2010 TAX RETURN

CLIENT COPY

Client: SOCCER

Prepared for: SOCCER WITHOUT BORDERS
PO BOX 3443
OAKLAND, CA 94609
(510) 859-4874

Prepared by: SAM S. KAN
HUANG,KAN & COMPANY,LLP
1185 CHESS DRIVE, SUITE 201
FOSTER CITY, CA 94404
(510) 355-0492

Date: OCTOBER 5, 2011

Comments:

Route to: _____ _____ _____ _____

2010 Exempt Org. Return
prepared for:

SOCCER WITHOUT BORDERS
PO Box 3443
OAKLAND, CA 94609

HUANG,KAN & COMPANY,LLP
1185 Chess Drive, Suite 201
FOSTER CITY, CA 94404

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FEDERAL FORMS	
Form 990-EZ	2010 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule O	Supplemental Information

CALIFORNIA FORMS	
Form 199	2010 California Exempt Organization Return
Schedule B	Schedule of Contributors

FEE SUMMARY	
Preparation Fee	

2010 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ) PAGE 1

SOCCER WITHOUT BORDERS **20-3786129**

	2010	2009	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	143,585	24,062	119,523
PROGRAM SERVICE REVENUE	11,690	43,890	-32,200
TOTAL REVENUE	155,275	67,952	87,323
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS	53,601	18,396	35,205
PROFESSIONAL FEES/PYMT TO CONTRACTORS	316	500	-184
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	11,434	2,588	8,846
OTHER EXPENSES	69,948	29,789	40,159
TOTAL EXPENSES	135,299	51,273	84,026
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	19,976	16,679	3,297
NET ASSETS/FUND BAL. AT BEG. OF YEAR	19,870	3,191	16,679
OTHER CHANGES IN NET ASSETS/FUND BAL	3,972	0	3,972
NET ASSETS/FUND BAL. AT END OF YEAR	43,818	19,870	23,948

SOCCER WITHOUT BORDERS 20-3786129

	2010	2009	DIFF
REVENUE			
OTHER INCOME	11,690	43,890	-32,200
GROSS CONTRIBUTIONS, GIFTS, & GRANTS	143,585	24,062	119,523
TOTAL INCOME	155,275	67,952	87,323
EXPENSES AND DISBURSEMENTS			
COMPENSATION OF OFFICERS, ETC	15,550	0	15,550
OTHER SALARIES AND WAGES	34,260	0	34,260
TAXES	3,358	0	3,358
RENTS	11,434	2,588	8,846
OTHER DEDUCTIONS	70,697	48,685	22,012
TOTAL DEDUCTIONS	135,299	51,273	84,026
EXCESS OF RECEIPTS OVER DISBURSEMENTS	19,976	16,679	3,297
FILING FEE			
FILING FEE	10	10	0
BALANCE DUE	10	10	0
SCHEDULE L			
BEGINNING ASSETS	19,870	3,191	16,679
BEGINNING LIABILITIES & NET WORTH	19,870	3,191	16,679
ENDING ASSETS	43,818	19,870	23,948
ENDING LIABILITIES & NET WORTH	43,818	19,870	23,948

SOCCER WITHOUT BORDERS 20-3786129

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B, SCH O
CALIFORNIA: 199, SCH B

CARRYOVERS TO 2011

NONE

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
SOCCER WITHOUT BORDERS
PO BOX 3443
OAKLAND, CA 94609

D Employer identification number
20-3786129

E Telephone number
(510) 859-4874

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► N/A

J **Tax-exempt status** (ck only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 155,275.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	143,585.
	2	Program service revenue including government fees and contracts	2	11,690.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	155,275.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,601.
	13	Professional fees and other payments to independent contractors	13	316.
	14	Occupancy, rent, utilities, and maintenance	14	11,434.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	69,948.
	17	**Total expenses.** Add lines 10 through 16 ►	17	135,299.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,976.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,870.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	3,972.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	43,818.

