Department of the Treasury Internal Revenue Service

OGDEN.

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150

2009

Open to Public Inspection

Α	For the 2009 ca	alendar	year, or	tax year beginning	7/01	, 200	9, and endi	ng 6/30			, 2010
B	Check if applicable		С			-			D Em	ployer ı	dentification number
	Address change	Please use IRS	North	n Haven Socces	r Club,	Inc.			22	2-26	04792
	Name change	label or print or	E Telephone number								
	Initial return	type		ımmer Lane					1 0	2031	239-6597
	Termination	Specific	North	n Haven, CT 00	5473-10:	11				.03,	233 0331
_	Amended return	Instruc- tions.									xemption
ш	Application pending		L				ا ا			mber	
	• Section 5 m	501(c)(3) just atta) organiz och a cor	zations and 4947(a)(mpleted Schedule A	1) nonexem (Form 990	pt charitable trust or 990-EZ).		Accounting Other (spec	ify) ►	d <u>X</u>	Cash Accrual
ı	Website: ► 2	22.nc	orthha	avensoccerclu	o.org		Н	Check ► 2 required to	attach	Sche	ganization is not dule B (Form 990,
				- X 501(c) (3)) 4947(a)(1) or	527	990-EZ, or	990-PF	7)	•
	Check ►	the orga 1 990-EZ	anızatıor Z or Form	n is not a section 509 i 990 return is not requ	(a)(3) supp red, but if the	orting organization he organization choo	and its grooses to file a	oss receipts a return, be sur	re norr	nally a cor	not more than mplete return
L	Add lines 5b, 6 instead of Form	b, and 7	7b, to lin Z	e 9 to determine gro	ss receipts	, if \$500,000 or mo	re, file Forr	n 990		► s	148,217.
				ses, and Change	s in Net A	Assets or Fund	Balance	s (See the	ınstru	ction	
				ts, and similar amou						1	
		-		including governme					r	2	147,135.
				sessments						3	
	4 Investme	•							ľ	4	1,082.
	5a Gross am	ount fro	om sale	of assets other than	inventory		5a		F	7.	· · · · · · · · · · · · · · · · · · ·
				and sales expenses			5 b				
. R	c Gain or (los	s) from sa	ale of asse	ts other than inventory (Si	ıbtract In 5b fr	om In 5a)	<u> </u>			5 c	
ZM <mz< td=""><td>6 Special ever</td><td>nts and ac</td><td>ctivities (co</td><td>implete applicable parts of</td><td>Schedule G).</td><td>If any amount is from g</td><td>aming, check</td><td>here ></td><td>\sqcap</td><td></td><td></td></mz<>	6 Special ever	nts and ac	ctivities (co	implete applicable parts of	Schedule G).	If any amount is from g	aming, check	here >	\sqcap		
E N	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions									. 3	
Ę	reported	-		9 ·			6a		,	ر مرجو	
-	•			her than fundraising	expenses		6b	-	·'	, 4	
				al events and activities (S		from line 6a)				6c	
		, ,	•	less returns and allo		nom inc oay	7a		F	F,	
	b Less. cos			ress returns and and	, wances	•	7b				
		_		n sales of inventory	(Subtract lir	ne 7h from line 7a)				7 c	
	8 Other reven			in suice of inventory	(000000000	ic ro nom mic ray		•	\	8	
		•	_	1, 2, 3, 4, 5c, 6c, 7c	and 0		,	 -	- ′	9	148,217.
							Coo Cto	tement 1			1,000.
				nts paid (attach sche	dule)		see sta	Lement 1	- ⊢	10	1,000.
E	11 Benefits				h 6.4 -				-	11	
ê			-	ation, and employee		-44			-	12	
N				ner payments to inde	hengeut co	nuactors			}	13	
S E		-		, and maintenance					}	14 15	
S				stage, and shipping	2					_	140 360
				es 10 through 16					.)	16	140,369.
\dashv				···	17 4	- 0\				17	141,369.
Δ		-	•	e year (Subtract line		•			-	18	6,848.
ΝŞ	19 Net asset	is or fun	nd baland	ces at beginning of y	ear (from li	ne 27, column (A))) (must agre	ee with end-o	f-year		100 551
N S E S T E	figure rep			ear's return)				•		19	129,771.
Š		-		ets or fund balances		•				20	100 010
				ces at end of year C						21	136,619.
Pa	सिर्वाक्ष्य Bala	nce S		If Total assets on line		in (B) are \$1,250,0					
				e the instructions for	Part II)		<u> </u>	(A) Beginning			(B) End of year
22			nvestme	nts			\vdash	173	,027.		187,468.
23							<u> </u>			23	
24		/descri b	^{De})	<u> </u>		- 2.5 -	24	
25	Total assets		コンニ	G C: :			<u> </u>		<u>, 027 .</u>		187,468.
24 25 26 27	Total liabilitie	s (desc	18T	See Statement	. <u>3</u>)			<u>, 256.</u>		50,849.
 27				(line 27 of column (E				129	<u>, 771 .</u>	27	136,619.
)]BAY	A For Privacy A	Act and	Paterwo	ork Reduction Act N	otice, see s	eparate instruction	ns.				Form 990-EZ (2009)
j L			-=		TEFA0	803L 01/30/10					

