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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 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the	2014 cale	ndar year, or tax year	r beginning	08/01	, 201	14, and endii	ng (7/31	, 20 15	
В	Check if a	applicable	C Name of organization	Williamson Count	y Soccer Associa	ation, Inc	·		D Employ	yer identification n	umber
	Address	change	Doing business as					<u>-</u> .		62-1121019	
	Name ch	ange	Number and street (or	P.O. box if mail is n	ot delivered to str	reet address)	Room/si	uite	E Telepho	one number	
	Initial retu	•	PO Box 680037				1			615-791-0590	
$\overline{\Box}$		n/terminated	<u> </u>	rovince, country, ai	nd ZIP or foreign	postal code	4	•		0.0.00	
П	Amended		Franklin, TN 37068						G Gross r	receints \$	901,780
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_		p	Jason Darby PO Box 6	•	N 37068					es included? Tes	_
_	Tay-eyen	npt status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	or 527	, · ·		a list. (see instruction	
<u>:</u>	Website:	-t	w.williamsoncountysocce) - (moone mon)	<u> </u>	0, 32,			n number ▶	•
K			Corporation Trust		Other ▶		L Year of forma			e of legal domicile	TN
	art I	Summ					L TOLK OF TOTTILE	1977	- I Mi Ciai	or legal definede	114
			escribe the organizat	ion's mission o	r most signific	cant activit	IAC. Posto	ational Soccer	Longue		
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Ĕ	2	Chack th	ns box ▶☐ if the org	ranization disc	antinuad ita ar	porations o	r disposed	of more the	n 25% of	ita not apoeta	
ĕ			of voting members of					or more tha	1	IIS HEL ASSELS.	•
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es -	1		of independent votir mber of individuals e	-				,	. 4		0
ij	1				•	14 (Part V,	ine za)		· · · · · ·		10
Activities & Governance	1		mber of volunteers (e			· · · ·		٦٠	. 6	<u> </u>	400
•	7a b	Noturn	related business reve	do rom Part	VIII, COIUMIN (C	J), IIIIE 12.	JED .	. /	. 7a	 	0
_	0	ivet unite	lated business taxab	ne income iron	i FOIII 990-F,			(i)\ Prior Y	. 7b	Current Yo	0
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Revenue			itions and grants (Pa		I . I.	: 1 5	5016	12/			
	9	Program	service revenue (Pa	rt VIII, line 2g)	\ 🕿 📙	AUG. 1.		<u>7≅/</u>	625949		777268
æ	10	investme	ent income (Part VIII,	column (A), line	es 3, 4, ang y	a)	198		213		182
	11	Other rev	venue (Part VIII, colu	mn (A), lines 5,	6a, 8c, 9c, 10	ic, and the	EN, U		36989	† -	43718
_			enue-add lines 8 th				()-line=12)-		663152	 	821168
	1		nd similar amounts p						8074	}	8000
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Expenses	15		other compensation,		•		nes 5–10)		240794	<u> </u>	267009
ë	16a		onal fundraising fees								
Š	b		draising expenses (F					. :-			<u></u>
_	17		penses (Part IX, colu			-	·		374803	3	440851
	1		penses. Add lines 13			ımn (A), line	e 25) .		623671	<u> </u>	715860
	1	Revenue	less expenses. Sub	tract line 18 fro	m line 12 .			D : : 40	39481	 	105308
Net Assets or Find Balances		-	. /5					Beginning of C		 	
Sset	20		sets (Part X, line 16)						419417	<u></u>	572787
¥ d	21		ollities (Part X, line 26	•					219082	<u> </u>	267144
_			ts or fund balances.	Subtract line 2	1 from line 20	<u> </u>	<u> </u>		200335	i	305643
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		Firm's a	address >		 _			Ph	one no.		
Ma	y the IR	S discus	s this return with the	preparer show	n above? (see	e instructio	ns)	· · · ·		Yes	_=
Fo	Paperw	ork Redu	iction Act Notice, see	the separate ins	structions.		Cat. I	No. 11282Y		Form 9	990 (2014)

Cat. No. 11282Y

Form **990** (2014)

Checklist of Required Schedules

Part, IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	_ \	7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		*
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e 11f	. • • •	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Z
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- ₩
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
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		*
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Ves" to line 20a, did the organization attach a copy of its guidted financial statements to this return?	20h		Τ . –

