Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Open to Public Inspection

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.

		f the Treasury nue Service	▶	Go to www.irs.g	ov/Form990EZ for	r instructions and	the latest information		-	
A			dar voar (or tax year begins	ning		, and ending	D Er	nployer id	dentification number
В				of organization	Maria Cara Cara Cara Cara Cara Cara Cara			1		
n	Address	applicable:	DD DUII	LIPS SOCCER C	CLUB CORPORA	TION	I = 1h-	-	w.E	45/00/00/00/00
H	Name ch		Number an	d street (or P.O. box it	f mail is not delivered to	o street address)	Room/suite	F To	lephone n	umber
H				nroy Windermere			C5	_ E 10	Српопо	
님	Initial ret				Noad	State	ZIP code	1	(40	7) 371-4165
님		m/terminated	City or town	л		FL	32835	_		
닏	Amende	22 2002	Orlando		Foreign province		Foreign postal code		roup Exe	
Ш	Applicati	ion pending	Foreign co	untry name	Toleigh plottin			Nu	ımber 🕨	
								H Check		if the organization is
G	Accoun	iting Method:	X Ca	ash Accrual	Other (specify)			not re	auired to	attach Schedule B
1	Websit	te: ► DRPH	ILLIPSSO	OCCERCLUB.OR	G			(Form	990, 99	0-EZ, or 990-PF).
1	Tay avan	not etatus (cho	ck only one)	_ X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or 527	(, 0,		
					Trust	Association	Other			
K	Form of	organization:	X	Corporation			000 or more, or if total a	ssets		
L	Add line	es 5b, 6c, and	7b to line	9 to determine gro	ss receipts. If gross	receipts are \$200,	000 or more, or if total a		▶\$	65,207
_	(Part II,	column (B)) a	are \$500,00	00 or more, file For	m 990 instead of F	cote or Fund	Balances (see the	instruct	ions fo	r Part I)
Pa	art I	Revenu	e, Exper	ises, and Cha	nges in Net As	sees of Fund	question in this Par	tl		X
		Check if	the orga	inization used	Schedule O to I	espond to any	question in this Par		1	
	1	Contribution	ns, gifts, g	rants, and simila	r amounts receive	ed			2	64,807
	2	Drogram ec	nvice reve	enue includina ao	vernment fees an	id contracts			3	
	3	Membershi	p dues an	id assessments.					4	400
	4	Investment	income				1		4	
	5a	Gross amo	unt from s	sale of assets oth	er than inventory		5a			
	b	1	ar other he	onic and cales ex	nenses		5b		Fo	0
	С	Gain or (los	ss) from sa	ale of assets other	er than inventory (subtract line 5b fr	om line 5a)		5c	
	6	Gaming an	d fundrais	sina events:						
	а	Gross inco	me from g	jaming (attach So	chedule G if greate	er than				
en		\$15.000)					6a			
Revenue	b	Gross inco	me from fu	undraising events	s (not including	\$	of contributions			
ě		from fundra	aisina ever	nts reported on lin	ne 1) (attach Sche	edule G if the				
LL.		sum of suc	h gross in	come and contrib	outions exceeds \$	15,000)	6b			
	С	Lose: direc	ternense	s from gaming ar	nd fundraising eve	ents	6c			
	d	Net income	or (loss)	from gaming and	I fundraising even	ts (add lines 6a a	nd 6b and subtract			0
		line 6c).							6d	0
	7a	Gross sales	s of invent	tory, less returns	and allowances .		7a			
	b	Less: cost	of goods s	sold			7b			
	С	Gross profi	t or (loss)	from sales of inv	entory (subtract li	ne 7b from line 7a	a)		7c	0
	8	Other rever	nue (desci	ribe in Schedule	0)				8	05.007
	9	Total rever	nue. Add I	ines 1, 2, 3, 4, 50	c, 6d, 7c, and 8.				9	65,207
	10								10	
	11	Benefits pa	id to or fo	r members					11	
868	12								12	
50	13	Professiona	al fees and	d other payments	to independent of	contractors			13	35,066
Expen	14	Occupancy	, rent, utili	ties, and mainter	nance				14	12,680
ú	15								15	
	16								16	25,789
_	17	Total expe	nses. Add	lines 10 through	16			▶	17	73,535
20	18								18	-8,328
Se	19			9			A)) (must agree with			
As	2500000								19	5,218
Net Assets	20								20	
	21							▶	21	-3,110
Fo	r Papen	work Reduct	ion Act No	otice, see the sep	parate instructions	3.				Form 990-EZ (2019)

HTA

Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Open to Public Inspection

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

IIILO		nue Service	, and ending		1.4	tification number
A	For the	e 2019 calen	dar year, or tax year beginning , and on a g	D E	mployer idei	ntification number
В	Check if	applicable:	C Name of organization			
	Address	change	DR PHILLIPS SOCCER CLUB CORPORATION Room/suith	,	W. Sales	
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) C5	E Te	elephone num	ber
	Initial re	turn	7479 Conroy Windermere Road			
	Final retur	m/terminated	City or town		(407)	371-4165
	Amende	ed return	Orlando FL 32835	F G	roup Exem	
\vdash		ion pending	OrlandO Foreign province/state/county Foreign postal code		umber ▶	
	replicat	aon penang				- rization is
_			Charlemoité	H Chec	k ▶ if	the organization is
G	Accoun	iting Method:	X Cash Accrual Other (specify)	not re	equired to a	ttach Schedule B
1	Websit	te: ► DRPH	ILLIPSSOCCERCLUB.ORG V survey	(Form	1 990, 990-1	EZ, or 990-PF).
J	Tax-exer	npt status (che	ck only one) — X 501(c)(3)			
_		forganization	Association Other			
	roini oi	organization	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	assets		65,207
L	Add line	es 5b, 6c, and	are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	
		column (B)) a	ere \$500,000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instruc	tions for I	Part I)
P	art I	Revenu	e, Expenses, and Changes in Net Assets of Fund Butaness (see Expenses, and Changes in Net Assets (see Expenses, an	art I		X
		Check if	the organization used Schedule O to respond to any quotient		1	
	1	Contributio	ns, gifts, grants, and similar amounts received		2	64,807
	2	Drogram or	police revenue including government fees and contracts		3	
	3	Membershi	p dues and assessments		4	400
	4	Investment	income			
	5a	Gross amo	unt from sale of assets other than inventory		-	
	b	1	at other basis and sales evnenses		Fo	0
	c	Gain or (los	or other basis and sales expenses		5c	
	6	Gaming an	d fundraising events:			
	a	Gross inco	me from gaming (attach Schedule G if greater than			
en		\$15,000)	6a		-	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions			
9	~	from fundra	aising events reported on line 1) (attach Schedule G if the			
œ	1	sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	C	Less direc	t expenses from gaming and fundraising events 6c			
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c)			6d	0
	7a	Gross sale	s of inventory, less returns and allowances			
	b	Less cost	of goods sold			
	C	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other reve	nue (describe in Schedule O)		8	
	9	Total rever	aue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8,		9	65,207
_	10	Grants and	similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	id to or for members		11	
en.		Salaries, of	ther compensation, and employee benefits		12	
See	13	Profession	al fees and other payments to independent contractors		13	35,066
penses	14		, rent, utilities, and maintenance		14	12,680
EX	15	Printing n	iblications, postage, and shipping		15	
	16	Other expe	nses (describe in Schedule O)		16	25,789
	17		nses. Add lines 10 through 16		17	73,535
-	40	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-8,328
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			5,525
60			r figure reported on prior year's return)		19	5,218
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	0,210
S	21		or fund balances at end of year. Combine lines 18 through 20		21	2 110
=	D	1101 033613	to And Markey and the appropriate leaders from		141	-3,110