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	19,870.	22	43,818.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	19,870.	25	43,818.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	19,870.	27	43,818.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 100 REFUGEE AND IMMIGRANT YOUTH LIVING IN OAKLAND,CA (Grants $) If this amount includes foreign grants, check here ► ☐	28a	20,062.
29	CREATED A SOCCER AND LIFESKILLS PROGRAM FOR GIRLS LIVING IN GRANADA, NICARAGUA (Grants $) If this amount includes foreign grants, check here ► ☐	29a	19,654.
30	SUCCESSFULLY COMPLETED WEEK LONG SOCCER AND EDUCATIONAL CAMPS IN SANTA ANA, EL SALVADOR, CAIRO, EGYPT, AND SAN JOSE, CA (Grants $) If this amount includes foreign grants, check here ► ☐	30a	17,636.
31	Other program services (describe in Schedule O) SEE SCHEDULE O (Grants $) If this amount includes foreign grants, check here ► ☐	31a	20,352.
32	**Total program service expenses** (add lines 28a through 31a) ►	32	77,704.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BEN GUCCIARDI 430 YERBA BUENA AVE SAN FRANCISCO, CA 94127	DIRECTOR 0	5,500.	0.	0.
MARY MCVEIGH 6083 HINMAN HANOVER, NH 03755	DIRECTOR 0	6,800.	0.	0.
KATLIN OKAMOTO 1515 WELMER RD., TAOS, NM 87571	DIRECTOR 0	0.	0.	0.
LAILA NOSSIER 906 CAMELIA ST BERKLEY, CA 94710	0	3,250.	0.	0.
MYRA SACK 105 ROLLING RD WYNNEWOOD, PA 19096	0	0.	0.	0.
LAUREN MARKHAM 3382 DWIGHT WAY BERKLEY, CA 94704	0	0.	0.	0.

Part V **Other Information** (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V X

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	**33**		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	**34**		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	**35a**		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?	**35b**		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	**36**		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0.			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	**38a**		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 **39a** N/A			
b	Gross receipts, included on line 9, for public use of club facilities **39b** N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	**40b**		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	**40e**		X

41 List the states with which a copy of this return is filed ► NONE

42 a The organization's books are in care of ► BEN GUCCIARDI Telephone no. ► (415) 587-1399

Located at ► 420 YERBA BUENA AVE SAN FRANCISCO CA ZIP + 4 ► 94127

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		X
	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	**42c**	X	
	If 'Yes,' enter the name of the foreign country: ► NICARAGUA			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here . . . . . ► ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► **43** N/A

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	**44a**		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	**44b**		X
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	**44d**		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	**45**		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	**45a**		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	**46**		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	**47**		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	**48**		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		X
b	If 'Yes,' was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ► _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☒ **Yes** ☐ **No**

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 _____ Date

► _____ Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
SAM S. KAN	SAM S. KAN			N/A

Firm's name ► HUANG,KAN & COMPANY,LLP

Firm's address ► 1185 CHESS DRIVE, SUITE 201
FOSTER CITY, CA 94404

Firm's EIN ► N/A

Phone no. (510) 355-0492

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
SOCCER WITHOUT BORDERS	20-3786129

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) A family member of a person described in (i) above?	**11 g (ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	20,085.	42,495.	39,190.	24,062.	175,569.	301,401.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	20,085.	42,495.	39,190.	24,062.	175,569.	301,401.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						301,401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	20,085.	42,495.	39,190.	24,062.	175,569.	301,401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 **Total support.** Add lines 7 through 10						301,401.

12 Gross receipts from related activities, etc (see instructions) **12** 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) **14** 100.0 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 **15** 0.0 %

16a **33-1/3% support test — 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test — 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test — 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2010

Name of the organization	**Employer identification number**
SOCCER WITHOUT BORDERS	20-3786129

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
SOCCER WITHOUT BORDERS	20-3786129

Part I **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BETTINGER FAMILY 29 BELVEDERE AVE BELVEDERE, CA 94920	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	US STATE DEPARTMENT 2201 C STREET NW WASHINGTON, DC 20037	$ 15,484.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	ASS JEWISH CHARITIES OF BALTIMORE 101 W MOUNT ROYAL AVE BALTIMORE, MD 21202	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	REFUGEE TRANSITIONS 870 MARKET STREET SUITE 718 SAN FRANCISCO, CA 94102	$ 14,371.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
SOCCER WITHOUT BORDERS	20-3786129