TEEA0803L 01/30/10

<u>Form</u>	990-EZ(2009) North Haven So	ccer Club, Inc.		22-2	2604792 Page 2									
Par	ਇ⊞ਿੰਡ Statement of Program S	ervice Accomplishments	(See the instruction	ons.)	Expenses									
What	s the organization's primary exempt purpose? S	ee Statement 4		E.	Required for section 01(c)(3) and (4) ganizations and section 947(a)(1) trusts, optional									
Desc	ribe what was achieved in carrying out ribe the services provided, the number	the organization's exempt purp	oses In a clear and co	ncise manner, or	ganizations and section									
desc	ribe the services provided, the number ram title	of persons benefited, or other	relevant information for	each 49	947(a)(1) trusts, optional or others)									
	Provide opportunity for	approximately 700 c	hildren (per v		T others /									
20	participate/play organiz													
	Connecticut.	ed soccet in the id	wii oi Noicii na	⊼ <u>∈</u> ,										
				┈╾╼╼╼╼┲┪╶										
	(Grants \$) If	this amount includes foreign g	rants, check here .		8a 141,369.									
29														
	(Grants \$) If	this amount includes foreign gi	rants, check here	2	9a									
30														
-														
	(Grants \$) If	this amount includes foreign gi	ronto chock horo		0 -									
21	Other program services (attach schedu		rants, check here	3	0 a									
31		•	ranta abasti bara	. □ •										
32	Total program service expenses (add	this amount includes foreign gi	rants, check here		1a 141 360									
			mlassa a di di di		2 141,369.									
rai	List of Officers, Director													
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans a										
	(-) (10) and 300,000	to position	not paid, enter -u,	deferred compensation	n and other anowances									
Chr	ristopher Heyl	President	0.		0. 0.									
	Randall Drive	1.00												
	th Haven, CT 06473	1												
	ph Sanzari	Vice President	0.	· · · · · · · · · · · · · · · · · · ·	0. 0.									
	^	4	1	,	0.									
	Randall Drive	1.00												
	th Haven, CT 06473													
	<u>m Acquarulo</u>	☐ Vice President	0.	!	0.									
	Upper State Street	1.00			į									
Nor	th Haven, CT 06473													
Kat	hy Carboni	Treasurer	0.		0. 0.									
78	Summer Lane	7 1.00												
Nor	th Haven, CT 06473	7												
	therine D'Aniello	Secretary	0.		0. 0.									
	Katie Lane	1.00			٥٠١									
		-												
NOI	th Haven, CT 06473													
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		7												
		7												
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ra	See Sea	ССШС	Yes	No
, 33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	163	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	旅	-	1390
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?	35 a		<u>x</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 ь		_
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37b		x
	•	 3: 		
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ļ	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		£=1 !	-
39	Section 501(c)(7) organizations Enter			•
	a Initiation fees and capital contributions included on line 9			,
	b Gross receipts, included on line 9, for public use of club facilities N/A	; ·		4
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►			· 4
I	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		<u>x</u>
(c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	:		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► None	40 e		<u>x</u>
41	List the states with which a copy of this feturn is freu - NOTE			
42	a The organization's books are in care of ► Kathy Carboni Located at ► 78 Summer Lane North Haven CT Telephone no ► (203) ZIP + 4 ► 06473	2 <u>39</u> - -101		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	42 c		x
43	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		► []	N/A N/A
44			Yes	
45	of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44		X
BAA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/30/10 Fo	45 rm 99 0	 -E7	(2009)
				·/

