

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 02-01-2017, and ending (mm/dd/yyyy) 01-31-2018

Corporation/Organization name GREENHAVEN SOCCER CLUB OF SACRAMENTO		California corporation number 1286027
Additional information. See instructions.		FEIN 68-0179973
Street address (suite or room) PO BOX 22790		PMB no.
City SACRAMENTO		State CA
		ZIP code 95822
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B Amended Return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return ? <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,551	00
	2 Gross dues and assessments from members and affiliates	2	20,941	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	107,840	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	132,332	00
	5 Cost of goods sold	5	1,451	00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7	1,451	00
	8 Total gross income. Subtract line 7 from line 4	8	130,881	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	136,008	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	(5,127)	00
Filing Fee	11 Total payments	11	25	00
	12 Use tax. See General Instruction K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	25	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Instruction F	15	25	00
	16 Penalties and Interest. See General Instruction J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

Sign Here	Signature of officer ORVILLE HRABE	Title TREASURER	Date 02/19/2018	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			FEIN
				Telephone
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	• 1	3,551	00
	2	Interest	• 2		00
	3	Dividends	• 3		00
	4	Gross rents	• 4		00
	5	Gross royalties	• 5		00
	6	Gross amount received from sale of assets (See Instructions)	• 6		00
	7	Other income. Attach schedule	• 7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	• 8	3,551	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	• 9	3,500	00
	10	Disbursements to or for members	• 10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	• 11		00
	12	Other salaries and wages	• 12		00
	13	Interest	• 13		00
	14	Taxes	• 14		00
	15	Rents	• 15		00
	16	Depreciation and depletion (See instructions)	• 16		00
	17	Other Expenses and Disbursements. Attach schedule	• 17	132,508	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	• 18	136,008	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments. Attach schedule				•
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				•
12 Other assets. Attach schedule				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	•	
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5		
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		

Name(s) as shown on return

SSN/FEIN

Greenhaven Soccer Club of Sacramento

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Expenses

<u>Description</u>	<u>Amount</u>
Payments to independant contractors	\$ 60,299
other expenses	72,209
Total:	\$ 132,508