Form 990-EZ (2019)

	Part							
Z (2		Check if the organization used Schedu	le O to respond to any	question in t	I I I	A) Beginning of year		(B) End of year
1						5,218	22	2,524
		Cash, savings, and investments					23	
		Land and buildings					24	
id th		Other assets (describe in Schedule O) .				5,218	25	2,524
etai		Total assets					26	5,634
Vere		Total liabilities (describe in Schedule O). Net assets or fund balances (line 27 of control of the control of				5,218	27	-3,110
ору	Par	Statement of Program Service Ac	complishments (see	the instruction	os for Part III)			
han	0.01	Check if the organization used Sche	edule O to respond to a	any question	in this Part III.			Expenses
Did t	Mhot	is the organization's primary exempt purpo	TEACHING S	OCCEP SPC	RT (TRAINING, SC	RIMMAGES AN		quired for section (c)(3) and 501(c)(4)
activ	Descr	ribe the organization's program service acc	omnlishments for each	n of its three L	argest program serv	rices,	orga	anizations, optional
Was	as me	easured by expenses. In a clear and concis	e manner describe the	e services pro	ovided, the number	of	tor	others.)
repo		ons benefited, and other relevant informatio			, , , , , , , , , , , , , , , , , , , ,			
Did	28 5	SOCCER TRAINING AND COMPETITION	TO AROUND 55 CHIL	DREN ON 20	19			
duri	-							
Ent								
Did	(Grants \$) If thi	s amount includes fore	eign grants, ch	neck here	▶ X	28a	64,807
Did	29							
any								
If "	-	30 30 30 30						
Se	_	Grants \$) If thi	s amount includes fore	eign grants, ch	neck here	▶	29a	
Init	30							
Gr							1	
Se		O						
se	,		s amount includes fore				30a	
S€			1-01					
ev		Other program services (describe in Sched	ule 0)	eign grants ch	neck here		210	
ex	_(Grants \$) If this	s amount includes fore	eign grants, ch	neck here	▶	31a	+
th	32 1	Grants \$) If thi Total program service expenses. (add line	s amount includes fore es 28a through 31a)	eign grants, ch	neck here		32	64,807
th S	32 1	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee	s amount includes fore es 28a through 31a) s, and Key Employee	eign grants, ch	e even if not compens	ated—see the inst	32	64,807
th	32 1	Grants \$) If thi	s amount includes fore es 28a through 31a) s, and Key Employee	eign grants, ch	e even if not compens	ated—see the inst	32 ruction	64,807
th Si	32 1	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a	eign grants, ch	e even if not compens this Part IV (c) Reportable compensation	ated—see the inst	32 ruction	64,807
th Si oi 4!	32 1	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a	eign grants, ch es (list each on any question in	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	ated—see the inst	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! d S 4	Parr RAFA PRES	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a	eign grants, ch es (list each on any question in verage verage	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! di S 4 ti L	RAFA PRES NICO VICE	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title SEL NAVARRO SIDENT- COACH	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) At hours p devoted t	es (list each on iny question in verage err week to position	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
th Si oi 4! di S 4 e A ti L a 1	RAFA PRES NICO VICE	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title SEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) At hours p devoted t Hr/WK	eign grants, ch s (list each on iny question in verage er week to position	e even if not compens this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 13,250	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! di S 4 e A ti L a 1	RAFA PRES NICO VICEI MATE COAC SAND	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title SEL NAVARRO SIDENT-COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) At hours p devoted t Hr/WK	eign grants, ch s (list each on iny question in verage er week to position	e even if not compens this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 13,250	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! di S 4 ti L a 7 l b	RAFA PRES NICO VICEI MATE COAC SAND SECR DANII	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title BEL NAVARRO BIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS BETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week to position 4.00 4.00 2.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 7,836 2,687	(d) Health benefit contributions to employee benefit pland deferred compens	32 ruction s,	64,807 ns for Part IV)
th Si oi 4! di S 4 de A ti L a l b	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO COAC	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title ALL NAVARRO BIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH OLAS DE FREITAS	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) At hours p devoted t Hr/WK Hr/WK	eign grants, ches (list each on inny question in verage er week to position 12.00 8.00 4.00	e even if not compens this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 13,256 2,687	(d) Health benefit contributions to employee benefit pland deferred compens	32 ruction s,	64,807 ns for Part IV)
th Si oi 4! di S 4 ti L a 7 l b	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! di S 4 4 4 di S 4 4 b 1 L a 7 l b 1	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si oi 4! di S 4 4 a 1 l b .	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687 1,524	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
th Si oi 4! di S 4 4 4 di S 4 4 b 1 L a 7 l b 1	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687 1,524	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si of 4! dd S 4 4 a b c	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted t Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687 1,524	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)
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th Si of 4! dd S 4 4 a b c	RAFA PRES NICO VICEI MATE COAC SAND TREA NICHO LOGS	Grants \$) If thi Total program service expenses. (add line List of Officers, Directors, Trustee Check if the organization used Sche (a) Name and title GEL NAVARRO SIDENT- COACH LAS NAVARRO PRESIDENT-COACH CO NAVARRO CH DRA CASTELLANOS RETARY- FIELD ASSISTANT EL NAVARRO SURY- COACH OLAS DE FREITAS CH COCCER	s amount includes fore es 28a through 31a) s, and Key Employee dule O to respond to a (b) An hours p devoted to throw the firm through through the firm through	s (list each on iny question in verage er week o position 4.00 4.00 2.00 3.00	e even if not compens n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 13,250 2,687 1,524	ated—see the inst (d) Health benefit contributions to employee benefit pla and deferred compens	32 ruction s,	64,807 ns for Part IV)

