Earm O	90 (2015) DR PHILLIPS SOCCER CLUB CORPORATION	47-320EU	Page 2
PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	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: Our mision is nurture young player's physical, mental and social growth to allow them to reach their potential by playing soccer, our commiment is to provide the highest quality in curriculum aand well-being, nd environment, our philisophy is to look for the player integrity and well-being, our culture is to put player first.		
2	Did the organization undertake any significant program services during the year which were not listed or the prior Form 990 or 990-EZ?	· . Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	allocations to ou	icis,
4a	(Code:) (Expenses \$ 10,757 including grants of \$) (Revenses Coccer Training FEES.	ue \$ 10	0,574)
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	
-	including speeds of \$ \\(\text{Reven}\)	ue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Reven		(
	Off Consider (Deposits in Schodule (1)		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	V 500-00-00-00
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ Total program service expenses ► 10,757		w

Form 990 (2015) DR PHILLIPS SOCCER CLUB CORPORATION Part IV Checklist of Required Schedules Part IV

		**	Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	The contract of the contract o	2	 	X
3		-	-	1^
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	3 <u>123 233</u>			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		100	
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		_X_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1 1	1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
2721	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	22
	Schedule D, Parts XI and XII	12a	-+	<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		V
*	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	\rightarrow	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
j	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	,5	-	
127	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10		<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
				-

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

the Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization file Form 8886-T? 5b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deutible? 7b Organization sthat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contributi	Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
b Enter the number of Forms W-20 included in line 1s. Enter-0- if not applicable . ■ 1				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing with or within the year covered by this return. 2a Either the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary year defined mythout provided the payment of	1a		0		
gaming (gamibing) winnings to prize winners?			0	1.69	
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 18 If "Yes," indicate the number of Forms 8282 filed during the year. 19 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 198-C? 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 198-C? 11 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 198-C? 12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund the sponsoring organization make any taxable distributions under section 4966? 19 Did the sponsoring organization make any taxable distributions under section 4966? 20 Did the sponsoring organizations. Enter: 21 Did the sponsoring organizations make any taxable distributions under section 4966? 22 Did the sponsoring organization make any taxable distributions under section 4966? 23 Did the sponsoring organization make any taxable distributions under section 4966? 24 Did the sponsoring organization make any taxable distributions under section 4966? 25 Did the sponsoring organization make any taxable distributions under section 4966? 26 Did the sponsoring organizatio	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
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Form	990 (2015) DR PHILLIPS SOCCER CLUB CORPORATION	13208010		age (
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	d for a "N	0"	
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See in	struci	tions
	Check if Schedule O contains a response or note to any line in this Part VI			
Sac	tion A. Governing Body and Management			
000	ator A. Covorning Dou's and management		Yes	No
1.3	Enter the number of voting members of the governing body at the end of the tax year 1a	7		100
14	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	275 E 200 275 E 200 275 E 200		
ā.		10000		
b				0.0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		機能器	
	any other officer, director, trustee, or key employee?	. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b				
-	stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	000000		
0	the year by the following:			
	And the state of t	. 8a	X	(CHEPSTAN)
a	The governing body?. Each committee with authority to act on behalf of the governing body?	8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	. 05	,)	
9	is there any officer, director, trustee, or key employee listed in Fait VII, Section A, who cannot be reached	. 9		Х
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		1	
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code.	Yes	No
		10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?	Tua	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	000000000	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	200	湯遊園	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	ts? 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	. 14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	1000		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	51		
а	The organization's CEO, Executive Director, or top management official.			X
b	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
10-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	. 16a	AN EGRAPH E	X
•	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100000	1200	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	participation in joint venture attangements under applicable rederal tax law, and take steps to safeguard	16b	(2003-3-02)	WENCH?
	the organization's exempt status with respect to such arrangements?	TIOD	L	
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed FL	14/01/21/2	anles	
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5) I(c)(3)S	July)	
	available for public inspection. Indicate how you made these available. Check all that apply.	0)		
	X Own website			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est policy	, and	
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records:

