

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 02-01-2019, and ending (mm/dd/yyyy) 01-31-2020

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

Form sections A through P with checkboxes for filing status, accounting method, and other organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee, including amounts like 131,573 and 92,559.

Sign Here Under penalties of perjury, I declare that I have examined this return... Signature of officer WES NAMIKAWA, Title TREASURER, Date 07/15/2020

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Firm's FEIN, Telephone

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.**

68-0179973

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions . . . . .	•	1	131,573	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	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	131,573	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	•	9	5,100	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	87,459	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	92,559	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .		45,572		• 58,774
2	Net accounts receivable . . . . .		1,494		•
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	<b>a</b> Depreciable assets . . . . .				
	<b>b</b> Less accumulated depreciation . . . . .				
11	Land . . . . .				•
12	Other assets. Attach schedule . . . . .				•
13	<b>Total assets</b> . . . . .		47,066		58,774
<b>Liabilities and net worth</b>					
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	<b>Total liabilities and net worth</b> . . . . .				

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 . . . . .	•	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	•
2	Federal income tax . . . . .	•	8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	•
3	Excess of capital losses over capital gains . . . . .	•	9	Total. Add line 7 and line 8 . . . . .	
4	Income not recorded on books this year. Attach schedule . . . . .	•	10	Net income per return. Subtract line 9 from line 6 . . . . .	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	•			
6	Total. Add line 1 through line 5 . . . . .				

**MAIL TO:**

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

**WEB SITE ADDRESS:**

[www.ag.ca.gov/charities/](http://www.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 Number <u>CT-062192</u> <u>Greenhaven Soccer Club of Sacrament</u> Name of Organization <u>PO Box 22790</u> Address (Number and Street) <u>Sacramento, CA 95822</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1286027</u>  Federal Employer I.D. No. <u>68-0179973</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 02-01-19 ending 01-31-20 ) list:

Gross annual revenue \$ 131,572 Total assets \$ 58,774

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number \_\_\_\_\_

Organization's e-mail address treasurer@greenhavensoccer.com

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Wes Namikawa
Treasurer
07-15-2020

Signature of authorized officer
Printed Name
Title
Date

TAXABLE YEAR  
**2019**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>GREENHAVEN SOCCER CLUB OF SACRAMENT</b>	Identifying number <b>68-0179973</b>
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### Part I Electronic Return Information (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>131,573</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>131,573</b>
<b>3</b> Total expenses and disbursements (Form 199, Line 9)	<b>3</b>	<b>92,559</b>

### Part II Settle Your Account Electronically for Taxable Year 2019

**4**  Electronic funds withdrawal      **4a** Amount \_\_\_\_\_      **4b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_



### Part III Banking Information (Have you verified the exempt organization's banking information?)

**5** Routing number \_\_\_\_\_  
**6** Account number \_\_\_\_\_      **7** Type of account:  Checking       Savings

### Part IV Declaration of Officer



I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



**Sign Here**       \_\_\_\_\_      07-15-2020       **TREASURER**  
Signature of officer      Date      Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature  <b>ORVILLE HRABE</b>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN <b>P01618812</b>
	Firm's name (or yours if self-employed) and address  <b>POCKET TAX GUY 7717 BLACKWATER WAY SACRAMENTO, CA</b>	Firm's FEIN <b>46-1716621</b>	ZIP code <b>95831</b>		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature  _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address  _____	Firm's FEIN	ZIP code	

Name(s) as shown on return

SSN/FEIN

Greenhaven Soccer Club of Sacramento

68-0179973

<u>Description</u>	<u>Amount</u>
program expenses	\$ 87,459
<b>Total:</b>	<u><u>\$ 87,459</u></u>