Form 990-EZ	(2009)	North	Haven	Soccer	Club	Tnc
FUITH 990-EZ	(2009)	MOTCII	пачен	20000	CIUD,	THC

22-2604792

Page 4

PartiVia: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 X 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (e) Expense account and other allowances (b) Title and average (c) Compensation (d) Contributions to employe (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid self N/A employed Pre-Peach & McPherson, CPA Firm's name (or yours if self-employed), parer's Use 11/0 Washington Ave N/A EIN address, a Only North Haven, CT 06473 (203)234-9426 Phone no May the IRS discus eturn with the preparer shown above? See instructions Yes No BAA Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name o	of the organiza		h Haven Soccer	Club, Inc.							ion number		
			Kathy Carboni							04792			
Parl	l Reas	on for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	<u>nstructi</u>	ons		
The c	<u> </u>	•		ise it is (For lines 1 throi	-		-	•					
1	A chur	ch, conventi	on of churches or asse	ociation of churches desc	cribed in	section	170(b)	(ΊχΑχί)					
2	A scho	ool described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ)								
3	A hos	oital or coope	erative hospital service	e organization described	ın secti o	on 170(t	χ1χΑχ	iii).					
4	A med	lical research	n organization operate	d in conjunction with a h	ospital c	lescribe	d in sec	tion 17	0(b)(1)(A	()(iii) En	iter the hos	pital's	
_		city, and sta					-,-,-						
5	☐ 170(b)	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	An ord	anization th	at normally receives a	governmental unit descri substantial part of its su					t or from	n the ger	neral public	descr	ıbed
8			(Complete P described in section 1	art II.) 170(b)(1)(A)(vi). (Comple	te Part I	1.)							
9	X An org	anization that	normally receives (1)	more than 33-1/3 % of its	support f	rom cont	tributions	, memb	ership fe	es, and o	ross receip	ts	
	from a	ctivities relate ment income	ed to its exempt function	is — subject to certain exce ess taxable income (less	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from ares	SS	fter
10	An org	janization or	ganized and operated	exclusively to test for pu	ıblıc safe	ety. See	section	509(a)	(4).				
11	more i	publicly supp	orted organizations o	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or car section	rry out th 509(a)(3	ne purpose). Check ti	s of or ne box	ne or that
		Гуре I	b Type II	c Type III		_		ed		d \square	Type III-	Other	
е	By che	ecking this boundation m	ox, I certify that the or	rganization is not controll n one or more publicly s	led direc	tly or in	directly	by one	or more ed in sec	disqualiction 509	ified perso	ns oth	
f	If the	• •	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g	_		2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	,7		
	45					1						Yes	No
	(i) i	a person who below, the ac	o airectly or inairectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons a	escribe	a in (ii) a	and (III)	11 g (i)		
		_	nber of a person desc								11 g (ii)		
	• •	-	•	described in (i) or (ii) a	bove?						11 g (iii)		
h	• •		• •	the supported organization									
	(i) Name o Orgai	f Supported nization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	s the ion in col I in your rning ment?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			_
								_					
	<u> </u>												
								_					_
			· · · · · · · · · · · · · · · · · · ·										
	<u> </u>	<u>.</u>					-	_					