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am 00	DR PHILLIPS SOCCER CLUB CORPORATION DR PHILLIPS SOCCER CLUB CORPORATION DR phillips soccer club corporation in t	his Pa	rt V .	
art			Yes	No
	instructions for Part V.) Shows a specific results			v
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33	_	X
3	Did the organization engage in any significant activity had a			
	Did the organization engage in any significant description of each activity in Schedule O. detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed were any significant changes made to the organization's name. Otherwise, explain the			
	Were any significant changes made to the organizing or governing documents / If Tes, data with the Were any significant changes made to the organizing or governing documents / If Tes, data with the Were any significant changes made to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name.	34		X
4	We're any symmetry if the amonded documents if they reflect a change to the organization.	-		
	copy of the amended of See instructions.			X
	change on Schedule O. See instance of \$1,000 or more during the year	35a	_	
5 a	Did the organization have unrelated business gross meaning and the organization have unrelated business gross meaning and the organization have unrelated business gross meaning and the organization in Schedule O activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O activities to section 503(e) notice, or 501(c)(6), or 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, or 501(c)(6) organization as section 501(c)(6), or 501(c)(6).	35b		_
	activities (such as those reported on line 2, or 1991). The year? If "No," provide an explanation in consider a script of the year? If "No," provide an explanation of the year?			
b	is average to line 35a has the organization filed a form	35c		X
C				
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. Was the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization suspect. The organization as section 501(c)(4), 501(c)(6), or 501(c)(6), o	36		X
	Did the organization undergo a liquidation, dissolution, terminaturit, or significant	30	TO SEE	
36	Did the organization undergo a liquidation, dissolution of Schedule N. during the year? If "Yes," complete applicable parts of Schedule N. during the year? If "Yes," complete applicable parts of Schedule N.			X
		37b		700
37 a	b Did the organization file Form 1120-POL for this year? Did the organization file Form 120-POL for this year? The property form or make any loans to, any officer, director, trustee, or key employee; or were		100	
b		38a		X
38 a	a Did the organization borrow from, or made till outstanding at the end of the tax year covered by this countries.			
	any such loans made in a prior year and still outstanding to the still			
1	b If "Yes," complete Schedule L, Part Hand of the			
39	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on the			
	a Initiation fees and capital contributions included of this contribution included of this contribution included on the contribution			
	caction F01/c)/3) organizations. Effet afficient			
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the displayable section 4955 ► section 4911 ► ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an approximation in a prior year			
	section 4911 F01(a)(4) and 501(c)(29) organizations. Did the organization engage in an prior year			
	 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction are apply of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 	40b		X
	excess benefit transaction during the year of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Falt I	300003	2.00	
	that has not been reported on any or to the properties. Enter amount of tax imposed			
	that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of its prior Forms 990 of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on any of 950 EEP that has not been reported on 950 EEP that has not			
	on organization managers of disqualified persons			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	40c reimbursed by the organization .			X
	All organizations. At any time during the tax year, was the eigenvalue.	40e		^
	t-secotion? If "Yes Colliplete I offit door			
41	the states with which a copy of this return is med.	(407) 7	45-10	57
41	RAFAEL NAVANNO			
42	2 a The organization's books are in care of PARCET STEEL ST		Vac	No
	Located at 7479 Conroy Windermere Road City Orlando ST FL Zip + 4 Located at 7479 Conroy Windermere Road City Orlando ST FL Zip + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year, did the organization have an interest in or a signature or other authority over b At any time during the calendar year.		Yes	
	b At any time during the calendar year, did the organization have an interest in or a significant account, or other financial account, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	a financial account in a loreign country (oder of			
	and forming agusting			10000
	If "Yes," enter the name of the foreign country			
	If "Yes," enter the name of the loreign wantily See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	If "Yes," enter the name of the loreign wantily See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42c		X
	If "Yes," enter the name of the lotely would be seen the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the loteign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foleign worth y See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country	42c		×
4	If "Yes," enter the name of the foleign worth y See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country	42c		▶[
4	If "Yes," enter the name of the foleign worth y See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country	42c	Yes	▶[
	If "Yes," enter the name of the foleign worth of See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42c	Yes	▶[
	If "Yes," enter the name of the foleign worth of See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. Light Yes, "Form 990 must be	42c	Yes	► [
	If "Yes," enter the name of the foleign worth of See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	► [
	If "Yes," enter the name of the foleign worth see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	► [
	If "Yes," enter the name of the foleign worth specific country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a 44b	Yes	► [No
	If "Yes," enter the name of the loteign worth specific country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Did the organization maintain any donor advised funds during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	► [
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4	If "Yes," enter the name of the foleign worths? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "No," provide an If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44a 44b 44c		No X
4	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44a 44b 44c		No X
4	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Jid the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 44b 44c		No X
4	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Jid the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 44b 44c		► [No
4	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44a 44b 44c 44d 45a		No X

