



# AGENDA REPORT

SAN CLEMENTE CITY COUNCIL MEETING

Meeting Date: May 1, 2018

Agenda Item 9B

Approvals: \_\_\_\_\_

City Manager [Signature]

Dept. Head [Signature]

Attorney \_\_\_\_\_

Finance JV

**Department:** Beaches, Parks & Recreation  
**Prepared By:** Samantha Thomas, Recreation Manager  
Ken Sipes, Recreation Coordinator

**Subject:** *RECREATION SPORTS PARTNERSHIP APPLICATION – ELITE SOCCER LEAGUE*

**Fiscal Impact:** Yes. If a Gold Partnership is approved, the applicant, Elite Soccer League (ESL) would receive a seventy percent (70%) discount on all field allocations. Based on ESL's prior field usage, the City subsidizes approximately \$35,352 in field rental costs.

If a Platinum Partnership is approved, as requested by the applicant, ESL would receive a 90% discount on all field allocations. This action would result in the City subsidizing up to \$58,921, annually.

**Summary:** Staff recommends approval of a Gold Recreation Sports Partnership agreement with Elite Soccer League.

**Background:** Based on Policy 702-5, any interested sports organization/association may apply to receive partnership status. Qualifying and approved groups receive discounted rental rates and priority field allocations. Attachment 1 provides specific detail regarding minimum qualification. Below are the general requirements for each level:

**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. Based on this criteria staff recommends Elite Soccer League.

**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.

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 Partner	55%	25%	25%
Gold Partner	70%	25%	25%
Platinum Partner	90%	50%	50%

At the August 11, 2015 commission meeting, the Beaches, Parks and Recreation Commission reviewed Elite Soccer League partnerships status. During the discussion, Commissioners, either individually or in agreement, commented about the salaries and administrative costs Elite Soccer pays its coaches and staff, and concluded that their organization does not demonstrate a financial hardship. A motion was carried to recommend to City Council to deny partnership status for ESL.

At its August 18, 2015 meeting, the City Council approved a Gold Partnership with ESL for a two-year agreement. The 2015 agreement concluded in September 2017.

At its April 10, 2018 meeting, the Beaches, Parks and Recreation Commission recommended Elite Soccer receive Gold Partnership status for a one-year period beginning in October 2017, discussing a desire to consider all platinum partnership applications at one-time, and coinciding with the review of the AYSO partnership renewal.

**Discussion:** ESL is currently a Gold Partner, and is recognized as a non-profit youth soccer organization. During its primary season, Elite had 451 participants with approximately 92% listed as San Clemente residents (Attachment 2). The applicant meets the scholarship and inclusivity requirements of all three partnership levels.

Elite has three (3) distinct levels of play and is broken down into participation of play as follows: Recreation U4-U10 (49.4%), Signature U9-U15 Signature Rec (21.3%), and Club CFA (29.3%). Costs per participant is \$95-\$155 (Recreation), \$350 Signature, \$600 Club CFA per session. ESL allows players to request a specific coach and specific players, without restriction.

ESL operates using both volunteer and paid coaches. In review of the program budget submitted, ESL allocates funds to both administration costs and coaches at an expenditure of over \$26,000 per month. Based on previous years' tax returns, approximately 13%-17% of revenues were allocated towards salaries, other compensation, and employee benefits. As financial hardship is a requirement for Partnership approval, based on the financial information provided, staff does not recommend the request for Platinum partnership. Staff recommends Elite Soccer League be approved for Gold Partnership status.

**Recommended Action:** STAFF RECOMMENDS THAT the City Council approve, and authorize the Mayor to execute, an Agreement by and between the City of San Clemente and Elite Soccer League, providing for Gold Partnership status for a two-year period.

THE BEACHES, PARKS AND RECREATION COMMISSION RECOMMENDS THAT the City Council approve, and authorize the Mayor to execute, an Agreement by and between the City of San Clemente and Elite Soccer, providing for Gold Partnership status for a one-year period.

