



AGENDA REPORT

BEACHES, PARKS & RECREATION COMMISSION
Meeting Date: August 9, 2016

Agenda Item 5.A.
Approvals:
Dept. Head ES
Manager BP
Admin. Assistant MS

Department: Beaches, Parks & Recreation
Prepared By: Pamela Passow, Assistant Beaches, Parks and Recreation Director
Ken Sipes, Provisional Recreation Supervisor

Subject: *RECREATION SPORTS PARTNERSHIP REVIEW – SOUTH COAST YOUTH FOOTBALL*

Fiscal Impact: Yes. The current subsidy for the partnership applicant is \$11,417.69. If the Beaches, Parks and Recreation Commission recommendations are approved, and based on prior year's usage, the City would be subsidizing approximately \$9,134.15.

Summary: Staff recommends the approval of Platinum Partnership status for South Coast Youth Football.

Background: The Recreation Sports Partnership policy was adopted by the City Council in December, 2011 to enable the City to subsidize youth sports groups to encourage and promote various seasonal sports on a year-round basis within the city limits and to make the best and most efficient use of the City's amenities, fields, and facilities. Partnering with select outside organizations/associations for sports programs allows service to a larger portion of the community than only City provided programs.

At the August 18, 2015 meeting, City Council approved Gold Partnership status for South Coast Youth Football.

The City currently has three categories of Recreation Sports Partnership agreements: 1) Platinum Partners: American Youth Soccer Organization (AYSO), San Clemente Little League (SCLL), San Clemente Girls Softball (SCGS); 2) Gold Partners: South Coast Youth Football (SCYF) and Elite Soccer; 3) Silver Partners: None

The table below provides the approved discounts for hourly field use as well as for tournaments, camps, and clinics. Discounts are not offered on light fees.

Level of Partnership	Field Discount	Tournament Discount	Camp/Clinic Discount
Silver Recreation Partnership	55%	25%	25%
Gold Recreation Partnership	70%	25%	25%
Platinum Recreation Partnership	90%	50%	50%

Discussion: The City received one updated Recreation Sport Partnership application from South Coast Youth Football with updated information to upgrade their status to Platinum Partnership. The applicant meets the scholarship and inclusivity requirements of all partnership levels.

Below are the requirements for each of the three levels:

Platinum Partnership:

The minimum requirements to receive Platinum Partnership status include the following: provided the sports program in San Clemente for at least five years, currently have at least 300 participants with 90% San Clemente residents, and games, tournaments, and practices must be conducted in San Clemente.

Gold Partnership:

The minimum requirements to receive Gold Partnership status include the following: provided the sports program in San Clemente for at least three years, currently have at least 200 participants with 80% San Clemente residents, and games, tournaments, and practices must be conducted in San Clemente.

Silver Partnership:

The minimum requirements to receive Silver Partnership status include the following: provided the sports program in San Clemente for at least two years, currently have at least 100 participants with 70% San Clemente residents.

South Coast Youth Football (SCYF): SCYF is a current Gold Partner, is a member of the Orange Empire Conference, and is a recognized subordinate member of Pop Warner Football. During its primary season, SCYF has risen to 306 participants with 90% being San Clemente residents. It is a 100% recreational program. The program is run and maintained exclusively with volunteers. Based on its program budget, it does not allocate any funds towards administrative staff. The only reasons that SCYF would deny player participation is if the player had been suspended from another Pop Warner League or if the player did not maintain a 2.0 GPA in school. Based on the criteria above, South Coast Youth Football qualifies for Platinum Partnership.

Recommended

Action: Staff recommends the Beaches, Parks & Recreation Commission recommend the City Council grant Platinum Partnership status to South Coast Youth Football with a three year agreement.

Attachments:

1. Recreation Sports Policy and Purpose
2. South Coast Youth Football Sports Partnership Application

Notification: South Coast Youth Football

RECREATION PARTNERSHIP POLICY AND PURPOSE:

- 1.1 It is the desire of the City of San Clemente (hereinafter "City") to encourage and promote various youth sports on a year-round basis within the city limits, and to make the best and most efficient use of City's amenities, fields, and facilities. Partnering with select outside organizations/associations for Recreation programs allows service to a larger portion of the community than only City provided programs. City wishes to promote such partnerships by providing reduced rental rates, field allocation priorities, and limited support services, which may include site preparation and maintenance, periodic field improvements as needed and limited administrative/clerical support.
- 1.2 The purpose of this Recreation Sports Partnership Policy is to set forth and make clear the requirements and criteria for partnerships between City and any organization/association (hereinafter "Applicant") intending to provide Recreation programs and request fee reductions within City. A partnership agreement made pursuant to this policy shall be known as an RS Partnership, will carry the additional designation of Platinum, *Gold*, or *Silver*, and shall be subject to all the requirements set forth herein and any additions, amendments or revisions hereto. Only a limited number of RS Partnerships will be granted to the organization representing standard prevalent water sports, as determined by the Beaches, Parks and Recreation Commission and the City Council.