		CDATION				Yes	No
	DR PHILLIPS SOCCER C	LUB CORPORATION		W			
990-EZ (2019)	zation engage, directly or indirectly	-i-n octi	vities on behalf of or in	opposition	46		X
	tion appage directly or indirectly	y, in political campaign acti	Video on			(P)	
Did the organi	zation engage, directly or indirectly for public office? If "Yes," complete poly(a) Organizations O	e Schedule C, Part I.		to the table	s for line	es	
to candidates	for public office? If "Yes," complete n 501(c)(3) Organizations Outling tion 501(c)(3) organizations m	nly	7-49b and 52, and	complete the table			г
rt VI Section	tion 501(c)(3) organizations m	nust answer questions	, D	-+\/l			L
All sec	151	dula O to respond to ar	y question in this Pa	art vi		Yes	N
Check	tion 501(c)(3) organizations in 151. if the organization used Sche	dule O to respons					
O.I.o.	ization engage in lobbying activitie	- action 501(h)	election in effect durin	g the tax	47		X
Did the organ	ization engage in lobbying activitie	es or have a section so (()			48		X
				E	49a		X
le the organia	ization engage in lobbying deficiency in complete Schedule C, Part II zation a school as described in securities make any transfers to an experience make any transfers to an experience make any transfers to an experience.	tion 170(b)(1)(-)(-)	ed organization?		49b		X
- Did the orgal	nization make any	-07 017910D/		dispetore trustees.	and key		
h If "Yes " was	nization make any transfers to an e the related organization a section is table for the organization's five h who each received more than \$100	ishort compensated emplo	yees (other than office	rs, directors, deserring	ne."		_
Complete th	is table for the organization's five n	n non of compensation from	n the organization. If th	ere is none, en	(e) Estim	-tod ami	ount
employees)	who each received more than \$10	0,000 01 001115	(c) Reportable		(e) Estim	ompens	ation
		hours per week	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation			_
(a) Nar	ne and title of each employee	devoted to position	(Folilla VV 2		79.37		
		- total free hour					_
Name None		Hr/WK .00					
Title			den medica i Accordo	Commence of the second			_
Name		Hr/WK .0		per care a rev	189		
Title					-		_
Name		Hr/WK .0					
Title			0				
Name		Hr/WK					
Title			0	1000			
Name			0				
		Hr/WK	D	the state of the s			
Title	per of other employees paid over \$	100,000	nendent contractors wh	no each received more	than		
f Total numb	per of other employees paid over \$ this table for the organization's five	100,000	pendent contractors who "None."	no each received more	than		_
\$100,000	this table for the organization and of compensation from the organization	100,000 highest compensated inde ation. If there is none, enter	pendent contractors wh	no each received more	than (c) Compens	sation	
\$100,000	of compensation from the organic	100,000 highest compensated inde ation. If there is none, enter	pendent contractors when "None."	no each received more	e than (c) Compens	sation	
\$100,000	of compensation from the erg- a) Name and business address of each indep	100,000 highest compensated inde ation. If there is none, enter	pendent contractors when the c	no each received more	than (c) Compens	sation	
\$100,000	of compensation from the erg. Name and business address of each indep	100,000	pendent contractors when the c	no each received more	than (c) Compens	sation	
\$100,000	n) Name and business address of each indep	100,000 highest compensated inde ation. If there is none, enter	pendent contractors when the c	no each received more	e than	sation	
\$100,000 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	n) Name and business address of each indep Str ST Str	100,000	pendent contractors when the c	no each received more	e than	sation	
\$100,000 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	of compensation from the ergon Name and business address of each indep Str ST Str Str	100,000highest compensated inde ation. If there is none, enter endent contractor	pendent contractors when the c	no each received more	e than (c) Compens	sation	
\$100,000 (i) Name None City Name	of compensation from the ergon Name and business address of each indep Str Str Str Str Str Str Str	100,000highest compensated inde ation. If there is none, enter endent contractor	pendent contractors when the pendent contract	no each received more	e than (c) Compens	sation	
\$100,000 (i) Name None City Name City	of compensation from the ergon Name and business address of each indep Str ST Str Str	100,000	pendent contractors when the c	no each received more	e than (c) Compens	sation	
\$100,000 Name None City Name City Name City Name	of compensation from the ergon Name and business address of each indep Str	100,000	pendent contractors when the c	no each received more	e than (c) Compens	sation	
Name None City Name City Name City Name City Name City City Name City	St	100,000	pendent contractors when the c	no each received more	e than (c) Compens	sation	
\$100,000 Name None City Name City Name City Name City Name	Str	100,000	(b) Type of sen	no each received more	e than	sation	
Name None City Name City Name City Name City Name City Name	Str	100,000	(b) Type of sen	D. C.	(c) Company		
Name None City Name	Str	non,000	(b) Type of sen	▶	(c) compani		
\$100,000 Name None City Name City Name City Name City Name City Did the complete	Structure of compensation from the expension of compensation from the expension of each independent of compensation complete Schedule A?	noo,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ZIP ZIP Ors each receiving over \$10 Note: All section 501(c)(3)	(b) Type of sen	Pach a	(c) compani		
\$100,000 Name None City Name City Name City Name City Name City Did the complete	Structure of compensation from the expension of compensation from the expension of each independent of compensation complete Schedule A?	noo,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ZIP ZIP Ors each receiving over \$10 Note: All section 501(c)(3)	(b) Type of sen	Pach a	. ▶ X belief, it is	Yes [
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\$100,000 Name None City Name City Name City Name City Name City Did the complete	Str	noo,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ZIP ZIP Ors each receiving over \$10 Note: All section 501(c)(3)	(b) Type of sen	Ich a	▶ X belief, it is 6/22/202	Yes [
\$100,000 Name None City Name City Name City Name City Name City Under penalties of true, correct, and of	Str	noo,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ZIP ZIP Ors each receiving over \$10 Note: All section 501(c)(3)	(b) Type of sen	ich a be best of my knowledge and ledge. Date PRESIDEN	▶ X belief, it is 6/22/202	Yes [
\$100,000 Name None City Name City Name City Name City Name City Under penalties of true, correct, and correct, and correct.	Str	noo,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ZIP ZIP Ors each receiving over \$10 Note: All section 501(c)(3)	(b) Type of services (continued to the continued to the c	ich a be best of my knowledge and edge. Date PRESIDEN Date	belief, it is 6/22/202 T	Yes [
Name None City Name City Name City Name City Name City Name City Under penalties of true, correct, and of the correct of the c	Str	non,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ONote: All section 501(c)(3) Durn, including accompanying scheduling information of the contractor of	(b) Type of services (continued to the continued to the c	ich a be best of my knowledge and ledge. Date PRESIDEN Date Check self-emplo	belief, it is 6/22/202 T	Yes [
Name None City Name City Name City Name City Name City Name City Under penalties of true, correct, and of the correct.	Str	non,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ONote: All section 501(c)(3) Durn, including accompanying scheduling information of the contractor of	(b) Type of services (continued to the continued to the c	ich a be best of my knowledge and ledge. Date PRESIDEN Check self-emplo	belief, it is 6/22/202 T	Yes [
Name None City Name City Name City Name City Name City Od Total nur 52 Did the complete Under penalties of true, correct, and of Sign Here Paid Preparer	Str	non,000 highest compensated indestion. If there is none, entersendent contractor ZIP ZIP ZIP ZIP ZIP ON ote: All section 501(c)(3) Turn, including accompanying schedutions is based on all information of the preparer's signature.	(b) Type of services (continued to the continued to the c	ich a be best of my knowledge and ledge. Date PRESIDEN Date Check self-emplo	belief, it is 6/22/202 T	Yes [