8923 ANGELICA DR, ORLANDO, FL 32836

RAFAEL NAVARRO

(407) 362-1702

Form 990 (2015)	DR PHILLIPS SOCCER CLUB (viii = 2 =					47 3208	015	Page
Part VII	Compensation of Officers, Di	rectors, Trust	ees,	Ke	y E	mp	loye	es,	Highest Com	pensated	***************************************	
	Employees, and Independent	Contractors		ř					5			
Section A.	Check if Schedule O contains a											Ш
	Officers, Directors, Trustees, Key											
organization's												
of compensat	of the organization's current officers ion. Enter -0- in columns (D), (E), an	, directors, trust	ees (whe	ethe	r ind	dividu	ıals	or organizations), regardless of	amount	
List all constants	of the organization's current key em	plovees, if anv.	See i	nstr	ı wa ucti	s pa ons	sia. for d	efin	ition of "key emr	lovee "		
List the	organization's five current highest of	compensated er	nploy	ees	(ot)	ner	than	an c	officer, director, t	rustee, or key e	mployee)	
who received organization a	reportable compensation (Box 5 of Find any related organizations.	Form W-2 and/o	r Box	7 0	f Fo	m	1099	-MIS	SC) of more than	1 \$100,000 from	the	
• List all o	of the organization's former officers,	key employees,	and	higi	hest	co	mpen	sate	ed employees w	ho received mor	e than	
	eportable compensation from the org									na dan dan sa	7253	
organization, r	of the organization's former director more than \$10,000 of reportable com	s or trustees tr	the c	ceiv	rea, nizs	ın t atior	ne ca and	ipac	city as a former o	lirector or truste	e of the	
	the following order: individual truste											
compensated	employees; and former such person	s.					ABA . T-2.T.			, , . . .		
X Check this	s box if neither the organization nor a	any related orga	nizati	on c	com	pen	sate	d an	y current officer,	director, or trus	itee.	
						(C)						
	(A)	(B)	verage box, unless person is both an						(D)	(E)	(F)	
	Name and Title	Average hours per							Reportable compensation	Reportable compensation	Estimat amount	
		week (list any hours for	or or	l Ing	Officer	<u>§</u>	Hig	Former	from the	from related organizations	other compens	
		related organizations	or director	trajo	8	emp	pioye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	he
		below dotted	or director	18		Key employee	a pamp		(**-2/1000-14/100)		and rela	ited
		line)	stee	Institutional trustee		· O	Highest compensated employee				organizat	tions
				0			ted					
(1)												
(2)		 	 	-	-	-		-			·	-
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***************************************											
(3)												W-0-25
(4)					10000				· · · · · · · · · · · · · · · · · · ·		.:	
					_							
(5)												
6)												
7)												
8)									*			
9)												
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)				-	+	-		+			~	

, yes	Section A. Officers, Directors,	rustees, Key E	mple	yee	s, a	and	High	nesi	t Compensated	Employees (co	ontinued)
					((C)					
	(A)	(B)	(do	not c		sition	i 'e than	nna	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	erson	is bot	h an	1	Reportable	Estimated
		hours per week (list any		1	T	direct	tor/trus	tee)	compensation	compensation	amount of
		hours for	or director	Institutional trustee	Officer	₹ e	emp High	Former	from the	from related organizations	other compensation
		related	irec	the	8	em em	ploye	ner		(W-2/1099-MISC)	from the
		organizations below dotted	के स	nai		l og	9 8		(W-2/1099-MISC)		organization and related
		line)	uste	sun		99	per				organizations
			۵	96	}		employee				
	To the state of th						ă				
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(16											
(17											
										a and be a supplemental and a su	
(18	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								7	_	
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(19	****										
(20)											
				4		_					
(21)				1	- 1	-	- 1	- 1	1		
	The second secon			_		_	-	_			
(22)			1	1	- 1				e:		
				-							
(23)							1				
	The second secon			_	_	_					
(24)									j		
				-	_	_	_	-			
(25)	* ************************************		- 1					1			
		1						\dashv			
1b	Sub-total							D	0	0	0
C	Total from continuation sheets to Part VII, S							-	0	0	0
d	Total (add lines 1b and 1c)							oi.			0
2	reportable compensation from the organization		istea			WH	o rec	eive	ed more man \$1	00,000 01	
	reportable compensation from the organization			0							Yes No
3	Did the organization list any former officer, din	actor orthictan	kou	omr	alou	200	or bi	aha	et companentad	I.	i i i i i i i i i i i i i i i i i i i
3	employee on line 1a? If "Yes," complete Sched									1	3 X
										its	
Ļ	For any individual listed on line 1a, is the sum										
	the organization and related organizations greated individual	65 650	00?1	I Y	es,	COL	mpie	ie s	chequie J for su	icn .	
					•	•		• •			4 X
j	Did any person listed on line 1a receive or acc										
	for services rendered to the organization? If "Y	es," complete S	ched	ule .	J fo	rsu	ich p	erso	on	<u> </u>	5 X
ec	ion B. Independent Contractors										
	Complete this table for your five highest compe										
	compensation from the organization. Report co	mpensation for	tne c	aler	idai	yea	ar en	aing	g with or within the	ne organization	's tax
	year.								A	I	
	(A) Name and business addre	25.5							(B) Description of service	ces Co	(C) mpensation
-	The second secon		- P								
-		n					-				0
-							-				0
-							+				0
-		- y- y	7.75	- =							0
-	Total number of independent contractors (inclu-	ding but not limit	ted to	fhe	SA	liste	de be	OVE) who received		0
	more than \$100,000 of compensation from the		▶				0		, and received		

