Form **8879-TE**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	SEP	1	, 2021, and ending	AUG	31	, 20 2 2
For calendar year 2021, or liscal year beginning	זנוט		, 202 i, and ending	AUG	J T	, 20 Z

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2021

Name of	filer	EIN or SSN					
	MANHATTAN SOCCER CLUB, INC.	13-3875631					
Name ar	nd title of officer or person subject to tax LORYN BERGMAN						
	PRESIDENT & CEO						
Part	Type of Return and Return Information						
Form 5 or 10a whiche	the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, froi 330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on I below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b ver is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable le line in Part I.	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,					
1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 4,501,395.					
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)						
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)						
4a							
5a	Form 8868 check here b Balance due (Form 8868, line 3c)	-					
6a	Form 990-T check here b Total tax (Form 990-T, Part III, line 4)						
7a	Form 4720 check here b Total tax (Form 4720, Part III, line 1)						
8a	Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b					
9a	Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b					
10a	Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III,						
Part	II Declaration and Signature Authorization of Officer or Person Subject to Tax	(
compleinterme acknow of any rentry to financia later the paymen persons.	lectronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, ite. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return diate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rededement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic of the financial institution account indicated in the tax preparation software for payment of the federal taxes of all institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financian 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the faxes to receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) as my signature for the electronic return and, if applicable, the consent to elect the electronic number (PIN) as my signature for the electronic return and, if applicable, the consent to elect the electronic number (PIN) as a supplicable, the consent to elect the electronic number (PIN) as a supplicable, the consent to elect the electronic number (PIN) as a supplicable on the return and, if I have indicated within this return that a with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afoon the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	they are true, correct, and n. I consent to allow my receive from the IRS (a) an the return or refund, and (c) the date funds withdrawal (direct debit) owed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a tronic funds withdrawal. Deenter my PIN Enter five numbers, but do not enter all zeros a copy of the return is being filed brementioned ERO to enter my PIN et tax year 2021 electronically filed regulating charities as part of the					
Signature Part	of officer or person subject to tax Certification and Authentication	Date					
	EFIN/PIN. Enter your six-digit electronic filing identification						
	r (EFIN) followed by your five-digit self-selected PIN. 13069510405 Do not enter all zeros	5					
submitt	that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicat ting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for A ss Returns.						
ERO's si	ignature ▶ AMY BLOOM Date ▶ 07/	10/23					
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So					

102521 01-11-22

EXTENDED TO JULY 17, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u>A</u>	ror un	e 2021 calendar year, or tax year beginning SEP 1, 2021 and	enaing <i>P</i>	10G 31, 2022	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addro chan				
	chan	ge Doing business as		13-38756	31
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		7J	(877) 42	3-4672
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,604,550.
	Amer return	nded NEW YORK, NY 10023		H(a) Is this a group re	eturn
	Appli tion	F name and address of principal officer: LOKIN DENGMAN		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1 ' '	list. See instructions
		ite: ► WWW.MANHATTANSC.ORG		H(c) Group exemption	
K	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: 1996	■ State of legal domicile: NY
	art I	Summary	•	•	¥
	1	Briefly describe the organization's mission or most significant activities: THE 1	TAHKAN	TAN SOCCER	CLUB
Activities & Governance		PROVIDES SOCCER TRAINING AND PLAYING OPPO			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	13
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
وم س	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			67
ij	6	Total number of volunteers (estimate if necessary)			100
÷	7 a			7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		667,260.	670,723.
ηe	9	Program service revenue (Part VIII, line 2g)		3,078,353.	3,736,362.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,111.	8,224.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,339.	86,086.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,811,063.	4,501,395.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	100,300.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,061,979.	2,261,695.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	99.		
ă	17			1,288,659.	1,957,420.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,425,638.	4,319,415.
	19	Revenue less expenses. Subtract line 18 from line 12		385,425.	181,980.
		Tievende less expenses. Cabitaet line 10 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		3,532,103.	3,829,863.
ASS	21	Total liabilities (Part X, line 26)		2,297,771.	2,413,551.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		1,234,332.	1,416,312.
P	art II				1/110/0111
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			intowiougo and bonon, it is
truc	, 00110	to, and somplete. Bellaration of proparer (earlier than emost) is based on an information of win	ion propuror	Thus arry knowledge.	
Sig	n	Signature of officer		I Date	
Hei		LORYN BERGMAN, PRESIDENT & CEO			
He	E	Type or print name and title			
				Date Check C	PTIN
Pai	4	Print/Type preparer's name AMY BLOOM Preparer's signature AMY BLOOM		7/10/23 self-employ	
	parer	Firm's name WHY ADVISORS NY, INC.	ļu I		14-1555429
	Only	Firm's address 1185 AVENUE OF THE AMERICAS, 38T	H FI.O		<u> </u>
036	Unity	NEW YORK, NY 10036			12) 381-4700
N46	, +b a !	-		Priorite Ho. \ Z	X Yes No
ivia	уппет	RS discuss this return with the preparer shown above? See instructions			L41_ TeSNO