2. REFERENCES: San Clemente Municipal Code Chapter 12.28.010.

MINIMUM REQUIREMENTS AND CRITERIA TO QUALIFY FOR RS PARTNERSHIP:

- 3.1 The Applicant must meet the following minimum requirements and criteria for any RS partnership:
 - a) Be currently registered and active with the State of California as a not-for-profit community organization under Section 501(c)(3) or (c)(4) of the Internal Revenue Code.
 - b) Not be the subject of any pending investigation by any government or administrative agency, whether at the City, County, State or Federal level and demonstrated history of adherence to City rules, policies and allocations.
 - c) Carry appropriate commercial and liability insurance with limits no less than amount determined by City per incident, including appropriate additional insured endorsements in favor of City.
 - d) Demonstrated financial hardship if partnership is denied and the Applicant is required to pay regular rates for use of City amenities, fields and/or facilities.
 - e) Organization must have open enrollment policy regardless of skill level.
 - f) Organization must have minimum play rule of 50% play for all participants.
 - g) Demonstrated scholarships provided for those in financial need.
 - h) Organization must have "no discrimination," "no alcohol," and "no illegal substance" policies.
- 3.2 In addition to the above requirements and criteria for RS Partnership, the Applicant may qualify for the levels of partnership as follows:
 - a) Platinum RS Partnership: must have provided the sports program for City for at least five years, and currently have at least 300 participants, 90% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.
 - b) Gold RS Partnership: must have provided the sports program for the City for at least three years, and currently have at least 200 participants, 80% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.
 - c) Silver RS Partnership: must have provided the sports program for City for at least two years, and currently have at least 100 participants, 70% of whom reside in the City of San Clemente

PROCEDURE FOR EVALUATING APPLICATION FOR A PARTNERSHIP:

- 4.1 All requests for RS Partnership shall be submitted first to the Beaches, Parks and Recreation Department (hereinafter "Department"). Applications will be accepted once a year at a time determined by the City.

The Applicant shall include in their packet the completed application form and all supporting documentation, including but not limited to:

- a) City RS Partnership Application (application for permit to use recreational facilities) and Facility Use Application.
 - a) Proof of current 501(c)(3) or (4) status;
 - b) Commercial and liability insurance declaration pages;
 - c) Applicant articles, bylaws and other charter documents;
 - d) Proof sufficient to establish the financial hardship requirement, including the required budget form and two years of tax returns and can also include a profit/loss statements, audited financial statements, balance statements;
 - e) Statistical data and rosters to support participant population and residency requirement for RS Partnerships.
- 4.2 Organizations that meet the minimum requirements as stated in this policy shall be forwarded for review to the Beaches, Parks and Recreation Commission (hereinafter "Commission").
- 4.3 Commission shall review the application packet, the Department staff report, and any additional information provided by the Applicant or others. Commission may consider whether the Applicant has satisfied the minimum requirements set forth in §3.1, whether partnership is warranted in light of the policies and purposes set forth in §1.1-1.2, and whether partnership is in the best interests of City and its residents. In making its recommendation to City, Commission may also consider whether Applicant deserves partnership, or a particular level of partnership, notwithstanding the requirements set forth in §3.1-3.2.
- 4.4 If Commission recommends to City Council disapproval of the request for RS Partnership, or any specified level of partnership, Commission shall briefly include in the Minutes the reasons therefore. City Council shall make the final determination.

RS PARTNERSHIP EXPECTATIONS AND LONGEVITY

- 5.1 All RS Partners shall adhere to all the policies and procedures of City and the RSPP, and cooperate with the Department and City staff to ensure that the purpose of the partnership is met. RS Partners shall provide City representatives with access at all times to review or monitor the water sports program. RS Partners shall not discriminate against those in its employee, volunteers or participants on account of race, religion, national origin, ethnicity, sexual orientation or gender (except where gender is a bona fide issue for the water sports program).
- 5.2 Gold and Silver RS Partners shall be required to re-apply for partnership every two years by submitting a complete application packet to the Department, followed by Commission consideration, and City Council approval as outlined in this policy.
- 5.3 Platinum RS Partners shall be required to re-apply for partnership every three years by submitting a complete application packet to the Department, followed by Commission consideration, and City Council approval as outlined in this Policy.
- 5.4 The Department or Commission, may, at any time, for cause, temporarily suspend or revoke an Applicant's RS Partnership status and forward to the Commission and/or the City Council for reconsideration of partnership status.
- 5.5 The City Council may, at any time, and without cause, suspend or revoke an Applicant's RS Partnership status.
- 5.6 The City Council may grant the Department and/or Commission authority to extend RS Partnerships for a period of time up to five years if doing so would be in the best interests of City, its residents, and the Applicant.



City of San Clemente
Beaches, Parks & Recreation Department
 987 Avenida Vista Hermosa, CA 92673
 Phone: (949) 429-8797 Fax: (949) 429-8947

APPLICATION FOR RECREATION PARTNERSHIP STATUS

Must be completed by an authorized representative of the organization. Attach extra pages as needed.

