TAXABLE YEARCalifornia Exempt Organization2018Annual Information Return

Calenda	r Year 2018 or fiscal year beginning (mm/dd/yy	yy) <u>02-01</u>	<u>-2018</u> , and end	ding (mm/dd/yyyy)	01-31-2019			
Corporation	n/Organization name			California co	prporation number			
GREE	NHAVEN SOCCER CLUB OF S	SACRAMENTO		1286	027			
Additional i	nformation. See instructions.			FEIN				
				68-0	179973			
Street add	ess (suite or room)				PMB no.			
<u>PO</u> B	OX 22790							
City				State	ZIP code			
SACR	AMENTO	-		CA	95822			
Foreign co	untry name	Foreign province/state/	county		Foreign postal code			
A First Re	um •••••	··· Ves 🛛 No	J If exempt under R&TC Section 2	23701d, has the organization	י ה ה			
B Amende	d Return	• • 🗌 Yes 🔀 No	engaged in political activities? S	see instructions	••••• Yes X No			
C IRC Section 4947(a)(1) trust · · · · · · · · · · · · · · · · · · ·				er R&TC Section 23701g?	••••• Yes 🛛 No			
-	prmation Return ?		If "Yes," enter the gross receipts	from nonmember sources	••••\$			
		/Reorganized	L If organization is a public charity	exempt under R&TC Section	der R&TC Section 23701d and			
	te: (mm/dd/yyyy)		meets the filing fee exception, c	- 57				
	ccounting method: (1) 🔀 Cash (2) 🗌 Accrua return filed? (1) ● 🗌 990T (2) ● 🗌 990PF		No filing fee is required		••••• ▼ ∐ ▲ □ 反			
_		(3) • 📙 Sch H (990)	M Is the organization a Limited Lia		· · · · · · · • Yes 🗶 No			
	ther 990 series group filing? See instructions	• 🗌 Yes 🗌 No	N Did the organization file Form 10 taxable income?		• 🗆 var 🕅 var			
	ganization in a group exemption							
	what is the parent's name?		O Is the organization under audit by the IRS or has the IRS audited in a prior year? · · · · · · · · · · · · · · · · · · ·					
11 103,			P Is federal Form 1023/1024 pend					
I Did the	organization have any changes to its guidelines		Date filed with IRS	ing.				
	rted to the FTB? See instructions	• Yes X No						
Part I	Complete Part I unless not required to file this form. S		and C.					
	1 Gross sales or receipts from other sources. From Si	de 2, Part II, line 8 •			■ 1 101,862 00			
	2 Gross dues and assessments from members and affi	2 20,000 00						
Receipts	3 Gross contributions, gifts, grants, and similar amount	s received • • • •			3 4,274 00			
and Revenues	4 Total gross receipts for filing requirement test. Add lir	e 1 through line 3.						
	This line must be completed. If the result is less that	n \$50,000, see General Info	ormation B • • • • •	<u></u>	4 126,136 00			
	5 Cost of goods sold • • • • • • • 5 1,350 00							
	6 Cost or other basis, and sales expenses of assets so	d •••••	• 6	0	00			
	7 Total costs. Add line 5 and line 6				7 1,350 00			
	8 Total gross income. Subtract line 7 from line 4 • •				8 124,786 00			
Expenses	9 Total expenses and disbursements. From Side 2, Pa	t II, line 18 • • • • •			9 100,112 00			
	10 Excess of receipts over expenses and disbursements	. Subtract line 9 from line 8	}					
	11 Total payments				11 10 00			
Filing	12 Use tax. See General Information K • • •	•••••			12 00 12 10 00			
Fee	13 Payments balance. If line 11 is more than line 12, sub				13 <u>10</u> 00 14 00			
	14 Use tax balance. If line 12 is more than line 11, subtra	ict line 11 from line 12			10 10			
	 15 Filing fee \$10 or \$25. See General Information F 16 Penalties and Interest. See General Information J 				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	 Penalties and Interest. See General Information J • Balance due. Add line 12, line 15, and line 16. Then s 	ubtract line 11 from the res						
	Under penalties of perjury, I declare that I have examine	d this return, including acco	mpanying schedules and statements	, and to the best of my know	/			
Sign Here	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
nore	Signature of officer ►ORVILLE HRABE TREASURER 02/11/2019							
			Date	Check if self-	• PTIN			
	Preparer's signature			employed				
Paid			•		Firm's FEIN			
Preparer's Use Only	Firm's name (or yours, if self-employed)							
	and address Telephone							
	May the FTB discuss this return with the preparer shown	above? See instructions			Yes No			

