december of the supported organization's provided		i Constinued)		Yes	No
a A person who directly or indirectly controls, dutine autors to opposite the pelow, the governing body of a supported organization?  b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  c A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  bit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or cleat at least a majority of the organization's directors or trustees at all times during the regularly appoint or cleat at least a majority of the organization's directors or trustees at all times during the regularly appoint or cleat at least a majority of the organization and more than one supported organization, controlled the organization's activities. If the organization above the provers to appoint and/or remove directors or trustees were allocated among the supported organizations are varieties, and any apported organization and more than one supported among the supported organizations are varieties, and any apported organization after than the supported organization and to return the provided during the prior tax organization and the organization and the supported organization and to the companization and the companization	Pant		37.554.7		
a A person who directly or indirectly controls, dutine autors to opposite the pelow, the governing body of a supported organization?  b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  c A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  bit the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or cleat at least a majority of the organization's directors or trustees at all times during the regularly appoint or cleat at least a majority of the organization's directors or trustees at all times during the regularly appoint or cleat at least a majority of the organization and more than one supported organization, controlled the organization's activities. If the organization above the provers to appoint and/or remove directors or trustees were allocated among the supported organizations are varieties, and any apported organization and more than one supported among the supported organizations are varieties, and any apported organization after than the supported organization and to return the provided during the prior tax organization and the organization and the supported organization and to the companization and the companization	44	Has the organization accepted a gift or contribution from any of the following persons?			
below, the governing body of a supported urigination.  A farmity member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  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.  Title  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.  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "Yes" 'escribe in Part VI flow the supported organization's directors or trustees at all times during the tax year? If "Yes" escribe in Part VI flow the supported organization and more than one supported organization, describe how the powers to appoint endore remove directors or trustees were allocated among the supported organizations and what conditions are restrictions, if any, applied to such powers during the tax year.  2 bid the organization operate for the benefit of any supported organization organization in Part VI how providing such benefit carried out the purposes of the supported organization in Part VI how providing such benefit carried out the purposes of the supported organization organization organization organization organization or trustees of each of the supporting Organizations  1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations supported organization organizat		A person who directly or indirectly controls, either alone of together than person	11a		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ations	Part VI) See		
the interest of the Integral Part Test as a qualifying	i irusi oi	11 MOA SO, 1910 (evhicin ii	A through E.		
Check here if the organization satisfied the integral Fart lost as a qualifying instructions. All other Type III non-functionally integrated supporting organ  Section A - Adjusted Net Income	izations	(A) Prior Year	(B) Current Year (optional)		
Section A - Adjusted Net Income	14		(opinerran)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
Other gross income (see instructions)	3	0	0		
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					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7	0	0		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		(B) Current Year		
Section B - Minimum Asset Amount		(A) Prior Year	(optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):	West No.				
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	10				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other	1-200				
factors (explain in detail in Part VI):	9)				
2 Acquisition indebtedness applicable to non-exempt-use assets	2.				
a Duktonat liga 2 from line 1d	3	0	0		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by .035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	<u> </u>		
8 Minimum Asset Amount (add line 7 to line 0) Section C - Distributable Amount			Current Year		
	11		0		
Adjusted net income for prior year (from Section A, line 8, Column A)	2		0		
2 Enter 85% of line 1	3		0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	4		0		
4 Enter greater of line 2 or line 3.	5				
5 Income tax imposed in prior year					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		0		
emergency temporary reduction (see instructions).  7 Check here if the current year is the organization's first as a non-functional	ally inter	grated Type III supporting	organization (see		
	any muse	Source of the operations of	Seven in the seven		
instructions).	CONTRACT OF	Schedule A	(Form 990 or 990-EZ) 2018		