It is the desire of the City of San Clemente to encourage and promote various Recreation programs for its residents on a year-round basis within the city limits, and to make the best and most efficient use of City's amenities, fields and facilities. The City's focus is to provide low cost recreational programs that promote health, wellness and character. The city will consider partnerships with non-profit organization by providing reduced rental rates, field allocation priorities, and limited support services, which may include site preparation and maintenance, periodic field improvements as needed and limited administrative/clerical support. By selecting non-profit organizations with similar missions with which to partner, the City may assist in providing these services.

For a non-profit organization to qualify for Platinum, Gold, or Silver Recreation Partnership, they must meet the minimum requirements and criteria listed in section 3.1 and must meet the definitions for a Platinum, Gold, or Silver listed below.

Platinum Partnership: must have provided the sports program for City for at least five years, and currently have at least 300 participants, 95% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.

Gold Partnership: must have provided the sports program for the City for at least three years, and currently have at least 200 participants, 90% of whom reside in the City. Games, tournaments, and practices must be conducted in San Clemente boundaries.

Silver Partnership: must have provided the sports program for City for at least two years, and currently have at least 100 participants, 75% of whom reside in the City of San Clemente

The Organization is seeking: Platinum Partner Status Gold Partner Status Silver Partner Status

Has the Organization been granted partnership status in the past? Yes No if yes, what year? 2015

what level? GOLD (PREVIOUSLY SENIOR PARTNER)

ORGANIZATION

Name:	<u>SCY FOOTBALL INC (SOUTH COAST YOUTH FOOTBALL & CHEER)</u>	Federal Tax ID#:	<u>33-0833075</u>
Main Contact:		CA Domestic Non-Profit#:	<u>2158323</u>
E-Mail:		Primary Phone:	
Address:	<u>SAN CLEMENTE, CA 92672</u>	Alternate Phone:	
		# Years serving San Clemente:	<u>17</u>
Sport/Activity:	<u>FOOTBALL & CHEER</u>	Ages Served:	<u>5-15</u>

PROGRAM INFORMATION

PRIMARY SEASON INFORMATION

Primary Season Dates: AUGUST 1 - NOVEMBER 15

Participants Registered Last Year: 281 % San Clemente residents: 95

Participants Anticipated This Year: 306 % San Clemente residents: 95

Do players tryout based on skill? Yes No

% Participation in Recreation based program: 100

% Participation in Skill-Based (Club, Select, All-Star) based on program:

Are players guaranteed minimum playing time? No Yes. How much and explain?

PER GAME 16-24 MINIMUM PLAYS DEPENDING ON ROSTER SIZES

Itemize Costs to Participants (including required equipment purchase):

\$450 FOR TACKLE \$400 FOR CHEER \$200 FOR FLAG
WE HAVE A MILITARY DISCOUNT AS WELL AS FINANCIAL AID
FOR PLAYERS ON SCHOOL LUNCH PROGRAM

SECONDARY SEASON INFORMATION

Secondary Season Dates: _____

Participants Registered Last Year: _____ % San Clemente residents: _____

Participants Anticipated This Year: _____ % San Clemente residents: _____

Do players tryout based on skill? Yes No % Participation in skill based program: _____

% Participation in Recreation based program:

% Participation in Skill-Based (Club, Select, All-Star) based on program:

Are players guaranteed minimum playing time? No Yes. How much and explain?

Itemize Costs to Participants (including required equipment purchase):

How are following activities performed?

*Please fill out Attachment "A" to provide more detailed budget information

Board: Paid Staff Volunteer Other, explain: _____
 Coaches: Paid Staff Volunteer Other, explain: _____
 Board Positions: Paid Staff Volunteer Other, explain: _____
 Coordinators: Paid Staff Volunteer Other, explain: _____

How are following activities performed?

Board: Paid Staff Volunteer Other, explain: _____

Within your league/team, please list the Programs and/or sub-divisions offered by your organization:

Title	# of Participants	% San Clemente Residents	Cost to Participate	Skills/Tryout Based? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

How does your organization select/place players on each team within your league/team during the primary and secondary seasons and is there any carry-over of players to the same team for the next season?

BOARD PLAYER AGENT ASSIGNS PLAYERS TO TEAMS BASED ON POP WARNER AGE/WEIGHT CHART

Please describe the expectations of parents and/or participants in the form of volunteering (including tasks, number of hours, and if there is a monetary donation expected)? Is there a penalty for non-volunteers?

PARENTS ARE ASKED TO VOLUNTEER FOR GATE DUTY, FIELD CHAINS, TEAM PARENT, COACHING POSITIONS,
 WE DO NOT REQUIRE VOLUNTEER HOURS AND THERE IS NO PENALTY FOR NOT VOLUNTEERING.

Please describe under what circumstance an interested participant would be denied acceptance into your program?

VOLUNTEERS CAN NOT PARTICIPATE IF THEY DO NOT CLEAR A BACKGROUND CHECK OR IF THEY HAVE BEEN FINED OR SUSPENDED BY POP WARNER IN THE PAST, PLAYERS/PARTICIPANTS CAN NOT PLAY IF THEY HAVE BEEN SUSPENDED FROM ANOTHER POP WARNER LEAGUE OR IF THEY DO NOT MAINTAIN A 70% GPA IN SCHOOL.