- Attachments:**
- 1.) Recreation Sports Policy and Purpose
  - 2.) Elite Soccer League Sports Partnership Application and Supplemental Financial Budget Information
  - 3.) Gold Partnership Agreement (The proposed agreement is available for inspection in the City Clerk's Office)

**Notification:** Elite Soccer League

**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, 90% 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, 80% 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, 70% 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? 2016  
 what level? Gold

ORGANIZATION	
Name:	<u>Elite Soccer League</u>
Main Contact:	<u>Michael Affleck</u>
E-Mail:	_____
Address: Add UPS Box	_____
Sport/Activity:	<u>Youth Soccer (fall, winter, spring, spring/summer camps, tournaments)</u>
Federal Tax ID#:	<u>20-2979042</u>
CA Domestic Non-Profit#:	<u>2743933</u>
Primary Phone:	_____
Alternate Phone:	_____
# Years serving San Clemente:	<u>12 (twelve)</u>
Ages Served:	<u>Ages 3-18</u>

**PROGRAM INFORMATION**

**PRIMARY SEASON INFORMATION**

Primary Season Dates: Fall (mid-July through mid-December)

# Participants Registered Last Year: 451 (Fall 2017) % San Clemente residents: 92.2%

# Participants Anticipated This Year: 500 (Fall 2018) % San Clemente residents: 92%

Do players tryout based on skill?  Yes  No - No tryout or eval required for U4-U10  
 - Eval for NEW players only for Signature  
 - Eval for club

% Participation in Recreation based program:  
 70.7% (49.4% U4-U10 rec; 21.3% U9-U15 sig)

% Participation in Skill-Based (Club, Select, All-Star) based on program:  
 29.3% CPA

Are players guaranteed minimum playing time?  No  Yes. How much and explain?  
75% in recreational programs, 50% in club (club gaming circuits do not have a minimum, the 50% rule is unique to CPA (ESL Club) teams)

**Itemize Costs to Participants (including required equipment purchase):**

- Recreation - \$95-\$155 includes everything (uniforms, insurance, gaming, refs, etc.)
- Signature - \$350 includes everything except ref fees (~\$35 per player)
- CPA (club) \$600 for fall includes everything except ref fees (~\$35 per player) and uniforms (~\$125 per player)

Note: club teams that choose to hire a paid trainer incur additional costs. All of the additional training fees go directly to the trainers/coaches. No part of the additional training fee goes to the league.

**SECONDARY SEASON INFORMATION**

Secondary Season Dates: Winter (Jan-Feb); Spring (Mar-June)

# Participants Registered Last Year: Winter (307) Spring (305) % San Clemente residents: Winter (90.9%) Spring (92.1%)

# Participants Anticipated This Year: Winter (325) Spring (325) % San Clemente residents: Winter (91%) Spring (92%)

Do players tryout based on skill?  Yes  No % Participation in skill based program: n/a for secondary season

% Participation in Recreation based program:  
 Winter - 100% (SVS format)  
 Spring - 45.5% U5-U10 rec; 54.1% Signature

% Participation in Skill-Based (Club, Select, All-Star) based on program:  
 n/a as CPA (club) teams typically practice and do tournaments in the winter/spring

Are players guaranteed minimum playing time?  No  Yes. How much and explain?  
75% play rule for all recreational (incl. signature) teams

**Itemize Costs to Participants (including required equipment purchase):**

- \$50-\$95 for winter - includes everything (uniforms, insurance, refs, etc.)
  - \$95-\$155 for spring rec - includes everything (uniforms, insurance, refs, etc.); \$225 for Signature - includes everything except refs (~\$35/player)
- note: club players contribute \$100 in the winter and \$350 in the spring for training and tournaments

How are following activities performed?

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

Board;  Paid Staff  Volunteer  Other, explain: see comment below

Coaches:  Paid Staff  Volunteer  Other, explain: see comment below

Board Positions:  Paid Staff  Volunteer  Other, explain:

Coordinators:  Paid Staff  Volunteer  Other,

explain: \_\_\_\_\_

Not 100% sure what is being asked here. Most of our coaches, board members, and coordinators are volunteer, supported by a small, centralized paid staff.

How are following activities performed?

Board;  Paid Staff  Volunteer  Other, explain: see comment above

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?
Fall Season	- - - -	Details Outlined Above	- - - -	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Winter Season	- - - -	Details Outlined Above	- - - -	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spring Season	- - - -	Details Outlined Above	- - - -	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Saturday Trainings (each season)	~50 each season	95%+	\$155	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spring/Summer Camps	~80 each camp	95%+	\$75-\$125 / week	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Thanksgiving and Holiday Clinics	~125 each clinic	95%+	Free	<input type="checkbox"/> Yes <input checked="" 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?