DR PHILLIPS SOCCER CLUB CORPORATION Statement of Revenue

Total Federated campaigns Tal	Part	VIII :	Statement of Revenue Check if Schedule O contains a response	e or no	te to any line ir	this Part VIII			· · []
Membership dues						(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Membership dues	and the	1a	Federated campaigns		0				and the same of
1 Total, Not minor to Business Code	ants	b	Membership dues		10,5/4				
1 Total, Not minor to Business Code	£ 5	C	Fundraising events					17.	
1 Total, Not minor to Business Code	ar a	ď	Related organizations		0				0.00
1 Total, Not minor to Business Code	ns,	e	Government grants (contributions)	16				100	
1 Total, Not minor to Business Code	Ter &	f	All other contributions, girls, grants, and	11	o				
1 Total, Not minor to Business Code	불형	~	Noncash contributions included in lines 1a-1f:		0				
173990 0 0 0 0 0 0 0 0 0	a 8	y h	Total. Add lines 1a–1f			10,574			
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	•					0			elegika laga eta arifak ili dan esa 10
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	enn	2a		7	13990	0			
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	Rey	b		. }-					
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	8	C		. -					
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	Ser	d		- -			Part Care		
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	HB.	е	AN III	. -		0		one processing the second second	a salos de salación de la companya d
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory. 8 Less: cost or other basis amult sales expenses. 9 O O O O O O O O O O O O O O O O O O O	log l	f	All other program service revenue			. 0			200000000000000000000000000000000000000
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties Gaross rents b Less: rental expenses c Rental income or (loss) Net rental income or (loss) Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and salles expenses c Gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Less: direct expenses c Net income or (loss) from fundraising events Sa Gross income from garning activities Sae Part IV, line 19 b Less: cost or goods sold c Net income or (loss) from ganing activities See Part IV, sine 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscelanceus Rovenue Business Code O O O O O O O O O O O O O O O O O O O	Δ.	_ g	Investment income (including dividends, into	erest,	and				
Income from investment of tax-exempt bond proceeds 0 0 0 0 0 0 0 0 0		3	ather cimilar amounts)						
Social Royalties (i) Real (ii) Personal	i	4	Income from investment of tax-exempt bond	d proce	eeds 🚩				
For a contributions reported on line 1c). See Part IV, line 18. B Less: direct expenses. c Net income or (loss) from gaming activities. See Part IV, line 19. B Less: cost of goods sold. C Ross and allowances. B Less: cost of goods sold. C Ross income from gaming activities. See Part IV, line 19. B Less: direct expenses. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Ross income from sundraising events. B Less: direct expenses. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Net income or (loss) from sales of inventory. B Less: cost of goods sold. C Ross inventory. B Less: cost of goods sold. D O D D D D D D D D D D D D D D D D D			Royalties		.	U			
b Less: rental expenses . c Rental income or (loss) . d Net rental income or (loss) . 7a Gross amount from sales of assets other than inventory . b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net income or (loss) from fundraising events (not including \$ 0 or contributions reported on line 10). See Part IV, line 18 . d D Less: direct expenses . d Net income or (loss) from garning activities. See Part IV, line 19 . d D Less: direct expenses . d D D D D D D D D D D D D D D D D D D D		-	(i) Real		(ii) Personal				
The second of th		6a							
d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gaim or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18. a Gross income or (loss) from fundraising events. Sa Gross income from gaming activities. See Part IV, line 19. a b Less: direct expenses b 0 0 b Less: direct expenses b 0 0 c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: cost of goods sold b 0 b Less: cost of goods sold b 0 c Net income or (loss) from sales of inventory Miscoelaneous Revenue Business Code 11a 0 0 Alf other revenue 0 0 d Alf other revenue 0 0 e Total, Add lines 11a-11d. b 10,574 0 0 0		b	Less: rental expenses						
Ta Gross amount from sales of assets other than inventory. b Less: cost or other basis amid salles expremses. c Gaim or (loss). d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18. a Gross income from garring activities. See Part IV, line 19. b Less: direct expenses. c Net income or (loss) from fundraising events. Sa Gross income from garring activities. See Part IV, line 19. b Less: direct expenses. c Net income or (loss) from garring activities. See Part IV, line 19. b Less: cost of goods sold. c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code d All other revenue. e Total. Add lines 11a-11d. b D O O O		C	Rental income or (loss)		lb.	0	Consession of the consession o		and the second of the second s