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

(Expenses \$\quad \text{including grants of \$}\quad \text{) (Revenue \$}\quad \text{)}

4e Total program service expenses ►

3,771,857.

Form 990 (2021) MANHATTAN SOCCER CLUB, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		1
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C		11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f		116		
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	25	
D		12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		1
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 30 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 15		<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <i>''</i> _		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	-10		
13	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	30			

Form 990 (2021) MANHATTAN SOCCER CLUB, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
		24a		x			
h	Schedule K. If "No," go to line 25a	24b					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
C	, , , ,	040					
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			$ _{\mathbf{x}}$			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,			
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>						
	"Yes," complete Schedule L, Part IV	28c		х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>					
0 _	Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>02</u>					
00		33		x			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x			
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X			
		35a		<u> </u>			
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051					
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x			
	If "Yes," complete Schedule R, Part V, line 2	36					
37	9 ,						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37				
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X				
Par							
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				

Form 990 (2021)

MANHATTAN SOCCER CLUB, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	·			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account, securities account, or other financial account.	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		r-		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		_5a _5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		125
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			,,,
			8		X
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		อม		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	, , , , ,	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.		14b		
15	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	ny			
			17		L
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.	-									
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	SAMUEL ARNOFF - (914) 575-1037										
	13 BRUCE AVE. HARRISON NY 10528										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unle: cer ar	ss per ıd a di	son is irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1\	line)	ы	Ĕ	JJ0	. Ke	를 를	요			
(1) A. RAY SALVADURAI	40.00	1			х			167 002	0.	0
DIRECTOR OF COACHING	40.00				^			167,083.	0.	0.
(2) RICHARD CORVINO EXECUTIVE DIRECTOR	40.00	-		х				101 667	0.	0.
(3) SAMUEL ARNOFF	40.00		\vdash	Λ				101,667.	0.	0.
GENERAL MANAGER	40.00	1			х			0.	0.	0.
	5.00				^			0.	0.	0.
(4) MICHAEL KNOPF DIRECTOR	3.00	Х						0.	0.	0.
(5) HERMAN LARET	5.00	Λ						0.	0.	0.
TREASURER	3.00	Х						0.	0.	0.
(6) JOHN GRABER	20.00	Λ	\vdash					0.	0.	0.
VP/DIRECTOR	20.00	Х		х				0.	0.	0.
(7) GRACE MANDIGO	5.00	Δ		Δ				0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(8) ANNA LONERGAN	5.00	72						0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(9) DAVID KRAMER	10.00	22						0.	0 •	0.
FIRST VP	10.00	х		х				0.	0.	0.
(10) JEFF THORP	5.00							•	•	•
DIRECTOR	3,100	х						0.	0.	0.
(11) BRIAN DOLAN	5.00	T-								
DIRECTOR		х						0.	0.	0.
(12) SCOTT SEARCY	5.00									
DIRECTOR		Х						0.	0.	0.
(13) LORYN BERGMAN	10.00							-	-	-
PRESIDENT		Х		х				0.	0.	0.
(14) JULIE KRONISH	5.00									
SECRETARY		Х						0.	0.	0.
(15) DANIELLE AUERBACH	5.00								-	
DIRECTOR		Х						0.	0.	0.
(16) DEREK CRIBBS	5.00									
DIRECTOR		Х			L	L		0.	0.	0.