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

nternal Revenue Service	10 11111111				Employer identification	Uli Ildilibe.
lame of the organization						
OR PHILLIPS SOCCER CLUB CORPO Part I Reason for Public Cha	ORATION (All a	arganizations must co	omplete	this part.) See instructions	
Part Reason for Public Cha	rity Status (All C	(For lines 1 through 12	check on	ly one box	x.)	
The organization is not a private found. A church, convention of church	ation because it is:	of churches described	in section	170(b)(1)(A)(i).	
1 A church, convention of church	nes, or association	tures Cabadula E (For	n 990 or 9	90-FZ))		
2 A school described in section	170(b)(1)(A)(ii). (/	Attach Schedule E (For	-4: 470	/bV4VAV	iii)	
3 A hospital or a cooperative ho	spital service orga	nization described in se	CUON 170	(D)(1)(A)(1	- 470/b)/4)/A)/iii). F	nter the
4 A medical research organizat	ion operated in con	junction with a hospital	described	in section	1170(b)(1)(x)(). =	
t - it ill site and state	O.					
5 An organization operated for section 170(b)(1)(A)(iv). (Co	mpiete Part II.)					
6 A federal, state, or local gove	mment or governm	ental unit described in s	ection 17	0(b)(1)(A))(v).	aral public
7 An organization that normally described in section 170(b)(receives a substar	ntial part of its support from	om a gove	ernmental	unit or from the gene	erai public
8 A community trust described	n section 170(b)(1)(A)(vi). (Complete Part	11.)			
	i-sties described	n section 170/hV/1VAVi	x) operate	ed in conju	inction with a land-gr	rant college
or university or a non-land-gr	ant college of agric	ulture (see instructions).	Litter the	riamo, or	y, and state of the	
10 X An organization that normally	receives: (1) more	than 33 1/3% of its sup	port from (contributio	ns, membership rees	s, and gross
receipts from activities related support from gross investmen	to its exempt fund	tions—subject to certain lated husiness taxable in	come (les	ss section	511 tax) from busine	esses
acquired by the organization	after June 30, 1975	See section 509(a)(2)	. (Comple	te Part III.)	
11 An organization organized an	d operated exclusiv	vely to test for public saf	ety. See s	ection 50	9(a)(4).	
An examination organized an	d operated exclusive	vely for the benefit of, to	perform the	ne function	ns of, or to carry out	the purposes
of one or more publicly support Check the box in lines 12a th	arted organizations	described in section 50	9(a)(1) or	section 5	Ug(a)(Z). See secuo	11 303(a)(3).
a Type I. A supporting organization	n(s) the power to re	gularly appoint or elect a	by its sup a majority	ported org of the dire	panization(s), typically ectors or trustees of the	y by giving he supporting
organization. You must co	omplete Part IV, Se	ections A and B.	ion with its	cupporte	od organization(s) by	having
b Type II. A supporting organ control or management of organization(s). You must	the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the	supported
c Type III functionally integrated its supported organization	grated. A supporting	g organization operated s). You must complete I	Part IV, Se	ections A,	D, and E.	
d Type III non-functionally that is not functionally inte requirement (see instructional transfer of the control of the contro	grated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and an att	anization(s) tentiveness
	nization received a	written determination fro	m the IRS	that it is a	Type I Type II Type	e III
e Check this box if the organ	Type III non-function	nally integrated supporti	ng organiz	zation.	a type i, type ii, typ	C III
f Enter the number of supporter	The state of the s					
g Provide the following informat				The second		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))		ment?	instructions)	instructions)
			<u> </u>			
			Yes	No		
A)			1		100	
B)						
5)				0.000	Sept. With	
C)						
			-			
D)						
E)		1				
Total					0	

Sched	ule A (Form 990 or 990-EZ) 2019 DR PHILL Support Schedule for Orga	IPS SOCCER CL	UB CORPORATI	ON ions 170(b)(1)	(A)(iv) and 170	(b)(1)(A)(vi)	dor
Par	Support Schedule for Orga (Complete only if you check Part III. If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fail ase complete P	ed to quality un art III.)	uei
	Part III. If the organization is	alls to quality un	idei the testo ne				(f) Total
Sec	tion A. Public Support		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1)
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2010				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
5	Total. Add lines 1 through 3	C	0	Ü	0		
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cal	endar year (or liscal year beginning in)	(a) 2015	1		0	0	0
7	Amounts from line 4		0		Tank Lauten Ander		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						0
	similar sources			87 V V V		The state of the s	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	and the M					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support Add lines 7 through 10.					40	0
12	Cross receipts from related activities etc.	(see instructions) .				12	
13	organization, check this box and stop her	е		th, or fifth tax year a	as a section 501(c)(3)	
S	ection C. Computation of Public S	upport Percer	by line 11 column	(f))		14	0.00%
14	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sch	o, column (1) divided	14			15	0.00%
16	Sa 33 1/3% support test—2019. If the organization qualifies	nization did not che as a publicly supp	ck the box on line 1 orted organization .	3, and line 14 is 33	1/3% or more, che		
	b 33 1/3% support test—2018. If the organization quality box and stop here. The organization quality	lifies as a publicly s	supported organizati	on			▶
17	7a 10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization.	ts the "facts-and-cir acts-and-circumstar	rcumstances" test, onces" test. The orga	heck this box and s nization qualifies as	stop here. Explain s a publicly support	in ed	
	b 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization m supported organization	n meets the "facts-a eets the "facts-and	nd-circumstances" t -circumstances" test	test, check this box t. The organization	and stop here. qualifies as a public		▶ □
1	Private foundation. If the organization d	id not check a box	on line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		×

DR PHILLIPS SOCCER CLUB CORPORATION Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. Part III If the organization fails to qualify under the tests listed below, please complete Part II.) (f) Total (e) 2019 Section A. Public Support (c) 2017 (b) 2016 (a) 2015 Calendar year (or fiscal year beginning in) 0 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities 0 furnished in any activity that is related to the organization's tax-exempt purpose . . 0 3 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities 0 furnished by a governmental unit to the 0 organization without charge 0 0 0 6 Total, Add lines 1 through 5. 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 0 or 1% of the amount on line 13 for the year . . . 0 0 0 0 0 0 8 Public support (Subtract line 7c from 0 line 6.) Section B. Total Support (f) Total (c) 2017 (d) 2018 (e) 2019 (b) 2016 (a) 2015 Calendar year (or fiscal year beginning in) 0 0 0 0 0 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, 0 royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 0 0 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether 0 or not the business is regularly carried on . 12 Other income. Do not include gain or loss from the sale of capital assets 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 0.00% Public support percentage from 2018 Schedule A, Part III, line 15 16 0.00% Section D. Computation of Investment Income Percentage 0.00% 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17 0.00% 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 Supporting Organizations