assets other than inventory. b Less: cost or other basis amd salles expenses. c Gain or (loss). d Net gain or (loss). b Less: direct expenses. c Net income or (loss) from fundraising events. Sa Gross income from garring activities. Sae Part IV, line 19. b Less: direct expenses. c Net income or (loss) from fundraising events. Sa Gross income from garring activities. Sae Part IV, line 19. b Less: direct expenses. c Net income or (loss) from garring activities. Sae Part IV, line 19. b Less: direct expenses. c Net income or (loss) from garring activities. IOa Gross sales of inventory, less returns and allowances. a b Less: cost of goods sold. b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Miscellaneous Revenue d All other revenue. e Total, Add lines 11a—11d. b D O O O O O O O O O O O O O O O O O O		d	Net rental income or (loss)		(ii) Other				12.0
b Less: cost or other basis and salles expenses. d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18. 8b Less: direct expenses. 8c Rores income from fundraising events. 8c Rores income or (loss) from fundraising events. 8a Gross income from garning activities. 8a Gross income from garning activities. 8a Gross income from garning activities. 8b Less: direct expenses. 6 Net income or (loss) from garning activities. 8c Part IV, line 19. 8 Dess: direct expenses. 6 Net income or (loss) from garning activities. 8 Dess: direct expenses. 8 Dess: cost of goods soid. 8 Dess: cost of goods Reverue 8 Dess: cost of goods soid. 9 Dess: cost of goods Reverue 11a Dess: cost of goods soid. 9 Dess: cost of goods soid. 10 Dess: cost of goods soid. 10 Dess: cost of goods soid. 11a Dess: cost of goods soid. 11a Dess: cost of goods soid. 11a Dess: cost of goods soid. 11b Dess: cost of goods soid. 11c Dess: cost of goods soid. 11d Dess: cost of goods soi		7a	Gross amount nom sales of		0				
amd sales expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Ĭ.	Lase: cost or other basis						
Second Contributions reported on line 1c). See Part IV, line 18. See Part IV, line 18. See Part IV, line 18. See Part IV, line 19. See Pa		В	140	0	0				
d Net gain or (loss)		æ.		0	0				ASSESSMENT OF THE PROPERTY OF
8a Gross income from fundraising events (not including \$ 0 or contributions reported on line 1c). See Part IV, line 18	ı	d	Net gain or (loss)		. , ,▶	U			
events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18.									
Sae Part IV, line 19. b Less: direct expenses	a a	8a	Gross income from fundraising	1		All the second of the second		100	
Sae Part IV, line 19. b Less: direct expenses	ē		events (not including \$0	İ		14	100		
Sae Part IV, line 19. b Less: direct expenses	Şe.		of contributions reported on line 1c).		0	100			
Sae Part IV, line 19. b Less: direct expenses	2		See Part IV, line 18	b	. 0				Control Control
Sae Part IV, line 19. b Less: direct expenses	돈	b	Less: direct expenses	ıts	🕨	C		Sign of March and Solid Sol	
See Part IV, line 19	•	C	Net income or (1033) from taxation activities.	ſ					
b Less: direct expenses			See Part IV. line 19.	. a	0			2.5	100
c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances		h	Loss: direct expenses	. b	0				S WATER SHEET BELLEVINGS ON
10a Gross sales of inventory, less returns and allowances		1	Net income or (loss) from gaming activities	s	<u> ▶</u>	(
returns and allowances			Gross sales of inventory, less	1					
C Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 0 11a 0 C d All other revenue. e Total. Add lines 11a–11d. D O O O O O O O O O O O O O O O O O O		ĺ	returns and allowances	. a	0				
Miscellaneous Revenue		b	Less: cost of goods sold	. b [)	a make take a parallel managad root a smill data	A STATE OF THE STA
11a		C	Net income or (loss) from sales of inventor	iy	Business Code				
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						()		
d All other revenue)		
d All other revenue		D		••		(-
e Total. Add lines 11a–11d		G	All other revenue	[(7005 003 0000	
Till some See instructions		a a	Total. Add lines 11a-11d			(
			Total revenue. See instructions		<u></u> ▶	10,574	+1		Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501	(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
	Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2002			
- 2	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				1000
•	organizations, foreign governments, and foreign			171.00	
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
J	trustees, and key employees	0		0	
•	Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4930()(1)) and persons described in section 4958(c)(3)(B)	0			4
***		0			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	0			1
	section 401(k) and 403(b) employer contributions)	Ö			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	0	494		
b	Legal	494	454		
C	Accounting	0			•
ď	Lobbying			(A. Carallet and A. Carallet a	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0	005		····
12	Advertising and promotion	865	865 158		
13	Office expenses	158	156		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	550	550	na constituite son mentale disenti	Top to the sales of the best plants
24	Other expenses. Itemize expenses not covered				
5/8080	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.)				
а	COMMUNITY PARK LEASE	878	878		
b	FIELD MAINTENANCE	1,010	1,010		
c	SOCCER ACCESORIES	1,125	1,125		
d	TOURNAMENT REGISTRATION	1,000	1,000		
-	All other expenses	4,677	4,677		
25	Total functional expenses. Add lines 1 through 24e .	10,757	10,757	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				***
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	Tollowing out of a fired seather, it is it is it is				Form 990 (2015)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances.