13-3875631

Pai	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C						
	(A)	(B)				C)	,		(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		Es ⁻		
		hours per week					is bot or/trus		compensation	compensatio		l .	ount (ot
		(list any	—	T	T		T		from	from related		l	other	L:
		hours for	lirect				_		the organization	organization (W-2/1099-MIS			pensa om the	
		related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)		l .	anizati	
		organizations	Individual trustee or director	Institutional trustee		99/	mper		1099-NEC)	1000 1120)			d relate	
		below	dual t	ution		n plo	st co	e.	,			l .	nizatio	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
			1											
				<u> </u>			-							
			1											
								┢						
			1											
			-											
				\vdash			-				-			
			1											
								L	060 850					
	Subtotal								268,750.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	268,750.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	no re	eceived more than \$100,	000 of reportable)			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director trust	ee k	cev e	empl	love	e o	r hia	nhest compensated emp	lovee on	1		100	140
Ū	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," con	plete Schedule	e J f	or su	uch į	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	· ·	-								oensat	tion fro	m	
	the organization. Report compensation for (A)	trie Caleridar y	ear e	HUII	ig w	illi (OI WI	1111111	(B)	ear.		(C	2)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	С	comper		า
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	d to		se lis)	sted	above) who received mo	ore than				
		_											200	

			Check if Schedule O	conta	ains a resp	onse (or note to anv lir	ne in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1	_	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•							-			
9			Membership dues Fundraising events					-			
fts,			Related organizations					-			
<u>a</u>							401,846.	-			
Sir			Government grants (contri				101,010.	-			
utio		T	All other contributions, gifts,		l l		268,877.				
έş			similar amounts not included		—	Φ.	200,077.	-			
		-	Noncash contributions included in I					670,723.			
O a		n	Total. Add lines 1a-1f				Business Code	070,723.			
	_			וכוכו	וזר אזו	am.		2 726 262	2 726 262		
<u>ic</u>	2		REGISTRATION	г с.	65, NI	7.T.	611710	3,736,362.	3,730,304.		
er re		b	-								
n S		С									
Jar Sev		d									
Program Service Revenue		е									
₾			All other program service					2 526 260			
		g	Total. Add lines 2a-2f					3,736,362.			
	3	;	Investment income (include					0.004	0 004		
			other similar amounts) \dots					8,224.	8,224.		
	4		Income from investment o		· ·	-					
	5	•	Royalties								
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Secur	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7с							
Re		d	Net gain or (loss)			<u></u>)				
ē	8	а	Gross income from fundraisir	ng ev	ents (not						
₹			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a	189,241.				
		b	Less: direct expenses			8b	103,155.				
		С	Net income or (loss) from	fund	raising eve	nts		86,086.			86,086.
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses								
		С	Net income or (loss) from	gami	ing activitie	es					
	10	а	Gross sales of inventory, le	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from				>				
							Business Code				
ous	11	а									
ane Due		b									
Miscellaneous Revenue		С									
isc B		d	All other revenue								
2			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction					4,501,395.	3,744,586.	0.	86,086.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	se or note to any line in			X				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	100,300.	100,300.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	360,417.	168,574.	164,520.	27,323.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	1 501 116	1 505 001	212 155					
7	Other salaries and wages	1,724,416.	1,505,291.	210,465.	8,660.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	156 060	141 000	21 011	2 052				
10	Payroll taxes	176,862.	141,998.	31,811.	3,053.				
11	Fees for services (nonemployees):								
а	Management	07 010	20 000	7 010					
b	Legal	27,819.	20,000.	7,819.					
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	` '	1 5/6 770	1 462 012	72 002	0 062				
	column (A), amount, list line 11g expenses on Sch O.)	7,205.	1,463,913.	72,902.	9,963.				
12	Advertising and promotion	7,203.		1,203.					
13	Office expenses								
14	Information technology								
15	Royalties								
16 17	Occupancy	365,377.	365,377.						
18	Travel Payments of travel or entertainment expenses	303,311.	303,377						
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	145.		145.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	10,096.	6,404.	3,692.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	·	·						
а									
b									
С									
d									
е	All other expenses			122 == 2					
25	Total functional expenses . Add lines 1 through 24e	4,319,415.	3,771,857.	498,559.	48,999.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2024)				