Part		ganizations with gross receipts of more th pardless of amount of gross receipts - com			—		68-017997	12
		Gross sales or receipts from all business ac				1	101,862	00
		Interest				2	101,002	00
	3	Dividends				3		00
Receip		Gross rents				4		00
from Other	4	Gross royalties				5		-
Source	s c							00
	~ 6 -	Gross amount received from sale of assets				6		00
	7				• • • • • •	7	101 000	00
	8	Total gross sales or receipts from other sources. Add line				8	101,862	00
	9	Contributions, gifts, grants, and similar amo				9	5,203	00
	10					10		00
	11	Compensation of officers, directors, and trus				11		00
		Other salaries and wages • • • • • • • •				12		00
Expen	ses 13	Interest • • • • • • • • • • • • • • • • • • •				13		00
and Disbur	se- 14	Taxes • • • • • • • • • • • • • • • • • • •				14		00
ments		Rents • • • • • • • • • • • • • • • • • • •				15		00
		Depreciation and depletion (See instructions				16		00
		Other Expenses and Disbursements. Attach				17	94,909	00
	18	Total expenses and disbursements. Add line	e 9 through line 17. Enter	r here and on Side 1, Par		18	100,112	00
Sch	edule L	Balance Sheet	Beginning of	taxable year	End	of tax	able year	
Ass			(a)	(b)	(c)		(d)	
				26,349			• 45,57	
		ounts receivable					• 1,49)4
		es receivable					•	
		ies • • • • • • • • • • • • • • • • • • •					•	
		and state government obligations					•	
		ents in other bonds					•	
		ents in stock					•	
		e loans					•	
		vestments. Attach schedule					•	
		eciable assets	, , ,					
		accumulated depreciation	()		()	
							•	
		ssets. Attach schedule					•	
	Total as			26,349			47,06	<u>, 6</u>
		nd net worth						
		s payable • • • • • • • • • • • • • • • • • • •					•	
		itions, gifts, or grants payable • • • • •					•	
		nd notes payable					•	
		es payable					•	
		bilities. Attach schedule						
	•	stock or principal fund • • • • • • • • •					•	
		or capital surplus. Attach reconciliation					•	
		d earnings or income fund • • • • • • •					•	
-		bilities and net worth						
Sch	edule M	•	-					
		Do not complete this schedule if the ar		()				
		me per books	•	7 Income recorded or				
		income tax	•	not included in this		dule	•	
		of capital losses over capital gains	•	8 Deductions in this re	-			
		not recorded on books this year.	•	against book incom				
			-	Attach schedule				
		es recorded on books this year not	•	9 Total. Add line 7 and		• • •		
		d in this return. Attach schedule • • • •	-	10 Net income per retu Subtract line 9 from				
0	IUIAI. AC	Id line 1 through line 5 • • • • • • • • •		Subtract line 9 from			l	

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CAWK_USE	California Use Tax Worksheet	2018
Name(s) as shown on return		California ID Number
Greenhaven Soc	cer Club of Sacrament	68-0179973