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds . . .

	msso() art X				47- Page 1'
	ALCO DE	Check if Schedule O contains a response or note to any line in this Par	t X		
****		one of the control of	(A) Beginning of year	Ĺ	(B) End of year
-	1	Cash—non-interest-bearing	C	1	134
	2	Savings and temporary cash investments		2	5
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	1
	5	Loans and other receivables from current and former officers, directors,			
	8	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	(
	6	Loans and other receivables from other disqualified persons (as defined under section			
	Ì	4958(I)(11), persons described in section 4958(c)(3)(B), and contributing employers and			
060		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	C
<	8	Inventories for sale or use		8	
	. 9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	. 0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	185
	17	Accounts payable and accrued expenses		17	396
	18	Grants payable	,	18	
	19	Deferred revenue		19.	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	The Area Commission of the March Street	21	and the second s
68	22	Loans and other payables to current and former officers, directors,			
=		trustees, key employees, highest compensated employees, and			
Liabilities	lette.	disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25 26	0
	26	Total liabilities. Add lines 17 through 25	0	26	396
runa palances		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	The state of the s	27	A STATE OF THE PARTY OF THE PAR
N N	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC958), check here			
5		complete lines 30 through 34.			

Form:	990 (2015) DR PHILLIPS SOCCER CLUB CORPORATION	-1	1 -	THE U	ra	ye ız
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			6 (6)		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10),573
2	Total expenses (must equal Part IX, column (A), line 25)	2			10),784
3	Revenue less expenses. Subtract line 2 from line 1	3				211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1	0
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10				211
Part	XII Financial Statements and Reporting				4	
12	Check if Schedule O contains a response or note to any line in this Part XII	٠.			.	
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	19	8			
	Schedule O.		2017			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	*: 10	.	2a	188299ta	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7777			
	reviewed on a separate basis, consolidated basis, or both:		1000			
	X Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Χ_
	If "Yes." check a box below to indicate whether the financial statements for the year were audited on a		and			
	separate basis, consolidated basis, or both:	5)	1			
	X Separate basis Comsolidated basis Both consolidated and separate basis					
-01	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?.	. Tob.		2c	VALUE OF STREET	Whenever.
	If the organization changed either its oversight process or selection process during the tax year, explain in		37.			
	Schedule O.		Š			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			2015/2014/4	* ** Section 2	-Manager :
Jd	the Single Audit Act and OMB Circular A-133?	6 16 3		3a		X
ь	# "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
			1	Form S	990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	Name of the organization Employer identification number							
DF	OR PHILLIPS SOCCER CLUB CORPORATION					47-2000		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. the organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
111	# Orga	A church, convention of chu	idation because it i	s: (For lines 1 through	11, chec	k only one	box.)	
2	H	A school described in section	170/b//1//A//ii	On or churches describ	oea in sei	000 E	(D)(1)(A)(I).	
3	H	A hospital or a cooperative i						# (6)
4	H							
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	omplete Part II.)					described in
6	Ц	A federal, state, or local gove						
7	Ц	An organization that normally described in section 170(b)(y receives a substa 1)(A)(vi). (Complet	antial part of its supporte Part II.)	rt from a g	govemme	ntal unit or from the	general public
8		A community trust described	in section 170(b)((1)(A)(vi). (Complete F	Part II.)			
9		An organization that normally receipts from activities relate support from gross investment acquired by the organization	ପାର୍ଷ its exempt fun mt income and unre	ctions—subject to cer elated business taxabl	tain exce e income	ptions, an	d (2) no more than 3	33 1/3% of its
10		Am organization organized am	d operated exclusi	ively to test for public	safety. Se	e section	509(a)(4).	
		Am organization organized an of ome or more publicly suppo Check the box in lines 111a th	nd operated exclusi	vely for the benefit of, described in section	to perfor	m the fund	ctions of, or to carry	ction 509(a)(3)
a	- 1	Type I. A supporting organ the supported organization organization, You must co	กัเซลtion operated, s	supervised, or controll	ed by its :	supported	organization(s), typ	ically by giving
lb		Type It. A supporting organ control or management of organization(s). You must	mization supervised the supporting orga	d or controlled in conn anization vested in the	ection wit same pe	th its suppersons tha	orted organization(s t control or manage	i), by having the supported
G		Type III functionally integ its supported organization(rated. A supportin	g organization operate	ed in conr	nection wit	h, and functionally i	ntegrated with,
d	E	Type Ill non-functionally integree that is not functionally integree requirement (see instructional structional structure structur	integrated. A supp grated. The organiz	orting organization op	erated in	connectio	n with its supported	organization(s) n attentiveness
6	Γ	Check this box if the organi	ization received a	mplete Part IV, Section Written determination f	ins A and from the l	1 D, and F RS that it	ant V. is a Time I Time II	Type III
	_	functionally integrated, or I	ype III non-function	nally integrated suppo	rting orga	nization.	is a Type I, Type II,	Type III
f		nter the number of supported						0
g		rovide the following information ame of supported organization	on about the suppo	orted organization(s). (III) Type of organization	liv) is the	organization	(v) Amount of monetary	(vi) Amount of
	:51 -	· ·	(7,23)	(described on lines 1–9 above (see instructions))	listed in yo	organization our governing oment?	support (see instructions)	other support (see instructions)
					Yes	No		
)								
1						ļ		
)			
r.				***				
tal							0	0