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,871,790.	1	2,215,496.
	2	Savings and temporary cash investments			2	_
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,244.	4	11,508.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
र	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges		531,999.	9	691,415.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1	1,094,515.	13	0.	
	14	Intangible assets		14	244 444	
	15	Other assets. See Part IV, line 11	5,555.	15	911,444.	
	16	Total assets. Add lines 1 through 15 (must equa	3,532,103.	16	3,829,863.	
	17	Accounts payable and accrued expenses		53,203.	17	33,212.
	18	Grants payable		1 0/10 700	18	2 200 220
	19	Deferred revenue		1,842,722.	19	2,380,339.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substa			00	
Ei.		controlled entity or family member of any of these			22	
	23 24	Secured mortgages and notes payable to unrelate			23 24	
	25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay	Г		24	
	23	parties, and other liabilities not included on lines				
		of Schedule D	· · · · · · · · · · · · · · · · · · ·	401,846.	25	0.
	26	Total liabilities. Add lines 17 through 25		2,297,771.	26	2,413,551.
		Organizations that follow FASB ASC 958, check	k here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			1,223,122.	27	1,310,741.
Bala	28			11,210.	28	1,310,741. 105,571.
둳		Organizations that do not follow FASB ASC 95		·		
Ξ		and complete lines 29 through 33.	,			
ō	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equ			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32			1,234,332.	32	1,416,312.
	33			3,532,103.	33	3,829,863.
						200

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,31		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,23	4,3	<u>32.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,41	6,3	12.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public

Inspection

MANHATTAN SOCCER CLUB, INC. Employer identification number 13-3875631

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)						
1	\Box	A church, convention of ch)(A)(i).					
2	一	A school described in sect i					X X7					
3	Ħ	A hospital or a cooperative		·		/h//1//A//ii	il					
	H	A medical research organization						the hospital's name				
4			ation operated in cor	ijunction with a nospital	described	III SECTIO	ii i/o(b)(i)(A)(iii). Liitei	the nospital s hame,				
_		city, and state:	41 1					- al :				
5		An organization operated for		lege or university owned	or operati	ed by a go	vernmental unit describe	ea in				
		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local government	-									
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general إ	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10	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.)											
11												
12	H	-	· ·	•	•			nurnosos of one or				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 on											
			-					DIRECK THE DOX OH				
		lines 12a through 12d that	* *					at the a				
а	·		· · · · · · · · · · · · · · · · · · ·	•	•	_						
		the supported organization			majority o	the direc	tors or trustees of the su	ipporting				
	_	organization. You must o	-									
b) <u> </u>		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
c	ı 🗆	☐ Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	veness .				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	, [Check this box if the orga	,	•	•							
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f	Ente	er the number of supported o	* *	iany integrated eapperti	ig organiz	acioii.						
		vide the following information		d organization(s)								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))	100	110						
Tota	al											