Part	Checklist of Required Schedules (continued)			
0.4	Dalah 1915 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 -		Yes	No
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		*
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		
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		•
c	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 any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		*
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		7_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		∀
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>*</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related expensions? If "Yes," complete Schedule R, Part V, line 2.	35b		-
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	√	1000
		Forn	990	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page .
· ur	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		! !	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			i
_	reportable gaming (gambling) winnings to prize winners?	1c	✓_	
2a	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 10		برا	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
+a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	44		-
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	:		
	(FBAR).	,	!	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		₹
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			İ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р	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	معنفيت	
L	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	أممث	7
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodulo O	1/h		¥

	90 (2014)			Page 6
Part,				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		struct	
Secti	Check If Schedule O contains a response or note to any line in this Part VI	• •	•	<u> 2</u>
00011	on 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 1a			
	If there are material differences in voting rights among members of the governing body, or	<u>.</u>	i	
	if the governing body delegated broad authority to an executive committee or similar		i	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b c	<u> </u>		
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	4
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6	<u> </u>	▼_
	one or more members of the governing body?	7a	✓	
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		→
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	/ D		
Ū	the year by the following:			
а	The governing body?	8a	Y	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	✓_	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		7
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?	105		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	 	7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		¥.
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		•
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		†▼
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		7
14	Did the organization have a written document retention and destruction policy?	14		1
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		√
b	Other officers or key employees of the organization	15b		7
	If "Yes" to line 15a or 15b, describe the process in 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		√
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	5006 Paddy Trace, Spring Hill, TN 37174			

Form 990 (2014)

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
					C)				,	,
(A)	(B)	,,,,			ition			(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
	hours per week (list any	office		dad		or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	em High	Former	the	organizations	compensation
	related organizations	rect	l tr	Ĕ	g H	lest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악카	mat		ğ	[©] S				and related
	line)	stee	rust		å	pens				organizations
			e	,		Highest compensated employee				
(1) Todd Seifferth	15	ام.			ļ					
President (2) Jason Darby		Y	\vdash	Y	\vdash					
Secretary/Treasurer		*		نمدا						
(3) William Milton		7		7	\vdash					
Executive Vice President		1	ŀ	•				15623		
(4) David Drobny				–						
Vice President of Play - Girls		1								
(5) Sarah Dodds										
Vice President of Play - Boys		1					_			
(6) Derek Spirk		اما								
VP of Select Teams & Personnel	 	✓	_	_			<u> </u>			
(7) Jose Dirube		اما					1			
Vice President of Referees		1		-			_	35677		
(8) Mary K Anderson					٠,	*		50000		
Executive Director (9)	-				-√	~		58063		
(10)										
(11)			-							
(40)	ļ									
(12)										
(13)						_				
(14)										
	<u> </u>									