Parti	(Complete only if you checked a box in line 12 of 1 art All Supporting Organizations (Complete only if you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete Sections A and D, and complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and Complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and Complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A. D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D. and C. If you checked 12b of Part I, complete Sections A. D. and D	Part V.)		
	and B. If you checked 120 of Part I, complete Sections A and B, and E. If you checked 12d of Part I, complete Sections A and B, and E. If you checked 12d of Part I, complete Sections A and B, and E. If you checked 12d of Part I, complete Sections A and B, and E. If you checked 12d of Part I, complete Sections A and B, and E. If you checked 12d of Part I, complete Sections A and B, and B. If you checked 12d of Part I, complete Sections A and B, and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I, complete Sections A and B. If you checked 12d of Part I is a section of the part I is a		Yes	No
	Soctions A D dilu L II you		163	
Section	on A. All Supporting Grant and All Supporting			
	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 documents? If "No," describe the designation. If historic and continuing relationship, explain.			
1	Are all of the organization's supported organizations are designated. If supported organizations are designated in Part VI how the supported organizations are designated.	1	2000	
	documents? If No, description of status			
	documents? If "No," describe in Part VI how the supported organization of status class or purpose, describe the designation. If historic and continuing relationship, explain. class or purpose, describe the designation of status class or purpose, describe the designation that does not have an IRS determined that the supported			-
2	Did the organization have any support of available in Part VI how the organization determined the	2		10000
	under section 509(a)(1) or (2) / 11 163, 509(a)(1) or (2).			
	organization was described organization described in section 50 I(c)(4), (5)	3a	a collection	
3a	Did the organization have a supported organization have a supporte			
	Did the organization have a supported organization qualified under section 501(c)(4), (5), or (6) and (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and Did the organization confirm that each support each support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
b	Did the organization confirm that each supplementation 509(a)(2)? If "Yes," describe in Part VI when and the section 509(a)(2)? If "Yes," describe in Part VI when and the section 509(a)(2)? If "Yes," describe in Part VI when and the section 509(a)(2)? If "Yes," describe in Part VI when and the section 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(3b		1000000
	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 55 (c) (v) V below. Did the organization confirm that each supported organization qualified under section 55 (c) (v) V below the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the satisfied the public section 509(a)(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			
		3c		
C	satisfied the public support test attack organization made the determination. organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) Did the organization ensure that all support to such organization put in place to ensure such use. (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	(B) purposes? If "Yes, explain in the United States ("foreign supported organization)	4a		
4a	Did the organization ensured the part VI what controls the organization put III place to choose (B) purposes? If "Yes," explain in Part VI what controls the organization put III place to choose (B) purposes? If "Yes," explain in Part VI what controls the Organization put III place to choose (B) purposes? If "Yes," explain in Part VI what control and discretion in deciding whether to make grants to the foreign "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make granton and discretion by the organization have ultimate control and discretion supported organization? If "Yes," describe in Part VI how the organization had such control and discretion supported organizations.	4b		
	- 11 what controls the Ordalization			
С	Did the organization support any foreign supported organization that does not have all five detailed under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used under sections 501(c)(a) and 509(a)(a) or (a) and 509(a)(a) and 509(a)(a) and 509(a)(a) and 509(a)(a) and 509(a)(a)(a) and 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(
	that all support to the following of the support	4c	100000000	
	aumasas during the tax year? If 165,			
	purposes. Did the organization add, substitute, or remove any supported organizations during the taxy and EIN			
5a				
	numbers of the supported organization's added, substituted, or removed; (ii) the reasons to both how the action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action (iii) the authority under the organization to the organizing document).			
	(iii) the authority under the organization of games (in a decument)	5a		
	(iii) the authority under the organization's organizing document). was accomplished (such as by amendment to the organizing document). was accomplished (such as accomplished or substituted supported organization part of a class already			1
	Type I or Type II only. Was any added of substitute	5b	-	_
	designated in the organization's control (5c	0.0000	
	cubatitutions only. Was the substitution the roots to			
6	pid the organization provide support (whether that are part of the charitable class benefited			
	anyone other than (i) its supported digarizations (i)		a contract	Sec. of
	by one or more of its supported organizations, at the one of the supported organizations, at the other organizations, at	6		
	bonefit one or more of the filling organization organization of the filling organization org			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial payment to a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor.	7	10000000	SHOOL
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, of a 990 or 990-EZ). with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	,		
		8	1000000	Services.
8	B Did the organization make a loan to detail of the property o			1000
	If "Yes," complete Part I of Schedule L (Form 990 or 990-L2). Was the organization controlled directly or indirectly at any time during the tax year by one or more Was the organization controlled directly or indirectly at any time during the tax year by one or more Was the organization controlled directly or indirectly at any time during the tax year by one or more			
,	" "Ford persons as defined in Section 4340 (other trial)	9a		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9b		
	b Did one or more disqualified persons (as defined by the supporting organization had an interest? If "Yes," provide detail in Part VI . the supporting organization had an interest? If "Yes," provide detail in Part VI .			
	the supporting organization had an interest? If "Yes," provide detail in I at 5 to 5. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit Did a disqualified person (as defined in line 9a) have an interest? If "Yes," provide detail in Part VI.	9c		
	c Did a disqualified person (as defined in line 9a) have an ownership interest; If "Yes," provide detail in Part VI . from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
1	from, assets in which the supporting organization also find all little set in the supporting organization and all little set in the supporting organization and all little set in the supporting organization and all little set in the supporting organizations and all little set in the supporting organizations and all little set in the supporting organizations and all little set in the supporting organization also find all little set in the supporting organization and all little set in the supporting organization also find all littl			
	4943(f) (regarding certain Type II supporting organizations), and an Type II supporting organizations, and an II supporting organizations, and an II supporting organizations, and an II support of the II supp	10a		
	supporting organizations)? If "Yes," answer 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
		10b	_	
	determine whether the organization had excess business holdings.) Schedule A (Fo	rm 990 or	990-E	Z) 2019