Does your organization offer camps, clinics, or, private lessons? Yes No

If yes, please include times, dates and costs to participants.

1 CONDITIONING SKILLS CAMP THAT IS INCLUDED IN COST OF REGISTRATION.

Does your organization offer programs for the disabled and/or offer an inclusive program? Yes No

If yes, please describe program and include times, dates and costs to participants.

THROUGH POP WARNER WE HAVE THE ABILITY TO FORM A CHALLENGER FLAG FOOTBALL OR CHEER DIVISION.

Does your organization host tournaments? Yes No

If yes, how many and what's the % of non-resident teams? WE HOST APPROXIMATELY 10 GAMES FROM 9:00 AM - 8:00 PM EVERY SATURDAY IN AUGUST - OCTOBER. OPPONENTS TRAVEL TO SAN CLEMENTE AND OUR TEAMS GO TO OPPOSING FIELDS AS WELL.

Does your organization provide scholarships and/or reduced rate for lower socio/economic children? Yes No

If yes, please provide the number of full scholarships each season, the amount per child and the criteria for awarding the scholarship below.

Number of Full Scholarships Primary Season:

20

Number of Full Scholarships Secondary Season:

Scholarship amount per child: \$100 FOR TACILE & CHEER \$50 FOR FLAG

Scholarship Criteria: THEY HAVE TO VOLUNTEER 10 HOURS & MEET REQUIREMENTS OF PROGRAM PARTICIPATION. ENROLLED IN SCHOOL LUNCH PROGRAM. SEE ATTACHED

Number of Partial Scholarships/Reduced Rates Primary Season:

10

Number of Partial Scholarships/Reduced Rates Secondary Season:

Discount amount per child: \$50

Reduced Rate Criteria:

Does your organization compete against out of area/non-resident teams? Yes No

What percentage of games/tournaments are played against out of area teams? 100

What percentage of games/tournaments are played outside of San Clemente? 50

Please list all other organizations with which your teams compete/participate in?

WE ARE PART OF THE ORANGE EMPIRE CONFERENCE WHICH COVERS SAN CLEMENTE UP TO PASADENA

Does your organization have a current certificate of insurance and proper endorsements? Yes No

Has your organization's insurance ever lapsed? Yes No If yes, please list date(s) and brief explanation

Has your organization been the subject of any pending investigation by any government or administrative agency, whether at the City, County, State or Federal level? Yes No If yes, please list date(s) and brief explanation

Is your organization currently up to date on all outstanding balances? Yes No If no, please list current account balance and anticipated date of being able to do so

Has your organization demonstrated a history of adherence to City rules, policies and allocations? Yes No If yes, please explain

Please describe your organization's Philosophy PROVIDE KIDS AN OUTSTANDING OPPORTUNITY TO LEARN AND GROW IN A SAFE AND FUN ENVIRONMENT.

Please tell us how your organization is going to have a symbiotic relationship with the City WE HAVE REFERRED PARENTS TO THE LEAGUE FRIDAY NIGHT LIGHTS. WE HAVE WORKED HARD TO COMMUNICATE WHEN FIELDS HAVE BEEN MISTREATED AS WELL AS TAKE RESPONSIBILITY.

If your organization was selected as a Platinum, Gold, or Silver Partner, please tell us what benefits you would provide back to your organization and the community WE WILL WORK WITH THE CITY IN ANY CAPACITY NECESSARY. BEACH OR CARNIVAL CLEAN UP, TOYS FOR TOTS, ETC.

WE MAY NOT BE FULLY AWARE OF ALL AVENUES BUT SOUTH COAST IS WILLING AND ABLE TO PROVIDE SERVICE HOURS.

If your organization was denied partnership, please describe what hardships your organization would encounter.

WE PREVIOUSLY HAD SENIOR PARTNERSHIP STATUS. LAST YEAR WE WERE ONLY APPROVED AS GOLD. THIS CAUSED US TO HAVE TO FALL INTO OUR RESERVES TO HELP COVER THE INCREASE ON FIELD COSTS. WITHOUT THE HELP AND SUPPORT OF THE CITY WE WOULD NOT BE ABLE TO OFFER THE YOUTH IN SAN CLEMENTE AN AFFORDABLE TACKLE PROGRAM. THEY WOULD HAVE TO TRAVEL TO RANCHO SANTA MARGARITA OR ALISO VIEJO.