1.	Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions	.00
2.	Enter the applicable sales and use tax rate. See worksheet instructions	-
3.	Multiply line 1 by the tax rate on line 2. Enter result here ••••••••••••••••••••••••••••••••••	.00
4.	Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions	.00
5.	Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0-	.00

MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS:

http://ag.ca.gov/charities/_

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Numbe $CT - 0.62$ Greenhaven Soccer Club		_ c	heck if:] Change of address	
Name of Organization	or saoramene	- -	Amended report	
PO Box 22790			_ · · · · · · · · · · · · · · · · · · ·	
Address (Number and Street)		- c	orporate or Organization No. 128	6027
Sacramento, CA 95822				
City or Town, State and ZIP Code		- Fe	ederal Employer I.D. No. 68 –	0179973
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Co	ode Re	egs. sections 301-307, 311 and 312)	
Make Check	Payable to Attorney General's Registry	y of Ch	aritable Trusts	
Gross Annual Revenue Fee	Gross Annual Revenue F	ee	Gross Annual Revenue	<u>Fee</u>
Less than \$25,000 0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	n \$150
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 millio	on \$225
			Greater than \$50 million	\$300
PART A - ACTIVITIES				
For your most recent full accounting	period (beginning $02 - 01 - 18$	end	ing $01 - 31 - 19$) list:	
Gross annual revenue \$	<u>123,136</u> Total assets	\$	49,404	_
PART B - STATEMENTS REGARDING	ORGANIZATION DURING THE PE	riod	OF THIS REPORT	
Note: If you answer "yes" to any of the question	ons below, you must attach a separate sheet	t provid	ing an explanation and details for each "ye	es"
response. Please review RRF-1 instruct	tions for information required.			Yes No
1. During this reporting period, were there any con	tracts, loans, leases or other financial transaction	ons bet	ween the organization and any	
officer, director or trustee thereof either directly	or with an entity in which any such officer, direct	tor or tru	ustee had any financial interest?	Х
2. During this reporting period, was there any theft	, embezzlement, diversion or misuse of the org	anizatio	n's charitable property or funds?	Х
3. During this reporting period, did non-program ex	penditures exceed 50% of gross revenue?			Х
4. During this reporting period, were any organizat	ion funds used to pay any penalty, fine or judgn	nent? If	you filed a Form 4720 with the	
Internal Revenue Service, attach a copy.				Х
5. During this reporting period, were the services of	of a commercial fundraiser or fundraising couns	el for ch	aritable purposes used? If "yes,"	
provide an attachment listing the name, address				Х
6. During this reporting period, did the organization		vide an	attachment listing the name of	
the agency, mailing address, contact person, ar	•			Х
7. During this reporting period, did the organization		provide	e an attachment indicating the	
number of raffles and the date(s) they occurred.				Х
8. Does the organization conduct a vehicle donation				
by the charity or whether the organization contra				Х
9. Did your organization have prepared an audited	I financial statement in accordance with general	lly acce	pted accounting principles for this	
reporting period?				Х
Organization's area code and telephone number				
Organization's e-mail address	treasurer@greenhave	enso	ccer.com	
				1 P. 6
I declare under penalty of perjury that I have example	nined this report, including accompanying d	docume	nts, and to the best of my knowledge and	belief,
it is true, correct and complete.	Omrille Unche			11 2010
	Orville Hrabe			<u>-11-2019</u>
Signature of authorized officer	Printed Name		Title	Date

CAOVFLOW	State Supporting Statements	2018 Page 1
Name(s) as shown on return		SSN/FEIN
Greenhaven S	Soccer Club of Sacramento	68-0179973
Description		Amount
Registratior	i In	\$ 85,581
Fundraising Fields in		4,139
	T	otal: \$101,862
Description Equipment		Amount \$ 12,311
Fields		
Misc		657
Office		1,018
Referees		14,629
Reg/league f Reg expense	Tees	9,935 9,935 264
training		8,500
Volunteer Re	2010-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	8,850
		otal: \$ 94,909