(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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2434153.	4096449.	3358370.	3745613.	4407085.	18041670.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	0.40.44.50	1006110	225255	0545640	4405005	10044650			
	Total. Add lines 1 through 3	2434153.	4096449.	3358370.	3745613.	4407085.	18041670.			
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)						10041650			
	Public support. Subtract line 5 from line 4.						<u> 18041670.</u>			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2017 2434153.	(b) 2018	(c) 2019	(d) 2020 3745613.	(e) 2021	(f) Total 18041670.			
	Amounts from line 4	2434153.	4096449.	3358370.	3/45013.	440/085.	18041670.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	2 066	16,210.	24 542	4,111.	0 224	E7 0E4			
	and income from similar sources	3,966.	10,210.	24,543.	4,111.	8,224.	57,054.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	94 468	-41,410.	13 233	61,336.	86 086	243,713.			
44	assets (Explain in Part VI.)	74,400.	41,410.	43,233.	01,330.		18342437.			
		oto (oco instructio	\			12	<u> </u>			
12	First 5 years. If the Form 990 is for the	•		fourth or fifth tox v						
10	organization, check this box and stor	•		•		. , . ,				
Sec	etion C. Computation of Publi									
	Public support percentage for 2021 (I			column (f))		14	98.36 %			
	Public support percentage from 2020					15	97.91 %			
	33 1/3% support test - 2021. If the o					ore, check this bo				
	stop here. The organization qualifies						. 37			
b	33 1/3% support test - 2020. If the o		-							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	_								
	meets the facts-and-circumstances te						. —			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line						
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >			

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V-	A1.
		Yes	No
	1		
	2		
	За		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	Ele		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	_		
	9c		
	10a		
.,	10b	. ^~	00-
ıle	A (Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac-	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
_	D: Lu			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	,	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	· age o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 MANHATTAN SOC				3-38/3031 Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C. line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years Applied to 2021 distributable amount				
-:-	Applied to 2021 distributable amount				
-	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2017				

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	OULE A	,	PART	II,	LIN	E 1	0,	EXP	LAN	ATIC	N I	FOR	OTHER	2	INCOME:	
SOCCI	ER TOU	RN	AMEN'	rs &	BEN	EFI	TS									
2017	AMOUN'	т:	\$	94,	468.											
	AMOUN'															
	AMOUN'															
	AMOUN'															
			•	-												
-																

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

MANHATTAN SOCCER CLUB, INC. **Employer identification number** 13-3875631

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	▶ \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)((i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala in furtheran	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9. If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 lf the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8. B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are statement and the light statement are statement and the light statement are statement and the light statement are statement as exhibition, education, or research in the light statement are statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement as a statement are statement as a statemen	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

•	Administrative expenses						
g	End of year balance	11,224.	11,210.	11,207.	11,182.		1
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	.0000	_%				
	Permanent endowment ► 5.6480	%					
С	Term endowment ▶94.3510 g	%					
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.					
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held an	d administered for th	ne organization		
	by:						Ye
	(i) Unrelated organizations					3a(i)	<u></u>
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b	<u> </u>

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Schedule D (Form 990) 2021

b

Part IV

collection items (check all that apply):

1a Beginning of year balance Contributions

Net investment earnings, gains, and losses

Grants or scholarships

and programs

Other expenditures for facilities

Administrative expenses

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

Public exhibition

Scholarly research

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	Learm 000 Part V colum	nn (P) lino 100 l	•	0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MANHATTAN SC	OCCER CLUB, IN	งเต 13	-3875631	Page
Part VII Investments - Other Securities.	ACCENT CHOP, II	15	3073031	raye
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	on Farma 000 Dort IV lines	11d Cas Farms 000 Bart V line 15		
Complete if the organization answered "Yes" o	<u> </u>	11d. See Form 990, Part X, line 15.	(h) Daalees	
	Description		(b) Book va	
(1) NONCURRENT PREPAID RENT			911,	444
(2)				
(3)			<u> </u>	

(a) Description	(b) Book value
(1) NONCURRENT PREPAID RENT	911,444.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	911,444.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(R) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,577,620.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	76,225.		
е	Add lines 2a through 2d			2e	76,225. 4,501,395.
3	Subtract line 2e from line 1			3	4,501,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1.	2.)		5	4,501,395.
Pa	t XII Reconciliation of Expenses per Audited Financial S		Expenses per H	leturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	4,395,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	76,225.		
е	Add lines 2a through 2d			2e	76,225. 4,319,415.
3	Subtract line 2e from line 1			3	4,319,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	4,319,415.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part >	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informa	ation.		
D. 7. T	NA NA ARMAN NA CAMBAN NA TRAMPRIMA				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	WIND GUDDODE				EC 005
TN-	-KIND SUPPORT				76,225.
D. 7. T	OM WIT I THE OR OWNER ARTHURWEN				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	WIND GEDITCEG				76 225
TN-	-KIND SERVICES				76,225.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

No

(vi) Amount paid

to (or retained by)

organization

Yes

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Name of the organization Employer identification number 13-3875631 MANHATTAN SOCCER CLUB, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

> (iii) Did fundraiser have custody or control of contributions?