Part II **Noncash Property** (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: SOCCER WITHOUT BORDERS

Employer identification number: 20-3786129

Part III ***Exclusively*** **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete cols **(a)** through **(e) and** the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
SOCCER WITHOUT BORDERS

Employer identification number
20-3786129

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDING RECREATION AND EDUCATION TO YOUTH

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

SOCCER WITHOUT BORDERS 20-3786129

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ACTIVITIES	$	1,631.
BANK CHARGES		1,220.
COMMUNICATIONS		932.
INFORMATION TECHNOLOGY		2.
INSURANCE		700.
LICENSE AND PERMITS		70.
MARKETING / FUNDRAISING		6,372.
MISCELLANEOUS		-708.
PAYMENTS OF TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS		479.
REGISTRATION FEES		4,410.
SMALL EQUIPMENT		1,627.
SOCCER / EDUCATIONAL MATERIALS		130.
SPECIAL EVENTS		2,587.
SPONSORSHIP		1,980.
TRAVEL		258.
VOLUNTEER AND INTERN		47,895.
WEBSITE		363.
TOTAL	$	69,948.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT	$	3,972.
TOTAL	$	3,972.

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 300 YOUTH LIVING IN KAMPALA, UGANDA INCLUDES FOREIGN GRANTS: NO		7,761.
RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 75 GIRLS LIVING IN SOLOLA, GUATEMALA INCLUDES FOREIGN GRANTS: NO		5,728.
RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 50 GIRLS LIVING IN THE VIALLS OF BUENOS AIRES, ARGENTINA INCLUDES FOREIGN GRANTS: NO		4,358.
RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 35 REFUGEE YOUTH LIVING IN BALTIMORE CITY,MD INCLUDES FOREIGN GRANTS: NO		1,629.
RAN YEAR ROUND SOCCER AND LIFE-SKILLS PROGRAM FOR 40 REFUGEE YOUTH LIVING IN NEW YORK CITY, MD INCLUDES FOREIGN GRANTS: NO		876.
TOTAL	$ 0.	$ 20,352.

TAXABLE YEAR **2010**

California Exempt Organization Annual Information Return

FORM **199**

Calendar year 2010 or fiscal year beginning month day year , and ending month day year

A First Return Filed? [ ] Yes [X] No

B Type of organization — Exempt under Section 23701... D (insert letter)

IRC Section 4947(a)(1) trust ... [ ]

CORP # 02954304

Corporation/Organization Name: SOCCER WITHOUT BORDERS

FEIN: 20-3786129

Address: PO BOX 3443

City: OAKLAND, CA 94609

State ZIP Code

C Amended Return? ● [ ] Yes [X] No

D Are you a subordinate/affiliate in a group exemption? [ ] Yes [X] No

a Is this a group filing for affiliates? See General Instruction L. ● [ ] Yes [ ] No

b If 'Yes,' enter the number of affiliates.

c Are all affiliates included? [ ] Yes [ ] No

(If 'No,' attach a list. See instructions.)

d Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No

e Federal Group Exemption Number.

f Is a roster of subordinates attached? [ ] Yes [ ] No

E Final return?

● [ ] Dissolved ● [ ] Surrendered (Withdrawn)

● [ ] Merged/Reorganized (attach explanation)

If a box is checked, enter date ● _____

F Check the box if the organization filed the following federal forms or schedule:

1 ● [ ] 990T 2 ● [ ] 990PF 3 ● [ ] (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ● [ ]

H Accounting method used 1 [X] Cash 2 [ ] Accrual 3 [ ] Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ● [ ] Yes [X] No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ● [ ] Yes [X] No

K Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No

If 'Yes,' enter amount of gross receipts from nonmember sources. $ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ● [ ] Yes [X] No

M Is the organization a Limited Liability Company? ● [ ] Yes [X] No

N Did the organization file Form 100 or Form 109 to report taxable income? ● [ ] Yes [X] No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	11,690.
	2	Gross dues and assessments from members and affiliates ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B ●	3	143,585.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction B ●	4	155,275.
	5	Cost of goods sold ● 5		
	6	Cost or other basis, and sales expenses of assets sold ● 6		
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4 ●	8	155,275.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	135,299.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	19,976.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F	11	10.
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K ●	14	
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title | Date | ● Telephone (510) 859-4874