PLEASE ATTACH:

- Proof of federal non-profit status and CA domestic non-profit status
- Program objectives, philosophy or mission statement
- List of board members, articles, bylaws and other charter documents
- A program budget (need to use attachment for detailed budget, but can also add your own organization's format)
- Profit/loss statement or audited financial statement
- THREE years of tax returns
- Last year's game/meet schedules including number of teams and game/meet locations
- Player registration record, including addresses for Primary and Secondary Seasons
- Current Certificate of liability insurance and endorsement letter

South Coast PW
BUDGET VS. ACTUALS: FY15 BUDGET - FY15 P&L
 January - December 2015

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Revenue				
Cheer Registration				
Cheer Registration Refunds	(495.50)		(495.50)	
Registration - Cheer	9,270.22	10,500.00	(1,229.78)	88.29 %
Total Cheer Registration	8,774.72	10,500.00	(1,725.28)	83.57 %
Donations				
Donations - General	1,610.00		1,610.00	
	60.00		60.00	
Total Donations	1,670.00	0.00	1,670.00	0.00
Fundraising				
Fundraising - Cheer	6,147.89	2,500.00	3,647.89	245.92 %
Fundraising - Football	2,731.94	2,500.00	231.94	109.28 %
Travel - Cheer	9,072.00		9,072.00	
Total Fundraising	17,951.83	5,000.00	12,951.83	359.04 %
General Administrative				
Bank Interest	19.23	50.00	(30.77)	38.46 %
Total General Administrative	19.23	50.00	(30.77)	38.46 %
Player Registration				
Player Registration - Refunds	(7,526.32)		(7,526.32)	
Registration - Flag	1,400.60	1,350.00	50.60	103.75 %
Registration - Tackle	64,063.53	55,000.00	9,063.53	116.48 %
Total Player Registration	57,937.81	56,350.00	1,587.81	102.82 %
Sales				
Snack Bar	3,270.75		3,270.75	
Spirit Wear	3,981.95		3,981.95	
Total Sales	7,252.70	0.00	7,252.70	0.00
Team Sponsorship				
Jersey Logo	1,901.72		1,901.72	
	(94.50)		(94.50)	
Total Team Sponsorship	1,807.22	0.00	1,807.22	0.00
Travel Fund (OEC)	9,173.00		9,173.00	
Total Revenue	\$104,586.51	\$71,900.00	\$32,686.51	145.46 %
Gross Profit	\$104,586.51	\$71,900.00	\$32,686.51	145.46 %
Expenditures				
Cheer				
Competition	1,190.00		1,190.00	
Equipment - Uniforms	10,469.63	7,125.00	3,344.63	146.94 %
JAMZ Camp	1,294.00	1,250.00	44.00	103.52 %
Miscellaneous	65.00		65.00	
Music	754.71	750.00	4.71	100.63 %
Total Cheer	13,773.34	9,125.00	4,648.34	150.94 %
Field Rental, Maintenance & Improvements				
Field Rental - City of SC	15,335.90	4,000.00	11,335.90	383.40 %
Field Rental - CUSD	7,137.50	2,000.00	5,137.50	356.88 %
Light Tower Rental	2,953.37	3,500.00	(546.63)	84.38 %
Scoreboard/Announcer Fee	615.00	900.00	(285.00)	68.33 %
Total Field Rental, Maintenance & Improvements				

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
	26,041.77	10,400.00	15,641.77	250.40 %
General & Administrative Expenditures	75.00		75.00	
Accounting/Tax Services	675.00	500.00	175.00	135.00 %
Advertising	725.00		725.00	
Bank Fee - Account Management	841.39	500.00	341.39	168.28 %
Bank Fee - Bounced Checks		250.00	(250.00)	
Banner, Signs & Graphics	186.97		186.97	
Donations / Charity Contributions		375.00	(375.00)	
Internet / Website	420.00	450.00	(30.00)	93.33 %
Office Supplies	141.70	400.00	(258.30)	35.43 %
Postal/Mail Services	287.16	100.00	187.16	287.16 %
Printing & Publications	182.30	250.00	(67.70)	72.92 %
SCYF Board Food / Meeting Expense	190.17	1,000.00	(809.83)	19.02 %
Taxes & Licenses	267.00	100.00	167.00	267.00 %
Team Photos	739.53	650.00	89.53	113.77 %
Trophies & Awards	2,835.62	5,000.00	(2,164.38)	56.71 %
Total General & Administrative Expenditures	7,566.84	9,575.00	(2,008.16)	79.03 %
OEC Assessments				
Medical	2,923.71	2,580.00	343.71	113.32 %
National/Regional	330.00	336.00	(6.00)	98.21 %
Referee	6,913.50	6,420.00	493.50	107.69 %
Rule Books, Patches, Challenger, Etc.	399.80	713.00	(313.20)	56.07 %
Team	4,417.00	6,150.00	(1,733.00)	71.82 %
Travel	3,038.00	2,619.00	419.00	116.00 %
Total OEC Assessments	18,022.01	18,818.00	(795.99)	95.77 %
Player				
Equipment - Reconditioning/Recertification	4,748.48	5,000.00	(251.52)	94.97 %
Equipment - Uniforms	19,911.72	15,000.00	4,911.72	132.74 %
Equipmetn - New Team Gear	6,559.35	2,000.00	4,559.35	327.97 %
Miscellaneous		750.00	(750.00)	
Total Player	31,219.55	22,750.00	8,469.55	137.23 %
Player / Cheer Registration				
Registration Materials	335.99	200.00	135.99	168.00 %
Total Player / Cheer Registration	335.99	200.00	135.99	168.00 %
Snack Bar				
Retail Expense - Snack Bar	1,175.44		1,175.44	
Total Snack Bar	1,175.44	0.00	1,175.44	0.00
Spirit Wear				
Spirit Wear Production	4,494.52	1,000.00	3,494.52	449.45 %
Total Spirit Wear	4,594.52	1,000.00	3,594.52	459.45 %
Sponsorships				
Sponsorship Banners, Advertisement, Etc.		1,000.00	(1,000.00)	
Total Sponsorships	0.00	1,000.00	(1,000.00)	0.00
Team Safety				
Background Checks	1,069.98	200.00	869.98	534.99 %
First Aid Kits, Ice Packs, Etc.	1,542.97	100.00	1,442.97	1,542.97 %
Total Team Safety	2,612.95	300.00	2,312.95	870.98 %
Travel				
Travel - Cheer	21,650.00		21,650.00	
Total Travel	21,650.00	0.00	21,650.00	0.00