Parț	VII Section A. Officers, Directors, Trust	lees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinu	ed)
	(A) Name and title	(B) Average	(do n	ot ch	Pos eck s pe	c) ition more rson	than o	one i an	(D) Reportable	(E) Reportable	3	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	ns	amount of other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)										<u>.</u>		
(19)												
(20)											-	
(21)											-	
(22)												
(23)								-			+	
(24)									-			ww
(25)												
1b c d	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•		•	> > >	109363 109363			
2	Total number of individuals (including but reportable compensation from the organic	t not limited			list	ed a	above	e) w			00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o	r tr	uste indi	ee,	key e	emp		est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual			50,								
5	Did any person listed on line 1a receive of for services rendered to the organization?											
Section	on B. Independent Contractors											<u>. I . E . I </u>
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
		-	_									
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Part	VIII						
	`	Check if Schedule O contains a re	esponse or note to			<u></u> .	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1	а			, .	
iz i	b	Membership dues 1	b				
S, E	C	Fundraising events 1	с				,
a git	d	Related organizations 1	d				
Si.	е	Government grants (contributions) 1	e				
ar S	f	All other contributions, gifts, grants,					
혈		<u> </u>	f				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f:	· .				
	h	Total. Add lines 1a-1f					
un e	•		Business Code				
eve	2a	Registration Fees	713940	586701	586701		
ě	b	Camps	713940	128417	128417		
Ž	9	Sponsors	713940	62150	62150		
u Š	d e		-	·			
grar	f	All other program service revenue.					
Program Service Revenue	g	Total. Add lines 2a–2f		777268		 	<u> </u>
	3	Investment income (including div		777230			
		and other similar amounts)		182	182		
	4	Income from investment of tax-exempt	bond proceeds ▶				
	5	Royalties				-	
		(i) Real	(ii) Personal				
	6a	Gross rents		_			-
	b	Less: rental expenses		-	}		
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶			-1	
	7a	Gross amount from sales of (i) Securities	(ii) Other		nurt .		
	_	assets other than inventory					i
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss) .					
	d	Net gain or (loss)	· <u>· · · · • </u>				
/enne	8a	Gross income from fundraising events (not including \$				-	
Other Rever		of contributions reported on line 1c). See Part IV, line 18	a	- <i>></i>	_		
뒁	b	Less: direct expenses	b		<u> </u>		
		Net income or (loss) from fundraisir		19553	= 19553		
	9a	Gross income from gaming activities					
		See Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less	,				
		returns and allowances					
	b	Less: cost of goods sold	b 80612				
	С	Net income or (loss) from sales of in		17092	17092		ļ
	4.4	Miscellaneous Revenue	Business Code				
	11a	Misc Income	713940	7073	7073		
	b						
	ب د	All other revenue					
	d	All other revenue					
	е 12	Total. Add lines 11a–11d		7073	921169		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check If Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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	8000	8000					
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		5,000					
6	Compensation not included above, to disqualified	109363	51300	51300				
O	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	145630	145630					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	140000	140000					
9	Other employee benefits			-				
10	Payroll taxes	12016	7576	4440				
11	Fees for services (non-employees):							
а	Management							
b	Legal	3000		3000				
C	Accounting	21191		21191				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				- <u>-</u> -			
12	Advertising and promotion	17457	17457					
13	Office expenses	60267	60267					
14	Information technology							
15	Royalties							
16 17	Occupancy	97378	97378					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	984	984					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	1616	1616					
23	Insurance	43994	43994					
24	Other expenses. Itemize expenses not covered			i				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Trophies	18677	18677					
b	Uniforms	88819	88819					
С	Camps	87120	87120					
d	Bank Service Charges	348	348					
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	715860	629166	79931				
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)							

Р	aṛt X	Balance Sheet			<u> </u>
	•	Check if Schedule O contains a response or note to any line in this Pa	nrt X		🗆
	r		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	128529	1	260257
	2	Savings and temporary cash investments	232493		232675
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	4675
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use	48105	8	0
	9	Prepaid expenses and deferred charges	7376	9	71450
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7269			
	b	Less: accumulated depreciation 10b 3539	1725	10c	3730
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1190	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	419418	16	572787
	17	Accounts payable and accrued expenses	2937	-	0
	18	Grants payable		18	
	19	Deferred revenue	204776	_	205491
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	to 1.3. Or our face of the first of Alask.	21	De lang lang and the second se
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
:2	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11369	25	61652
	26	Total liabilities. Add lines 17 through 25	219082		267143
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	200335	27	305644
Ba	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	200335	33	305644
_	34	Total liabilities and net assets/fund balances	419417	34	572787

_	4	•
Page		4

				Г	29 0 -
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. <u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	21168
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	15860
3	Revenue less expenses. Subtract line 2 from line 1	3		1	05308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	00335
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	3	05643
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>, </u>
1	Accounting method used to prepare the Form 990: ☐ Cash			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain	in I		
	Schedule O.	, p			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		./
	If "Yes," check a box below to indicate whether the financial statements for the year were com-				Y.
	reviewed on a separate basis, consolidated basis, or both:				i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	√	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on			
	separate basis, consolidated basis, or both:		'		
	☐ 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 or	versio	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent according			.	- ✓
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain			, I
	Schedule 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 Audit Act and OMB Circular A-133?				J.
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			1	▼
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
			Fc	m 990	(2014)
					. ,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