(iv) Gross receipts

from activity

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(ii) Activity

compensated at least \$5,000 by the organization.

(i) Name and address of individual

or entity (fundraiser)

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, III les Tariu ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 KOC TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	189,241.		·	189,241.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	189,241.			189,241.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	12,846.			12,846.
irect E	7	Food and beverages				
Ω	8	Entertainment	42,133.			42,133.
	9	Other direct expenses	48,176.			42,133. 48,176.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	103,155.
D-	11	Net income summary. Subtract line 10 from li				86,086.
Pa	ırt l	Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$13,000 011 F01111 990-E2, III1e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b) I† " _	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	vear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			

Sch	edule G (Form 990) 2021 MANHATTAN SOCCER CLUB, INC. 13	30/30	<u>31</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Y	'es	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ү	es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	'es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — -		
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line:	s 9, 9i	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	MANHATTAN	SOCCER	CLUB,	INC.	13-3875631	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 13-3875631 MANHATTAN SOCCER CLUB, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) RANDALL'S ISLAND ALLIANCE 20 RANDALL ISLAND PARK NEW YORK, NY 10035 13-3787630 0 MAINTAINING SOCCER FIELDS 75,000. MARTIN LUTHER KING JR., CAMPUS HIGH SCHOOL ATHLETIC FUND - 122 AMSTERDAM AVENUE - NEW YORK NY 10023 11-2656137 25,300. 0. MAINTAINING SOCCER FIELDS Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
t IV Supplemental Information. Provide the informat	tion required in Part I, lin	e 2; Part III, columi	I n (b); and any other ac	 ditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MANHATTAN SOCCER CLUB, INC.

Questions Regarding Compensation

 $Employer\ identification\ number \\ 13-3875631$

	art quodiche hegaranig compendation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	NO
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account i crossnar services (such as maid, chauncur, one)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		Х
h	And related are a institute O	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.	5.5		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) A. RAY SALVADURAI	(i)	167,083.	0.	0.	0.	0.	167,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAMUEL ARNOFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MANHATTAN SOCCER CLUB, INC. **Employer identification number** 13-3875631

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN AND TEENAGERS IN THE NEW YORK CITY AREA AND IN SOME CASES IN
WESTCHESTER COUNTY.
FORM 990, PART VI, SECTION B, LINE 11B:
TREASURER WILL REVIEW THE FORM 990 AND 990A WITH THE BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MONITORS COMPLIANCE AND REQUIRES EACH BOARD MEMBER TO UDATE THEIR
INFORMATION
AT LEAST ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
A FINANCE COMMITTEE CONSISTING OF INDEPENDENT DIRECTORS DETERMINES
COMPENSATION FOR
THE EXECUTIVE DIRECTOR AND ALL KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
ON ORGANIZATION WEBSITE
FORM 990, PART IX, LINE 11G, OTHER FEES:
FIELD AND GYM RENTAL:
PROGRAM SERVICE EXPENSES 668,968.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 668,968.