nedule A (Form 990 or 990-EZ) 2010 DICT TITELE	I dan Den	wihad in Sact	one 170(b)(1)	(A)(iv) and 170)(b)(1)(A)(vi)		
art II Support Schedule for Orga	inizations Desi	cribed in Sect	Dort Lor if the	organization fa	iled to qualify ur	nder	
art II Support Schedule for Orga (Complete only if you checke	ed the box on lir	ne 5, 7, or 8 or	Part for it tile t	oso complete F	Part III)		
(Complete only if you checke Part III. If the organization fa	ils to qualify un	der the tests II	sted below, ple	ase complete i	art m.j		
ection A. Public Support						(f) Total	
lendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(I) Total	
Gifts, grants, contributions, and			1				
membership fees received. (Do not	1					0	
include any "unusual grants.")							
Tax revenues levied for the organization's							
benefit and either paid to or expended on						0	
its behalf							
The value of services or facilities							
furnished by a governmental unit to the					Ì	0	
organization without charge					0	0	
Total Add lines I through 3	0	0	0	0	TO A STATE OF THE		
The portion of total contributions by each			Targer and the				
like postion of soral constitutions by costs				Application of the			
person (other than a governmental unit	100						
or publicly supported organization)							
included on line 1 that exceeds 2%							
of the amount shown on line 11,	3.000,000,000,000						
column (f)						0	
Public support. Subtract line 5 from line 4.	regardy and the			Postal de marie de la contraction de la contract	27.77		
ection B. Total Support	1	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
lendar year (for fiscal year beginning in)	(a) 2011		0	0	0	0	
Armounts from line 4	0	0					
Gross income from interest, dividends,							
payments received on securities loans,							
nents, moyalties and income from similar						0	
SOURCES							
Net income from unrelated business							
activities, whether or not the business is					i i	0	
requilantly carried on							
Other income. Do not include gain or					1	•	
lloss from the sale of capital assets	į.				1	0	
(Explain in Part VI.)				A STATE OF THE PARTY OF THE PAR	TO COLUMN DE ACTION DE ACCIONATION	0	
Total support. Add lines 7 through 10	and the control of the control	The state of the s					
and the second s	on instructions)				12		
Gross receipts from related activities, etc. (so First five years. If the Form 990 is for the or	manization's first. se	cond, third, fourth	or fifth tax year as	a section 501(c)(3)	ÿ,	N	
First five years. If the Form 990 is for the or organization, check this box and stop here.	guinzation						
organization, organization of the service Cr	mort Percent	age					
ction C. Computation of Public Su Public support percentage for 2015 (line 6, c	rolumn (f) divided hu	line 11. column (f)		14	0.00%	
Public support percentage for 2015 (line 6, c Public support percentage from 2014 Sched	Man A Part II line 1.	4			15	0.00%	
		La bay on line 13	and line late as It.	3 70 01 111010, 011		-	
Public support percentage from 2014 School 33 1/3% support test—2015. If the organization qualifies as	a nuniiciv subbblite	d oldernrandi.			hack this		
b 33 1/3% support test—2014. If the organization qualified box and stop here. The organization qualified	s as a publicly supp	inter diganacanon				▶	
1 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 2 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 3 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization in Part VI how the organization meets the "fact supported organization	I. If the organization neets the "facts-and ts-and-circumstance	did not check a bo -circumstances" te es" test. The organ	st, check this box a zation qualifies as a	nd stop here. Exp a publicly	lain in		
Drivete foundation If the organization did t	not check a box on l	ine 13, 16a, 16b, 1	ra, or tro, check i	ומס האיר מנות פרים			