nedide	A (Form 990 or 990-EZ) 2019 DR PHILLIPS SOCCER CLUB CORPORATION		Yes	No
rt l	: ti (continued)	100000		
	the stage persons?			
	Has the organization 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) A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
		_		
		11b		
	A family member of a person described in (a) above? A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	A family member of a person described in (a) above? A family member of a person described in (a) or (b) 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.		Vac	N
C	on B. Type I Supporting Organizations		Yes	14
ecti	on B. Type 1 Supporting Signature to			
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	Did the directors, trustees, or majority of the organization's directors or trustees at all unions dated			
	Did the directors, trustees, or membership of one or more supported organization's fixed at least a majority of the organization's directors or trustees at all times during the regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization(s) effectively operated organization,			
	the same supported officially duving			
	tax year? If "No," describe in Part VI how the supported organization(s) electively electively experience to year? If "No," describe in Part VI how the supported organization, controlled the organization's activities. If the organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors.	1		L
	describe how the powers to appoint and a second to such nowers during the tax year.			
	organizations and what conditions or restrictions, if any, applied to such powers organization and what conditions or restrictions, if any, applied to such powers or controlled the organization other than the supported Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part			
2	Did the organization operate for the benefit of any supported organization other than the support of the organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part organization(s) that operated, supervised out the purposes of the supported organization(s) that operated,			
	organization(s) that operated, supervised but the purposes of the supported organization(s) that operated,	2		
	to be a providing such benefit Carried out the part			
	aupantised or controlled the supporting organization		Yes	N
ec	tion C. Type II Supporting Organizations		Alberta .	
	the Assurance also a majority of the directors			
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 trustees of each of the organization was vested in the same persons that controlled or managed			
	or trustees of each of the organization's supported organization(s)? If No, describe in the supporting organization was vested in the same persons that controlled or managed or management of the supporting organization was vested in the same persons that controlled or managed	1	-	
	or management of the supporting organization was			_
	the amparted organization(S).		Yes	IN
Sec	tion D. All Type III Supporting Organizations		163	
	the last day of the fifth month of the			
1	Did the organization provide to each of its supported organization of support provided during the prior tax			1
	organization's tax year, (i) a written notice describing the style as of the date of potification, and (iii) copies of the			100
	year. (ii) a copy of the Form 990 that was most recently and provided?	1		-
	organization's governing documents in effect on the data are either (i) appointed or elected by the supported		1	
2	Were any of the organization's officers, directors, of italices are added organization? If "No." explain in Part VI how			-
	organization(s) or (ii) serving on the governing body of a supported in supported organization(s).	2		-
	organization(s) or (ii) serving on the governing body of a supported organization in the supported organization organization the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a given the supported organization organization.		-	
3	By reason of the relationship described in (2), did the organization's supported by supported by significant voice in the organization's investment policies and in directing the use of the organization's significant voice in the organization's investment policies and in directing the use of the organization's significant voice in the organization or significant voice in the organizati			
	significant voice in the organization's investment policies and in directly the role the organization's			
	income or assets at all times during the tax year? If Yes, describe in a set of the set	3		
	supported organizations played in this regard.			
Se	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insected the box next to the method that the Test Complete line 2 helps	tructio	ns).	
1	at the beautiful the method that the organization used to satisfy the magnificant			
	The experience satisfied the Activities Test. Complete IIII 2 Bolow.			
	- and of each of its supported organizations. Complete line 3 below.			
	The executation supported a governmental entity. Describe in Part VI now you supported a government entity (e	ee instru	ictions	;).
			Yes	5
2	Activities Test. Answer (a) and (b) below.			1
	Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of Did substantially all of the organization's activities were responsive? If "Yes " then in Part VI identify			1
	the state of the s			
	to a seriestions and explain now these activities different train exempt purpose			
	how the organization was responsive to those supported organizations, and how the organization determined	28	1	
	u. 1 the an activities constituted substantially all Of IIS aCUVIIIeS.			1
	tive described in (a) constitute activities that but for the organization's involvement, one of more			1
	of the experization's supported organization(s) would have been engaged in a life, explain in a life of the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	21	h	-
	activities but for the organization's involvement.	2		
	2 Percept of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	2 Part VI	3	d	
	trustees of each of the supported organizations? Provide details in Factoria	10000		
	trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		b	

edule A (Form 990 or 990-EZ) 2019 DR PHILLIPS SOCCER CLUB CORPORATION Type III Non-Functionally Integrated 509(a)(3) Supporting O art V Type III Non-Functionally Integrated 509(a)(3) Supporting O	g trust o	Nov. 20, 10-to Sections	A through E.
art V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying O Check here if the organization satisfied the Integral Part Test as a qualifying organization satisfied the Integral Part Test as a qualifying organization and organization satisfied the Integral Part Test as a qualifying o	izations	must complete Sections	(B) Current Year
Type III Non-Functionally Integrated 303(a)(5) 52-p Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.		(A) Prior Year	(optional)
ection A - Adjusted Net Income	1		
1 Net short-term capital gain	2		
Net short-term capital gain. Recoveries of prior-year distributions	3		
Recoveries of prior-year distributions Other gross income (see instructions)	4	0	
3 Other gross income (see instructions)	5		
4 Add lines 1 through 3.	5		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or			
6 Portion of operating expenses paid of management, conservation, or collection of gross income or for management, conservation, or collection of gross income or for management, conservation, or			
collection of gross income of for management, see instructions)	6		
collection of gross income or for management, consortations maintenance of property held for production of income (see instructions)	7	0	
	8		(B) Current Year
7 Other expenses (see Instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).		(A) Prior Year	(optional)
Section B - Minimum Asset Amount			
to the salue of all non-exempt-use assets (see			
Aggregate fair market value of all floor instructions for short tax year or assets held for part of year): instructions for short tax year or assets held for part of year):	1a		
a Average monthly value of securities	1b		
h. Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d	0	
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other			
	2		
Acquisition indebtedness applicable to non-exempt-use assets	3	0	
3 Subtract line 2 from line 1d.	13		
3 Subtract line 2 from line 1d.4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		0	
	5	0	
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)		0	
5 Net value of non-exempt dos dos-	6	0	
6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions	7	0	Version Ballet
8 Minimum Asset Amount (add line 7 to line 6)	8		
			Current Year
Section C - Distributable Amount	11		
Adjusted net income for prior year (from Section A, line 8, Column A)	2		
	3		7 = 3 = 3 = 3
Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
4 Enter greater of line 2 or line 3.	5		
- dia prior VOSF			
6. Distributable Amount, Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-function.	-U into	roted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

0

0

Excess from 2018

e Excess from 2019

Fc

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

DR PHILLIPS SOCCER CLUB CORPORATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

me of orga	S SOCCER CLUB CORPORATION		Employer identification numb
NAME OF TAXABLE PARTY.	Contributors (see instructions). Use duplicate of	copies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DR PHILLIPS SOCCER CLUB CORPORATION

Employer identification number

art II	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given .	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

lame of orga		Employer identification number							
	S SOCCER CLUB CORPORATION Exclusively religious, charitable, etc., contri	hutians to organizations doscr	W (1)						
art III	(10) that total more than \$1,000 for the year f the following line entry. For organizations comp contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional spa	from any one contributor. Completing Part III, enter the total of externing the information once. See ins	olete columns (a) through (e) and columns (e) and colu						
(a) No.	Ose duplicate copies of Fait III II additional spa	ce is needed.	10 to bold						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		·	*************						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP	nship of transferor to transferee							
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Trainer of the second of the s								
	For Prov Country								
(a) No.	101.1101.	(c) Use of gift	(d) Description of how gift is held						
from Part I	(b) Purpose of gift	(0) 555 51 511							
	(e) Transfer of gift								
	Transferee's name, address, and ZIP	ship of transferor to transferee							
(a) Na	For. Prov. Country	4	(d) Description of how gift is held						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gift is not						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	For. Prov. Country		Schedule B (Form 990, 990-EZ, or 990-PF) (
	101,1104		Schedule B (Form 990, 990-EZ, 01 990-PP) (

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 590, Part N, line 25a, 25b, 26, 27, 28th, 28th, or 28c, or Form 890-EZ, Part V, line 38th or 48th.

Attach to Form 990 or Form 890-EZ.

Go to www.irs.gov/Form890 for instructions and the latest information.