Schedule O (Form 990) 2021 Page **2**

Name of the organization MANHATTAN SOCCER CLUB, INC.	Employer identification number 13-3875631
TEAM OPERATING:	
PROGRAM SERVICE EXPENSES	202,398.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	202,398.
TEAM REGISTRATION FEES:	
PROGRAM SERVICE EXPENSES	133,619.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	133,619.
TOURNAMENTS:	
PROGRAM SERVICE EXPENSES	212,121.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	212,121.
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	147,573.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,579.
TOTAL EXPENSES	150,152.
OTHER:	
PROGRAM SERVICE EXPENSES	47,528.
MANAGEMENT AND GENERAL EXPENSES	0.
132212 11-11-21	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page **2**

Name of the organization MANHATTAN SOCCER CLUB, INC.	Employer identification number
FUNDRAISING EXPENSES	1,289.
TOTAL EXPENSES	48,817.
HIGH SCHOOL ADMISSION PREPARATION ASSISTANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	36,238.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,238.
ONLINE:	
PROGRAM SERVICE EXPENSES	23,983.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,580.
TOTAL EXPENSES	26,563.
FIELD EQUIPMENT AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	22,168.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,515.
TOTAL EXPENSES	25,683.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	36,664.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,664.
FRANCHISE AMORTIZATION:	

Schedule O (Form 990) 2021 Page **2**

Name of the organization MANHATTAN SOCCER CLUB, INC.	Employer identification number 13-3875631
PROGRAM SERVICE EXPENSES	5,555.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,555.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,546,778.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
TREASURER WILL REVIEW THE FORM 990 AND 990A WITH THE BOARD	MEMBERS.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021
Open to Public

Open to Public Inspection

1.General Information	on						
For Fiscal Year Beginning	(mm/dd/yyy	y) 09/01/	2021 a	ınd Ending (ı	nm/dd/yyy	y) 08/31/	2022
Check if Applicable: Address Change	Name of Organization: MANHATTAN SOCCER CLUB, INC. Employer Identification Number (EIN): 13-3875631						
	Mailing Address: NY Registration Number:						NY Registration Number: 059928
I	City / State / ZIP: Telephone: 877 423-4672						
	Website:	NHATTANS					Email:
Check your organization's				DUAL /74.0			Confirm your Registration Category in the
registration category:	7A or	nly L EPTL	only A	DUAL (7A &	EPIL) L	EXEMPT*	Charities Registry at <u>www.CharitiesNYS.com</u> .
2. Certification							
See instructions for certific	ation require	ements. Imprope	r certification is	a violation	of law that	may be subject	to penalties. The certification requires
two signatories.							
					of the State	e of New York a	best of our knowledge and belief, oplicable to this report.
President or Authorized C	officer:					RYN BERGI ESIDENT	
Tresident of Authorized C	THOEI.	Signature			PKI		e and Title Date
		Signature			HEF	RMAN LAR	
Chief Financial Officer or	Treasurer:					EASURER	
orner rinariolar erneer er		Signature					e and Title Date
		_					
3. Annual Reporting							
		0 ,	· ·	•	•		egory (7A or EPTL only filers) or both
							ed Char500. No fee, schedules, or
	•	•	n an exemption	or are a DU	AL filer that	t claims only on	e exemption, you must file applicable
schedules and attachment	s and pay ap	oplicable tees.					
exceed \$25		e organization di		•			overnment agencies, etc. did not raising counsel (FRC) to solicit
3b. EPTL fi during the t		on: Gross receip	ts did not excee	ed \$25,000 a	and the ma	rket value of ass	sets did not exceed \$25,000 at any time
4. Schedules and At	tachment	s					
See the following page		_					
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filing	n fee:	EPTL filing for	00:	Total fee	•	
		g icc.		CC.	10tal lee	•	Mala a simula alaz di
next page to calculate you		y 100.		.	TOtal lee		Make a single check or money order
next page to calculate you fee(s). Indicate fee(s) you		25.		50.	\$	275.	Make a single check or money order payable to: "Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cont disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total reve No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re Calculate Your Fee	and up to \$1,000,000 and the fiscal year begins on or after July 1, 2021. nue and support is greater than \$750,000 rt is less than \$250,000
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Where do I find my organization's NET WORTH?
SANG VALIFICIAL AND SALE SALE AND ATTACHMENTS AND TOTAL TOO TO	

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
MANHATTAN SOCCER CLUB, INC.	059928

2. Government Grants

Name of Government Agency	Amount of Grant
1. GOVERNMENT GRANTS	1. 401,846.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 401,846.