rai	Caralata ante (a alta al	-				u 170(D)(ハヘハ	VIJ
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	(1)				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	-						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3	·						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		- #T - T - T - T				*	
6	shown on line 11, column (f). Public support. Subtract line 5					e e e e e e e e e e e e e e e e e e e	, t.	
Sec	from line 4 tion B. Total Support	T. C	<u>N</u> → ▼ ₩,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	£ \$ 1	/ N 5 5		
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).							
11	Total support. Add lines 7 through 10	~ "	, .					
12	Gross receipts from related activ	vities, etc (see in	structions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section !	501(c)	(3)
	tion C. Computation of Pu			···	· — · — · — · — · — · — · · — · · · · ·			
	Public support percentage for 20 Public support percentage from	•	(,	ne 11, column (f).			14 15	<u>%</u> %
	a 33-1/3 support test — 2009. If th	e organization dic	not check the bo	ox on line 13, and	the line 14 is 33	-1/3 % or m		
t	and stop here. The organization 33-1/3 support test — 2008. If th and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or n	nore, c	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain i	n Part	IV how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	re. Explain i	n Part	
_18	Private foundation. If the organi					_		structions
BAA								90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 North Haven Soccer Club, Inc. Part III. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<u>Séc</u>	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	100.	300.	25.			425.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	119,366.	127,070.	126,152.			372,588.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	119,466.	127,370.	126,177.	0.	0.	373,013.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	\$ 175 North Walter	Bar Lynn San			-,	
-	7c from line 6)	"一个"。"不是我们	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Marin Carlo	A	373,013.
Sec	tion B. Total Support	2 man 1-3 ng (1440 ng-3 mg - 1		AND SALES OF THE PROPERTY NAMED AND		, , , , , , , , , , , , , , , , , , , ,	0.0/0==1
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	119,466.	127,370.	126,177.	0.	0.	373,013.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,074.	1,434.	7,308.			10,816.
13	Total support. (add Ins 9, 10c, 11, and 12)	1000年1000年1000年1000年100日	" "	40000000000000000000000000000000000000	37次建作品。5	1 (4) A (2.5)	383,829.
14	organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	³⁾ ► X
	tion C. Computation of Pu				 -		
	Public support percentage for 20	- ·	,,,	ie 13, column (f))		15	<u>%</u> _
	Public support percentage from					16	<u> </u>
	tion D. Computation of Inv				(D)	1	
17	g-				mn (t))	17	<u>%</u>
	Investment income percentage f				mara than 33 1/3/	18 <u> </u> 17 s pot	<u>%</u>
	 33-1/3 support tests - 2009. If the of more than 33-1/3%, check this bear 33-1/3 support tests - 2008. If the content is a support tests - 2008. 	ox and stop here.	The organization	i qualifies as a pu	iblicly supported o	organization	▶ 📙
	, 35-113 SUDDUIL (CSIS 2000,		о погонеска вох		a anni iine in is fi	100 P 10 20 35-1/5%	
	is not more than 33-1/3%, check	this box and stor	here. The organ	ization qualifies a	is a publicly suppo	orted organization	and line 10

Schedule A	(Form	990 or 9	990-EZ)	2009	North	Haven	Soccer	Club,	Inc.	22-2604792	Page 4
Part IV	Supp	lemen	tal Info	ormat	t ion. Con	nplete th	nis part to	provide	the ex	xplanations required by Part II, lin additional information. See instru	e 10;
	Part I	I, line	17a or	r 17b;	and Par	t III, line	e 12. Prov	/ide any	other	additional information. See instru	ctions.
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Schedule A, Part IV - Supplemental Information 2009 Page 5 North Haven Soccer Club, Inc. c/o Kathy Carboni 22-2604792 Ċlient 1752 9/28/10 10 48AM Part III, Line 12 - Other Income Nature and Source 2009 2008 2007 2006 2005 7,308. 7,308. \$ 1,434. \$ 2,074. 2,074. Miscellaneous Total \$ 0. \$

2009 Client 1752	Federal Statements North Haven Soccer Club, Inc. c/o Kathy Carboni	Page 22-260479	- 1
9/28/10	Co Nathy Galboni	10 48A	-
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name: Donee's Address:	Scholarship Anthony Russo 6 Philip Place		
Cash Amount Given:	North Haven, CT 06473	\$ 500	
Class of Activity: Donee's Name: Donee's Address:	Scholarship Ralph Thomas Iadarola 9 Green Hill Road North Haven, CT 06473		
Cash Amount Given:	North naven, or 00475	\$ 500	
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Coaching Costs Equipment Field Repairs & Maintenance League Fees Miscellaneous Office Expenses Referees and Umpires Special Event Costs		\$ 85,979. 2,248. 8,795. 6,184. 14,669. 811. 15,332. 6,351. Total \$ 140,369.	
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			
Deposits Received	Tot	Beginning Ending \$ 43,256. \$ 50,849. al \$ 43,256. \$ 50,849.	- - -

Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Provide the opportunity for children to participate in organized soccer in the Town of North Haven, Connecticut.

2009

Federal Statements

North Haven Soccer Club, Inc.
clo Kathy Carboni

22-2604792

9/28/10

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No
No