hedule A (Form 990 or 990-EZ) 2015 Support Schedule for Organizations Described in Section 509(a)(2) art III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization rates to qua					(-1.0045	(f) Total
ec	ion A. Public Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(I) IUIAI
alea	idar year for itstai year beginning "	(-) 2211					0
i	Gifts, grants, contributions, and membership fees						<u>`</u>
	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		11.E. 11				
	cold or services performed, or facilities			}			0
	furnished in any activity that is related to the	ľ					
	organization's tax-exempt purpose						0
;	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					*	41
}	Tax revenues levied for the organization's	'			1		_
	benefit and either paid to or expended on						.0
	its behalf						
i	The value of services or facilities						_
	furnished by a governmental unit to the			Į.			0
	organization without charge	0		o	0 (0	0
;	Total. Add lines 1 through 5			<u> </u>			_
'a	Amounts included on lines 1, 2, and 3			1			0
	received from disqualified persons		· · · · · · · · · · · · · · · · · · ·			1	1
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the			Ì			0
	amount on line 13 for the year			0	0	0 0	0
c	Add lines 7a and 7b	0	IV. 24 TABLE AND A ST		100		
3	Public support (Subtract line 7c from						0
	line 6.)		15.75.55.40.77.55.	197.	0.01 0.		
80	tion B. Total Support		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
rle	endar year (or fiscal year beginning in)	(a) 2011		0	0	0 (0
F	Amounts from line 6		<u> </u>	<u> </u>			
ia.	Gross income from interest, dividends,						
	payments received on securities loans,						0
	rents, royalties and income from similar sources						
b	I have been toyable income (less	_	1				
-	section 511 taxes) from businesses		i				0
	acquired after June 30, 1975			0	0	0	0 0
c	Add lines 10a and 10b)	<u> </u>			
•	Net income from unrelated business						
	activities not included in line 10b, whether				}		0
	or not the business is regularly carried on .		-				
727	Other income. Do not include gain or			İ			
	loss from the sale of capital assets						.0
	(Explain in Part VI.)		 				
A.	Total support. (Add lines 9, 10c, 11,	ſ		ol	ol	0	0 0
	and 12.)	1	0	th or fifth tax year	as a section 501(c)	(3)	
	First five years. If the Form 990 is for the or organization, check this box and stop here.	ganization's lifst,	second, uma, roa				
	organization, check this box and stop nere.	** * * * * * * *					
	ction C. Computation of Public Su	pport Percer	rage	(0)		15	0.00%
i				(0), , , , , ,		16	0.00%
	from 2014 Sched	ule A. Part III, line	10	·····			
Ē							0.00%
	ection D. Computation of Investme Investment income percentage for 2015 (fine	e 10c, column (f) o	livided by line 13,	column (i)) ·		18	0.00%
	Investment income percentage from 2014 S	chedule A, Part III	, mie 17	44 18 16 lo	more than 33 1/3%.	and line 17 is	
	a 33 1/3% support tests—2015. If the organization did not check the box or a publicly supported organization						▶ L
	not more than 33 1/3%, check this box and a	stop nere. The or	guineami	4 1 - 10- and	line 16 is more than	33 1/3%, and	
1	b 33 1/3% support tests—2014. If the organization did not check a publicly supported organization						
	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did r	DOX and Stop Her	line 14 10a or	19b. check this box	and see instruction	s	▶ L
	Private foundation. If the organization did r	NOT CHECK A DOX OF	1 1116 14, 194, 01			Schedule A (F	orm 990 or 990-EZ) 201