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Uncategorized Expenditure	200.00		200.00	
Total Expenditures	\$127,192.41	\$73,168.00	\$54,024.41	173.84 %
Net Operating Revenue	\$ (22,605.90)	\$ (1,268.00)	\$ (21,337.90)	1,782.80 %
Net Revenue	\$ (22,605.90)	\$ (1,268.00)	\$ (21,337.90)	1,782.80 %

Tuesday, Jul 05, 2016 09:40:38 AM PDT GMT-7 - Cash Basis

Statement of Activity

January - October 2015

	Total
REVENUE	
Cheer Registration	
Cheer Registration Refunds	-495.50
Registration - Cheer	9,270.22
Total Cheer Registration	8,774.72
Donations	1,610.00
Donations - General	60.00
Total Donations	1,670.00
Fundraising	
Fundraising - Cheer	6,147.89
Fundraising - Football	2,731.94
Travel - Cheer	9,072.00
Total Fundraising	17,951.83
General Administrative	
Bank Interest	19.23
Total General Administrative	19.23
Player Registration	
Player Registration - Refunds	-7,526.32
Registration - Flag	1,400.60
Registration - Tackle	64,063.53
Total Player Registration	57,937.81
Sales	
Snack Bar	3,270.75
Spirit Wear	3,981.95
Total Sales	7,252.70
Team Sponsorship	1,901.72
Jersey Logo	-94.50
Total Team Sponsorship	1,807.22
Travel Fund (OEC)	9,173.00
Total Revenue	104,586.51
GROSS PROFIT	
	104,586.51
EXPENDITURES	
Cheer	
Competition	1,190.00
Equipment - Uniforms	10,469.63
JAMZ Camp	1,294.00
Miscellaneous	65.00
Music	754.71
Total Cheer	13,773.34
Field Rental, Maintenance & Improvements	
Field Rental - City of SC	15,335.90
Field Rental - CUSD	7,137.50
Light Tower Rental	2,953.37

	Total
Scoreboard/Announcer Fee	615.00
Total Field Rental, Maintenance & Improvements	26,041.77
General & Administrative Expenditures	75.00
Accounting/Tax Services	675.00
Advertising	725.00
Bank Fee - Account Management	841.39
Banner, Signs & Graphics	186.97
Internet / Website	420.00
Office Supplies	141.70
Postal/Mail Services	287.16
Printing & Publications	182.30
SCYF Board Food / Meeting Expense	190.17
Taxes & Licenses	267.00
Team Photos	739.53
Trophies & Awards	2,835.62
Total General & Administrative Expenditures	7,566.84
OEC Assessments	
Medical	2,923.71
National/Regional	330.00
Referee	6,913.50
Rule Books, Patches, Challenger, Etc.	399.80
Team	4,417.00
Travel	3,038.00
Total OEC Assessments	18,022.01
Player	
Equipment - Reconditioning/Recertification	4,748.48
Equipment - Uniforms	19,911.72
Equipmetn - New Team Gear	6,559.35
Total Player	31,219.55
Player / Cheer Registration	
Registration Materials	335.99
Total Player / Cheer Registration	335.99
Snack Bar	
Retail Expense - Snack Bar	1,175.44
Total Snack Bar	1,175.44
Spirit Wear	
Spirit Wear Production	100.00
Total Spirit Wear	4,494.52
Team Safety	
Background Checks	1,069.98
First Aid Kits, Ice Packs, Etc.	1,542.97
Total Team Safety	2,612.95
Travel	
Travel - Cheer	21,650.00
Total Travel	21,650.00

Uncategorized Expenditure	Total
	200.00
Total Expenditures	127,192.41
NET OPERATING REVENUE	-22,605.90
NET REVENUE	\$ -22,605.90

Statement of Financial Position

As of December 31, 2015

	Total
ASSETS	
Current Assets	
Bank Accounts	
BUSINESS CHECKING (XXXXXX 4631)	2,721.20
BUSINESS HIGH YIELD SAVINGS (XXXXXX 5364)	30,262.18
Total Bank Accounts	32,983.38
Total Current Assets	32,983.38
TOTAL ASSETS	\$32,983.38
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Opening Balance Equity	91,131.50
Retained Earnings	-35,542.22
Net Revenue	-22,605.90
Total Equity	32,983.38
TOTAL LIABILITIES AND EQUITY	\$32,983.38