Paid Preparer's Use Only

Preparer's signature ▶ SAM S. KAN | Date | Check if self-employed ▶ [X] | ● Preparer's PTIN/SSN P00689239

Firm's name (or yours, if self-employed) and address ▶ HUANG,KAN & COMPANY,LLP
1185 CHESS DRIVE, SUITE 201
FOSTER CITY, CA 94404

● FEIN 26-1580982

● Telephone (510) 355-0492

May the FTB discuss this return with the preparer shown above? See instructions ● [X] Yes [ ] No

Part II **Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	11,690.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	11,690.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	15,550.
	12	Other salaries and wages	12	34,260.
	13	Interest	13	
	14	Taxes	14	3,358.
	15	Rents	15	11,434.
	16	Depreciation and depletion (See Instructions)	16	
	17	Other. Attach schedule SEE STATEMENT 3	17	70,697.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	135,299.

Schedule L **Balance Sheets**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		19,870.		43,818.
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach sch.				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans ____)				
9 Other investments. Attach schedule				
10a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule				
13 Total assets		19,870.		43,818.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund		19,870.		43,818.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		19,870.		43,818.

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	19,976.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	19,976.	10 Net income per return. Subtract line 9 from line 6	19,976.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2010

Name of the organization	**Employer identification number**
SOCCER WITHOUT BORDERS	20-3786129

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
SOCCER WITHOUT BORDERS	20-3786129

Part I **Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BETTINGER FAMILY 29 BELVEDERE AVE BELVEDERE, CA 94920	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	US STATE DEPARTMENT 2201 C STREET NW WASHINGTON, DC 20037	$ 15,484.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	ASS JEWISH CHARITIES OF BALTIMORE 101 W MOUNT ROYAL AVE BALTIMORE, MD 21202	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	REFUGEE TRANSITIONS 870 MARKET STREET SUITE 718 SAN FRANCISCO, CA 94102	$ 14,371.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
SOCCER WITHOUT BORDERS

Employer identification number
20-3786129

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization

SOCCER WITHOUT BORDERS

Employer identification number

20-3786129

Part III *Exclusively* religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.

Complete cols **(a)** through **(e) and** the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE	$ 11,690.
TOTAL	$ 11,690.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BEN GUCCIARDI 430 YERBA BUENA AVE SAN FRANCISCO, CA 94127	DIRECTOR 0	$ 5,500.	$ 0.	$ 0.
MARY MCVEIGH 6083 HINMAN HANOVER, NH 03755	DIRECTOR 0	6,800.	0.	0.
KATLIN OKAMOTO 1515 WELMER RD., TAOS, NM 87571	DIRECTOR 0	0.	0.	0.
LAILA NOSSIER 906 CAMELIA ST BERKLEY, CA 94710	0	3,250.	0.	0.
MYRA SACK 105 ROLLING RD WYNNEWOOD, PA 19096	0	0.	0.	0.
LAUREN MARKHAM 3382 DWIGHT WAY BERKLEY, CA 94704	0	0.	0.	0.
TOTAL		$ 15,550.	$ 0.	$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$ 316.
ACTIVITIES	1,631.
BANK CHARGES	1,220.
COMMUNICATIONS	932.
INFORMATION TECHNOLOGY	2.
INSURANCE	700.
LICENSE AND PERMITS	70.
MARKETING / FUNDRAISING	6,372.
MISCELLANEOUS	-708.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

OTHER EMPLOYEE BENEFIT	$ 433.
REGISTRATION FEES	4,410.
SMALL EQUIPMENT	1,627.
SOCCER / EDUCATIONAL MATERIALS	130.
SPECIAL EVENTS	2,587.
SPONSORSHIP	1,980.
TRAVEL	258.
TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS	479.
VOLUNTEER AND INTERN	47,895.
WEBSITE	363.
TOTAL	$ 70,697.