Department of t Internal Revenu Name of the org	te Service	► Go to	► Attax www.irs.gov/For	19 DEFE	OR BESSEL	COURS W.	0.00	Em	nizwer k	spendt/kg	policin m	timps,		
								-	100	e .				
The same of the sa		LIB CORPORA	TION			10-1041 mm	e each	The second secon		- the country	(duy)	405		
DR PHILLIP	5 SUCCENTOR	te Transactions	s (section 501(c)	(3), sec	ction 50	T(C)(4), as a	25a o	r 25b, or Form 5	90 E	, Par	6 82	5 400	Tues One	CHAPTER S
Part I	S SOCCER CL Excess Benefi Complete if the	a organization a	inswered "Yes"	on Form	n 990, r	QETTE, MA			no of tra	neaction	n.		Yea	1
169	Combiere ii av	. 0.3	(b) Relationship by	ebween di	squalified (DESCRIPTION STATE		(6) Camerain		and the same of th				
	a) Name of disqualit	ied person		organizat										
1 9	20													
(1)														_
(2)													_	-
(20)														-
(3)	or the amount of							i ina iba	16/30					
(4)						disculatified	i pers	ons during the			► 5	*****		
(5)		- 4 50	the organizatio	n mans	ideiz o	and.					► 5	-	-	-
(6)	- the amount of	tax incurred by	10000			- connentrat	ion.		, ,					
2 Ente	grading 4958		a above re	imburse	ed by the	g Cit gen					NO DE	if the		
unde	er security of	ftax, if any, on I	ine z, accom				- 00	or Form 990,	Part IV	11146	er er			
3 Ente	or the amount of er section 4958 or the amount of		and Persons.	1000	. 000-E	z, Part V, li	ue oo	3 64 .		_	Lavas	occuped	(0 W	risten
	to and	or From Intere	inswered "Yes"	on Form	X, line 5.	6, or 22.		on their ance three	(a) in	default	DA DO	and or	Whee	anaort?
Part II	er section 4958 or the amount of Loans to and/ Complete if the organization re	e organization e	unt on Form 984	A Pent		(a) Origin	nal.	(6) 5000			count	NAMES .	-	No
	Complete re	eported an arre	T namose of	(d) Lo	athe	principal ar	No.		Yes	No	Yes	No	Yes	140
	organ	T	(6)	organi	gation?				100			_	-	
	interested person	(b) Relationship with organization			From				+		_	-		
(a) Name of				10					-		_	-		
									-		-	-		
		_									-			
		-								_	-			
(1)		-								-	-		_	
(2)									1_	-			-	
(3)		-							_	-				
(4)									-					
(5)		-						A. Contract of the Contract of	0	NAME OF TAXABLE PARTY.				
(6)							> \$				****	osa of a	mistan	100
0							- 19			1	e) brub	Other C.		
(8)			1	Parsol	ns. p	art IV, line	27.	(d) Type of assistan	00	_	-			
(0)			ing Interested	on Form	n 990, F	Langistance		(4) 171		_			-	
(9)		ence Benefi	nswered "Yes"	ind fo) Amount	N dan	_			-				
(10)	Grants or Ass Complete if the	amanization a	hetween intere	STOC			_			-				
Total	Grants if the	(b) Relation	and the organization				_			-		-		
Part III	Compression	person								-				
	of interested person												-	
(a) Name														
											-			2019
(1)												990 or	880-E2	
(2)									set	edule	r (Ferr			
(3)														
(4)														
(5)					-20.00	990-EZ.								
					9900									



(a) Name of interested person	Inswered "Yes" on Form 990, P	(c) Amount of	(d) Description of transaction	(e) Sha	aring
	(b) Relationship between interested person and the organization	transaction	(a) possipasi o	rever	zatio
	(7) (A)			16.9	-
1)					
2)					
3)	control of the contro				
4)					Г
5)		ACCUMULATION FOR FEMALES			
6)	The second secon				
(7)	ena godinasa negati				
(8)					
(9) 10)					
Supplemental Information	n for responses to questions on	Schedule L (see insti	ructions).		
Not the second second second					
		<u> </u>			
		<u> </u>			

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

DR PHILLIPS SOCCER CLUB CORPORATION

Open to Pu Inspection Employer identification number

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 55
Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 410
Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 2,077
Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 288
Form 990-EZ, Part I, Line 16, Other Expenses: miscellaneous: 58
Form 990-EZ, Part I, Line 16, Other Expenses: Advertising and marketing: 4,006
Form 990-EZ, Part I, Line 16, Other Expenses: Merchandise Service: 2,354
Form 990-EZ, Part I, Line 16, Other Expenses: Indoor Tournatments fees: 3,550
Form 990-EZ, Part I, Line 16, Other Expenses: car & truck: 4,352
Form 990-EZ, Part I, Line 16, Other Expenses: training uniforms: 1,620
Form 990-EZ, Part I, Line 16, Other Expenses: Players Cards: 1,557
Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,111
Form 990-EZ, Part I, Line 16, Other Expenses: Outdoor tournatment: 1,020
Form 990-EZ, Part I, Line 16, Other Expenses: Staff Uniforms: 806
Form 990-EZ, Part I, Line 16, Other Expenses: Bank charges and Fees: 469
Form 990-EZ, Part I, Line 16, Other Expenses: Soccer uniforms: 454
Form 990-EZ, Part I, Line 16, Other Expenses: Job supplies: 260
Form 990-EZ, Part I, Line 16, Other Expenses: Striping paint: 259
Form 990-EZ, Part I, Line 16, Other Expenses: Accounting: 220
Form 990-EZ, Part I, Line 16, Other Expenses: Bank fees: 177
Form 990-EZ, Part I, Line 16, Other Expenses: Uniforms customization: 149
Form 990-EZ, Part I, Line 16, Other Expenses: Donations: 135
Form 990-EZ, Part I, Line 16, Other Expenses: Taxes & Licenses: 83
Form 990-EZ, Part I, Line 16, Other Expenses: laundry vests and uniforms, legal services and
other business expenses: 319

Form 990-EZ, Part II, Line 26, Liabilities: BB&T CREDIT CARD 5124: Beginning of year: 0, End

Name of the organization	Employer identification number
DR PHILLIPS SOCCER CLUB CORPORATION	
of year: 952	
Form 990-EZ, Part II, Line 26, Liabilities: PAYPAL CREDIT 3165: Beginning of year: 0, End of	
year: 108	
Form 990-EZ, Part II, Line 26, Liabilities: REGIONS CREDIT CARD 1738: Beginning of year: 0,	
End of year: 2,596	
Form 990-EZ, Part II, Line 26, Liabilities: SUNTRUST CREDIT CARD 5332: Beginning of year: 0,	***********
End of year: 1,978	