South Coast PW
Budget vs. Actuals: FY15 BUDGET - FY15 P&L
January - December 2015

	Total			
	Actual	Budget	over Budget	% of Budget
Revenue				
Cheer Registration				
Registration - Cheer	4,332.18	10,500.00	-6,167.82	41.26 %
Total Cheer Registration	4,332.18	10,500.00	-6,167.82	41.26 %
Fundraising				
Fundraising - Cheer	130.00	2,500.00	-2,370.00	5.20 %
Fundraising - Football	1,040.00	2,500.00	-1,460.00	41.60 %
Total Fundraising	1,170.00	5,000.00	-3,830.00	23.40 %
General Administrative				
Bank Interest	7.04	50.00	-42.96	14.08 %
Total General Administrative	7.04	50.00	-42.96	14.08 %
Player Registration				
Player Registration - Refunds	-1,619.32		-1,619.32	
Registration - Flag	356.64	1,350.00	-993.36	26.42 %
Registration - Tackle	35,081.22	55,000.00	-19,918.78	63.78 %
Total Player Registration	33,818.54	56,350.00	-22,531.46	60.02 %
Total Revenue	\$39,327.76	\$71,900.00	\$ -32,572.24	54.70 %
Gross Profit	\$39,327.76	\$71,900.00	\$ -32,572.24	54.70 %
Expenditures				
Cheer				
Equipment - Uniforms		7,125.00	-7,125.00	
JAMZ Camp		1,250.00	-1,250.00	
Music		750.00	-750.00	
Total Cheer	0.00	9,125.00	-9,125.00	0.00
Field Rental, Maintenance & Improvements				
Field Rental - City of SC	4,941.20	4,000.00	941.20	123.53 %
Field Rental - CUSD		2,000.00	-2,000.00	
Light Tower Rental	3,560.30	3,500.00	60.30	101.72 %
Scoreboard/Announcer Fee		900.00	-900.00	
Total Field Rental, Maintenance & Improvements	8,501.50	10,400.00	-1,898.50	81.75 %
General & Administrative Expenditures				
Accounting/Tax Services	375.00	500.00	-125.00	75.00 %
Bank Fee - Account Management	31.44	500.00	-468.56	6.29 %
Bank Fee - Bounced Checks		250.00	-250.00	
Donations / Charity Contributions		375.00	-375.00	
Internet / Website	420.00	450.00	-30.00	93.33 %
Office Supplies		400.00	-400.00	
Postal/Mail Services	23.16	100.00	-76.84	23.16 %
Printing & Publications		250.00	-250.00	
SCYF Board Food / Meeting Expense		1,000.00	-1,000.00	
Taxes & Licenses	232.00	100.00	132.00	232.00 %

Team Photos		650.00	-650.00	
Trophies & Awards		5,000.00	-5,000.00	
Total General & Administrative Expenditures	1,081.60	9,575.00	-8,493.40	11.30 %
OEC Assessments				
Medical	275.71	2,580.00	-2,304.29	10.69 %
National/Regional	100.00	336.00	-236.00	29.76 %
Referee	1,862.00	6,420.00	-4,558.00	29.00 %
Rule Books, Patches, Challenger, Etc.		713.00	-713.00	
Team	-758.00	6,150.00	-6,908.00	-12.33 %
Travel	821.00	2,619.00	-1,798.00	31.35 %
Total OEC Assessments	2,300.71	18,818.00	-16,517.29	12.23 %
Player				
Equipment - Reconditioning/Recertification		5,000.00	-5,000.00	
Equipment - Uniforms		15,000.00	-15,000.00	
Equipmetn - New Team Gear		2,000.00	-2,000.00	
Miscellaneous		750.00	-750.00	
Total Player	0.00	22,750.00	-22,750.00	0.00
Player / Cheer Registration				
Registration Materials	138.17	200.00	-61.83	69.09 %
Total Player / Cheer Registration	138.17	200.00	-61.83	69.09 %
Spirit Wear				
Spirit Wear Production		1,000.00	-1,000.00	
Total Spirit Wear	0.00	1,000.00	-1,000.00	0.00
Sponsorships				
Sponsorship Banners, Advertisement, Etc.		1,000.00	-1,000.00	
Total Sponsorships	0.00	1,000.00	-1,000.00	0.00
Team Safety				
Background Checks		200.00	-200.00	
First Aid Kits, Ice Packs, Etc.		100.00	-100.00	
Total Team Safety	0.00	300.00	-300.00	0.00
Total Expenditures	\$12,021.98	\$73,168.00	\$ -61,146.02	16.43 %
Net Operating Revenue	\$27,305.78	\$ -1,268.00	\$28,573.78	-2,153.45 %
Net Revenue	\$27,305.78	\$ -1,268.00	\$28,573.78	-2,153.45 %

Sunday, May 17, 2015 05:40:27 PM PDT GMT-7 - Cash Basis

This report was created using QuickBooks Online Plus.