- Recreational (i.e. Signature) teams are typically formed when a qualified volunteer coach steps forward, usually with a few players, and commits to take a team. We then fill the empty spots on the roster with players from our individual registration list.
- All of our CPA (club) teams were originally formed the same way, but have "graduated" to the higher level of play (club). We add players to CPA teams as needed through tryouts.
- A number of players from fall carryover into winter and spring

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?

Each team typically has a volunteer coach, assistant coach, and team manager. Coaches and assistant coaches train the players during the week (1 hour/week for U4-U8; 3 hours/week for U9 and older). Team Managers generally help collect registration paperwork, birth certificates, and take care of any other administrative needs for the team. There is no monetary donation required and no penalty for parents who choose not to volunteer.

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

We do not deny acceptance to any player into the Elite Soccer League. For brand new players who are U10 and older, those who have little or no experience playing soccer, we may require that they participate in our developmental training program before joining a Signature or CPA (club) team in order to prepare them for success in these programs. By U10, many players have played several years of soccer. Mixing brand new players with experience players does not, in our experience, provide a positive experience for the kids. Our training programs are designed to prepare the kids for future success in of the seasonal programs.

Does your organization offer camps, clinics, or, private lessons?  Yes  No  
If yes, please include times, dates and costs to participants.

- Spring/Summer camps - \$125 for the week (18 hours of training) or \$30 per day
- Saturday Trainings - \$155 for the season (8-10 sessions)
- Thanksgiving and Holiday Clinics - Free



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.

In conjunction with Cal South, ESL hosts periodic "Top Soccer" events for disabled children. There is no cost to the families who participate. More information can be found online at [www.calsouth.com/en/topsoccer](http://www.calsouth.com/en/topsoccer).

Does your organization host tournaments?  Yes  No

If yes, how many and what's the % of non-resident teams? We have not hosted any tournaments to date; however, we will be hosting one this summer. If necessary, we will require that all games on San Clemente fields include San Clemente based teams.

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:

Fall (36 full scholarships)

Number of Full Scholarships Secondary Season:

Winter (41 full scholarships); Spring (32 full scholarships)

Scholarship amount per child: Fall (\$95-\$500)-depends on level; Winter (\$25); Spring (\$95-\$350)-depends on level

Scholarship Criteria: Demonstrated financial need. Families must fill out a scholarship application and include W2/other tax information in order to qualify. We have a scholarship committee that reviews and approves each scholarship.

Number of Partial Scholarships/Reduced Rates Primary Season:

Fall (45 partial scholarships)

Number of Partial Scholarships/Reduced Rates Secondary Season:

Winter (41 partial scholarships); Spring (37 partial scholarships)

Discount amount per child: Fall ranged from \$50 to \$450; Winter ranged from \$25 to \$75; Spring ranged from \$50 to \$150

Reduced Rate Criteria: Demonstrated financial need. Families must fill out a scholarship application and include W2/other tax information in order to qualify. We have a scholarship committee that reviews and approves each scholarship.

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? ~25%

What percentage of games/tournaments are played outside of San Clemente? ~25%

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

Signature teams - LNYSA, FRYSC, JUBA, OJSC, LBYSC, ASA, WAYS (all recreational organizations)

CFA teams - all clubs that play in the SODSL ([www.sodslsoccer.com](http://www.sodslsoccer.com))

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 At Elite Soccer League we strive to help players and volunteer coaches become the best they can be on the soccer field while, at the same time, giving the kids the friendships and tools they need to gain confidence and eventually to become the leaders in our communities.

Please tell us how your organization is going to have a symbiotic relationship with the City Elite Soccer League helps build and support confident, productive kids who then go on to strengthen the communities in which they live. Our soccer programs keep kids physically fit, doing something they love, and working to become the very best they can be. The city supports Elite Soccer League by granting field permits and helping spread the word about Elite's programs.