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you directed 114 of 1 art 1, complete designing 7 and 2, and			
Sec	tion A. All Supporting Organizations	<u> </u>	Voc	No
	to the second of	82 W.S.	res	NO
1	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	1		DIVINE.
	class or purpose, describe the designation. If historic and continuing relationship, explain.	ASSES.	Merco)	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1488	理解制	THE PARTY
	organization was described in section 509(a)(1) or (2).	2	1930/3/2	Mark Control
34	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	NEW TO	900 miles
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		The same	in the b
	organization made the determination.	3b	dvavened)	1000 2000
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	de la la la la la la la la la la la la la	min sols
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	2652 6560	原領基政
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			阿斯斯
	despite being controlled or supervised by or in connection with its supported organizations.	4b	7335295	1286000
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	Table (
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	沙藏語	振響	
	numoses	4c	V68355505	20070465
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	·阿拉提 ···································		
	manager (lb)) and (lc)) below (iff applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	munuthers off 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	3889	遊園	
	was accomplished (such as by amendment to the organizing document).	5a	NSS-NEO	Hallenge
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1988asi	and the second
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	arrange officer than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	have one compare 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.	6	7189683	UNITED Y
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		96038	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	加斯克斯	通知 随能
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1.00	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	清州為	1556950
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		別線製	超過數數
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	SAMANA	A SECTION AND A
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		Bank	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	Salvinia.	VERNERA
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		學科家	
	from, assets in which the supporting organization also had an interest? If "Yes, " provide detail in Part VI.	9c	ystabot-	200222
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		報酬	
	supporting organizations)? If "Yes," answer 10b below.	10a	Spenier	的概念的
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		加速数	
	determine whether the organization had excess business holdings.)	10b		

Par	IV Supporting Organizations (continued)			
			Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?	44.44		
а	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?	11a		
b	가는 (전문의) 회사 전문의 전문 전문 이번 등 보고 있다. 이번 등 전문 전문의 전문의 전문의 전문의 전문의 전문의 전문의 전문의 전문의	11b		
C		110		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		100	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	NAME OF THE PERSON OF THE PERS	1288	
12	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	102000000	o asternos
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	No.	188	ANT.
	supervised, or controlled the supporting organization.	2	<u> </u>	<u></u>
Sect	ion C. Type II Supporting Organizations		1,2	T
		Maries	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		12400	翻版法
n4	the supported organization(s).	1	L	L
Secr	ion D. All Type III Supporting Organizations		Yes	No
	Pid the annual attenuacide to analy of the annual of annual properties a but he look day of the fifth worth of the	100000	Tes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			133
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	SHIP	William
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	78,680	184	新疆
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	SERVER SERVER	HESTER!
3	By reason of the relationship described in (2), did the organization's supported organizations have a	25480	100	
	significant voice in the organization's investment policies and in directing the use of the organization's	27.44		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
(6)	supported organizations played in this regard.	3	(ATACES) E	Western of
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the look mext to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruct	ions):
29	The organization satisfied the Activities Test. Complete line 2 below.			
to	The congamization is the parent of each of its supported organizations. Complete line 3 below.			
				1
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see insi	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	像機		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	127 rate 12	SERVICE OF THE SERVIC
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	NAMES OF THE PARTY OF	There was
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ALCO DE LA	negotical.
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Constitution of		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rga	nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income (A) Prior Year					
dection A - Adjusted Net modifie		(A) THOI TOU	(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4	0	(
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				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	16				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
Acquisition indebtedness applicable to non-exempt-use assets	2	0-110-110-110-1-1-1-1-1-1-1-1-1-1-1-1-1	- W. J		
3 Subtract line 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	o	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
	6	0	0		
6 Muttiply line 5 by .035 7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount	١		Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0		
2 Enter 85% of line 1	2		. 0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0		
4 Enter greater of line 2 or line 3	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions)	6		0		
7 Check here if the current year is the organization's first as a non-functiona	lly-ir	ntegrated Type III supporting	ng organization (see		
instructions).	-				

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers ex-			
	organizations, in excess of income from activity			\
3	Administrative expenses paid to accomplish exempt purp	The same of the same same same		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)		
	Other distributions (describe in Part VI). See instructions		THE STATE OF STREET	
	Total annual distributions. Add lines 1 through 6.			0
8		h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			<u></u>
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
11	Distributable armount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
Œ				
q	From 2013			
6	From 2014			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			0
j	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0	same series of the contraction of	
4	Distributions for 2015 from Section			
	D, line 7: \$ 0			
æ	Applied to underdistributions of prior years		0	
ь	Applied to 2015 distributable amount			0
C	Remainder, Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
DR PHILLIPS SOCCER CLUB CORPORATION	47-
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