Return of Organization Exempt From Income Tax

2015

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning		, 2015, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SCY FOOTBALL, INC</u>		D Employer identification number
	Doing business as		<u>33-0833075</u>
			E Telephone number
			G Gross receipts \$ <u>104,586.</u>
		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: ▶ <u>N/A</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1999</u>
			M State of legal domicile: <u>CA</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION SUPPORTS YOUTH TEAM SPORTS IN A COMMUNITY IN WHICH PLAYERS LIVE AND ATTEND SCHOOL.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue			Prior Year
8		Contributions and grants (Part VIII, line 1h)	4,893.	19,622.
9		Program service revenue (Part VIII, line 2g)	62,697.	84,945.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41.	19.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,999.	
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		69,630.	104,586.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,783.	127,192.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,783.	127,192.	
19	Revenue less expenses. Subtract line 18 from line 12	-10,153.	-22,606.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	85,935.	63,328.
	21	Total liabilities (Part X, line 26)	0.	
22	Net assets or fund balances. Subtract line 21 from line 20	85,935.	63,328.	

Part II Signature Block

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.

<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">▶</div> <div style="flex-grow: 1;">Signature of officer</div> </div>	06/08/16 Date
---	------------------

Sign Here

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE ORGANIZATION SUPPORTS YOUTH TEAM SPORTS IN A COMMUNITY IN WHICH PLAYERS LIVE AND ATTEND SCHOOL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 122,461. including grants of \$ 0.) (Revenue \$ 84,945.)

PROVIDED POP WARNER FOOTBALL TO ALL CHILDREN WHO PARTICIPATED IN THE 2015 FISCAL YEAR. EACH YEAR SCYF ACCOMPLISHES ITS GOAL OF PROVIDING AN EXCELLENT AND QUALITY TACKLE FOOTBALL PROGRAM TO THE COMMUNITY IN WHICH THE PLAYERS RESIDE.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 122,461.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID (e.g., 1a, 1b, 1c), question text, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1 a Enter the number of voting members of the governing body at the end of the tax year. 15; 1 b Enter the number of voting members included in line 1a, above, who are independent. 15; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X; 6 Did the organization have members or stockholders? X; 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X; 8 b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10 a Did the organization have local chapters, branches, or affiliates? X; 10 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. X; 12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a The organization's CEO, Executive Director, or top management official. X; 15 b Other officers or key employees of the organization. X; 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?;

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAN MARGIOTTA PRESIDENT	10.00	X					0.	0.	0.	
(2) MEREDITH FISH SECRETARY	3.00	X					0.	0.	0.	
(3) MATT MC CARTY TREASURER	3.00	X					0.	0.	0.	
(4) TOM TRUE 1ST VP	5.00	X					0.	0.	0.	
(5) BRIAN BACHHUBER 2ND VP	5.00	X					0.	0.	0.	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	17,952.			
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f	1,670.			
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f ▶		19,622.				
Program Service Revenue			Business Code			
	2 a <u>PLAYER REGISTRATION</u>	711210	57,938.	57,938.	0.	0.
	b <u>CHEER REGISTRATION</u>	711210	8,775.	8,775.	0.	0.
	c <u>SNACK BAR</u>	711210	3,270.	3,270.	0.	0.
	d <u>SPIRIT WEAR</u>	711210	3,982.	3,982.	0.	0.
	e <u>SPONSORSHIP</u>	711210	1,807.	1,807.	0.	0.
	f All other program service revenue . . .		9,173.	9,173.	0.	0.
g Total. Add lines 2a-2f ▶		84,945.				
3 Investment income (including dividends, interest and other similar amounts) ▶		19.	19.	0.	0.	
4 Income from investment of tax-exempt bond proceeds . . ▶						
5 Royalties ▶						
Other Revenue			(i) Real		(ii) Personal	
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss) . .					
	d Net rental income or (loss) ▶					
			(i) Securities		(ii) Other	
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including . . \$ <u>17,952.</u> of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Business Code		
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶		104,586.	84,964.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	675.	0.	675.	0.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.	725.	0.	725.	0.
13 Office expenses.	2,721.	0.	2,721.	0.
14 Information technology.	420.	0.	420.	0.
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	190.	0.	190.	0.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHEER	13,773.	13,773.	0.	0.
b FIELD PREP	26,042.	26,042.	0.	0.
c TROPHIES/AWARDS	2,836.	2,836.	0.	0.
d OEC ASSESSMENTS	18,022.	18,022.	0.	0.
e All other expenses	61,788.	61,788.	0.	0.
25 Total functional expenses. Add lines 1 through 24e.	127,192.	122,461.	4,731.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash — non-interest-bearing	55,590.	1	32,983.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	30,345.		
	b	Less: accumulated depreciation	10b		10c	30,345.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		85,935.	16	63,328.	
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		85,935.	32	63,328.
33	Total net assets or fund balances		85,935.	33	63,328.	
34	Total liabilities and net assets/fund balances		85,935.	34	63,328.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,192.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,935.
5	Net unrealized gains (losses) on investments	5	-1.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,328.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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