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 elite Soccer League brings a very unique benefit tot he families in San Clemente. We are, as far as we have seen, the only soccer organization that allows players and teams to continue together year-after-year. As a result, not only does the level of play and individual skill development increase, but deep and lasting friendships are also allowed to thrive. We recognize that the most important part of what we do as an organization is build future leaders. The friendships these kids build give them confidence as they move from elementary school into middle school, and later into High School. Yes, we want to help the kids become great soccer players - the best they can be, however, it is off the field of play where our most important goals are realized.

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

Our fee structure, as shown in this application, is significantly lower than the vast majority of soccer organizations in the area. As a Gold-Level our field costs are more than we can cover (see attached budget) if we are to keep the programs healthy. If this does not change we will either have to increase the registration fees for our San Clemente residents, or require the teams to donate additional funds to cover field costs.

**PLEASE ATTACH:**

**All items on the checklist provided below must be submitted in order to consider your application complete. Incomplete applications will not be considered for Partnership.**

- Proof of federal non-profit status and CA domestic non-profit status
- Program objectives, philosophy or mission statement
- List of current board members; including name, position, and contact information
- Articles, bylaws and other charter documents
- A program budget (Please use Attachment A for detailed budget, but can also supply your own organization's format)
- Profit/loss statement or audited financial statement
- Last THREE years of tax returns for San Clemente sports program; if part of a district, regional, or nationally based organization the City is requesting tax and/or financial information that is sent to the larger Parent organization.
- Last primary season'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

# **Elite Soccer League Program Objectives**

Elite Soccer League's primary purpose is to create a soccer environment where players can build a solid foundation for success both in soccer and in life.

Our program objectives are as follows:

- Provide a recreational environment where new players can learn basic skills that will allow them to have fun and progress at their own pace
- Allow coaches and players to pick their own teams and stay together year-after-year in order to build lasting friendships and promote team growth
- Support players and teams who want to progress from the recreational divisions to higher levels of play

We believe that by providing quality training and positive role models our players are able to build a solid foundation for success both on and off the field.

All of our programs are created with the kids and their families in mind. We promote hard work, dedication, and seek to instill a love for the game and a desire to excel.



**Elite Soccer League  
San Clemente Revenue & Expenses  
2018 Budget**

<u>Revenue</u>	Winter	Spring	Fall	Total
Player Fees	\$ 20,150	\$ 78,310	\$ 170,600	\$ 269,060
Scholarships	(2,015)	(11,747)	(34,120)	(47,882)
Other	-	-	-	-
Net Revenue	<u>\$ 18,135</u>	<u>\$ 66,564</u>	<u>\$ 136,480</u>	<u>\$ 221,179</u>
 <u>Expenses</u>				
Uniforms	\$ -	\$ (19,500)	\$ (24,450)	\$ (43,950)
T-shirts	(4,875)	(4,875)	(5,325)	(15,075)
Coaching Equipment	(2,031)	(1,724)	(8,757)	(12,512)
Goals and Nets	(3,500)	(1,500)	(1,500)	(6,500)
Field Rental	(5,688)	(7,329)	(16,250)	(29,266)
Field Paint	(1,250)	(2,000)	(2,500)	(5,750)
Marketing	(750)	(2,000)	(3,000)	(5,750)
CalSouth Registration Fees	(2,438)	(3,656)	(8,950)	(15,044)
Gaming Fees	-	(3,000)	(8,800)	(11,800)
Fixed Costs Allocation	(8,700)	(13,050)	(30,450)	(52,200)
Awards	-	(1,250)	(2,250)	(3,500)
Tournament Fees	-	-	(9,600)	(9,600)
Credit Card Fees	(635)	(2,330)	(4,777)	(7,741)
Other (SC P&R Support)	-	(500)	(1,500)	(2,000)
Total Expenses	<u>\$ (29,866)</u>	<u>\$ (62,713)</u>	<u>\$ (128,109)</u>	<u>\$ (220,688)</u>
Net Add/(Loss)	<u>\$ (11,731)</u>	<u>\$ 3,850</u>	<u>\$ 8,371</u>	<u>\$ 490</u>

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/form990).

**2014**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning **2014**, and ending **2014**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** **ELITE SOCCER LEAGUE**

**D** Employer identification number

**E**

**F** Name and address of principal officer:  
**SAME AS C ABOVE**

**G** Gross receipts \$ **884,253.**

**H(a)** Is this a group return for subordinates? Yes  No   
**H(b)** Are all subordinates included? If No, attach a list. (see instructions) Yes  No

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.ELITESOCCERLEAGUE.COM**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2006** **M** State of legal domicile: **CA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: ELITE SOCCER LEAGUE'S PROVIDES SOCCER RELATED EVENTS AND ACTIVITIES IN A SAFE AND FUN ENVIRONMENT WITH THE PURPOSE OF HELPING KIDS FIND SUCCESS BOTH ON AND OFF THE SOCCER FIELD.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>1</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		
<b>9</b> Program service revenue (Part VIII, line 2g)	732,180.	872,848.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,580.	11,405.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	736,760.	884,253.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	4,927.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	326,756.	153,882.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	405,077.	713,136.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,760.	867,018.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		17,235.
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	9,976.	8,964.
<b>21</b> Total liabilities (Part X, line 26)	0.	83,074.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	9,976.	-74,110.

**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.

**Sign Here**

Signature of officer: **MICHAEL AFFLECK** Date: **TREASURER**

Type or print name and title.

**Paid Preparer Use Only**

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

**Return of Organization Exempt From Income Tax**  
 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](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_, **2015, and ending** \_\_\_\_\_

<b>B</b> Check if applicable:	<b>C</b> <b>ELITE SOCCER LEAGUE</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change		<b>E</b>
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		<b>G</b> Gross receipts \$ <b>1,075,410.</b>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<b>WWW.ELITESOCCERLEAGUE.COM</b>	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2006</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>ELITE SOCCER LEAGUE'S PROVIDES SOCCER RELATED EVENTS AND ACTIVITIES IN A SAFE AND FUN ENVIRONMENT WITH THE PURPOSE OF HELPING KIDS FIND SUCCESS BOTH ON AND OFF THE SOCCER FIELD.</u>				
Activities & Governance	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).....	<b>3</b>		<b>4</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>		<b>5</b>	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a).....	<b>5</b>		<b>1</b>	
	6 Total number of volunteers (estimate if necessary).....	<b>6</b>		<b>0</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>		<b>0.</b>	
	7b Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>		<b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>		<b>Current Year</b>	
	9 Program service revenue (Part VIII, line 2g).....	872,848.		1,061,900.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....				
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	11,405.		13,510.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	884,253.		1,075,410.	
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).....	153,882.		139,799.	
	16a Professional fundraising fees (Part IX, column (A), line 11e).....				
	b Total fundraising expenses (Part IX, column (D), line 25) ▶				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	713,136.		851,538.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	867,018.		991,337.		
19 Revenue less expenses. Subtract line 18 from line 12.....	17,235.		84,073.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	<b>Beginning of Current Year</b>		<b>End of Year</b>	
	21 Total liabilities (Part X, line 26).....	8,964.		85,099.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	83,074.		75,134.	
		-74,110.		9,965.	

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>MICHAEL AFFLECK</b> Type or print name and title.	<b>TREASURER</b>

**Paid Preparer Use Only**

May the IRS

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning JANUARY 1, 2016, and ending DECEMBER 31, 20 16

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization ELITE SOCCER LEAGUE  
 Doing business as \_\_\_\_\_

**D** Employer identification number \_\_\_\_\_

**G** Gross receipts \$ 1,110,099.

**F** Name and address of principal officer: SAME AS ABOVE

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no.)  4947(a)(1) or  527

**J** Website: WWW.ELITESOCCERLEAGUE.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2006 **M** State of legal domicile: CA

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>ELITE SOCCER LEAGUE PROVIDES SOCCER RELATED BENEFITS AND ACTIVITIES IN A SAFE AND FUN ENVIRONMENT WITH THE PURPOSE OF HELPING KIDS FIND SUCCESS BOTH ON AND OFF THE SOCCER FIELD.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>120</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,061,900.</u>	<u>1,088,849.</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>13,510.</u>	<u>21,250.</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,075,410.</u>	<u>1,110,099.</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>139,799.</u>	<u>159,129.</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>851,538.</u>	<u>868,231.</u>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>991,337.</u>	<u>1,027,360.</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>84,073.</u>	<u>82,863.</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>95,099.</u>	<u>96,604.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>75,134.</u>	<u>3,900.</u>

**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.

**Sign Here**

Signature of officer: Michael J. Affleck, President  
 Date: 11/14/2017

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)