	of the organization					Employer identification	n number		
	mson County Soccer Association, I	nc				62-11	21019		
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.		
The o	rganization is not a private founda	ition because it i	s: (For lines 1 through	11, chec	ck only or	ne box.)			
1	☐ A church, convention of churc	hes, or associati	on of churches descr	ibed in se	ection 17	'0(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
	A hospital or a cooperative hospital								
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
5									
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public		
8	☐ A community trust described i			Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and	re than 331/3% of its functions—subject to unrelated business	support certain taxable i	exceptio ncome (l	ns, and (2) no more less section 511 ta	e than 331/3% of its		
	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusi d organizations d	vely for the benefit of, lescribed in section 5	to perfor	m the fun r section	nctions of, or to carry 1 509(a)(2). See sect	ion 509(a)(3). Check		
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	ation operated, at the power to re	supervised, or control egularly appoint or ele	lled by its	support	ed organization(s), t	ypically by giving		
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organi	e supporting org	ganization vested in th						
С	☐ Type III functionally integrants supported organization(s)						y integrated with,		
đ		tegrated. A suppated. The organi	porting organization o zation generally must	perated i satisfy a	n connec	ction with its supportion requirement and			
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III		
f	Enter the number of supported of		onally integrated supp	orting or	garnzano	11.			
g	Provide the following information	•	onted organization(s)						
<u> </u>	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c listed in you docui	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No		- <u>-</u>		
(A)									
(B)									
(C)									
(D)						-			
(E)									

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		,	İ			
	include any "unusual grants.")						
2	Tax revenues levied for the		1			ļ	
	organization'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						
4	Total. Add lines 1 through 3),				
5	The portion of total contributions by	:	Į.	1			
	each person (other than a				l)		
	governmental unit or publicly	:	i ⁾		l		
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		i: ii	1	i:		
^		<u></u>	<u> </u>		ľ		
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support	<u></u>		<u> </u>	<u> </u>	<u>ji</u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(a) 2010	(6) 2011	(0) 2012	(u) 2013	(6) 2014	(i) rotal
8	Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	į					
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	ne organizatioi	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					🕨 🗀
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2014 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2013 Sci					15	%
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua			-			
ь	331/3% support test-2013. If the organ						
	check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	ganization .		🕨 🗌
17a	10%-facts-and-circumstances test—26						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			_	-	-	
	organization						
b	10%-facts-and-circumstances test —26						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				_	n qualifies as a	a publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

Secti	on A. Public Support		- "				
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	514280	461758	514279	625949	777268	2893534
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	92599	73739	92599	71309	97704	427950
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	25000	25000	25000	25000	25000	125000
6	Total. Add lines 1 through 5	631879	560497	631878	722258		3446484
	Amounts included on lines 1, 2, and 3 received from disqualified persons			33.3.3			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	建	******	建			3446484
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	631879	560497	631878	722258	899972	3446484
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	158	173	158	213	182	884
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	158	173	158	213	182	884
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
12	(Explain in Part VI.)	15772	12422	15126	12508	26626	82454
13	Total support. (Add lines 9, 10c, 11, and 12.)	647809	573092	647162	734979	919707	3529822
14	First five years. If the Form 990 is for the	ne organization					
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · ·	▶ □
	on C. Computation of Public Suppo					 	
15	Public support percentage for 2014 (line					15	97.6390 %
16 Socti	Public support percentage from 2013 Sci			· · · · · · · · · · · · · · · · · · ·		16	97.7136 %
	on D. Computation of Investment In			una 12 adua		147	0249 94
17 18	Investment income percentage for 2014 (Investment income percentage from 2013)					17	.0249 %
19a	33 ¹ / ₃ % support tests—2014. If the organ						
100	17 is not more than 33½%, check this box						
b	331/3% support tests-2013. If the organiz	zation did not ch	neck a box on l	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de	ia not check a b	oox on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 📋

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

Scheau	lie A (Form 990 or 990-EZ) 2014			age 🔾
Part				
44	Handler and the first and the state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	!	:	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	:		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	: }		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	٠		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	•	<u>. </u>	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	i		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	3	L	L
1		notru	otion	e).
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	เอเเน	CHOIL	3).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		- 53	
J	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		الكسر
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	izations	
1 ' Check here if the organization satisfied the Integral Part Test as a qualifying	a tru	st on Nov. 20, 1970, See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E.	
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets			
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	,	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		X
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		F
5 Income tax imposed in prior year	5		K.
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			₩.
emergency temporary reduction (see instructions)	6		X
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supporti	ng organization (see

Part		Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			<u> </u>
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		 .	
9	Distributable amount for 2014 from Section C, line 6	- 		
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	<u> </u>		
3	Excess distributions carryover, if any, to 2014:	-		
<u>a</u>		· · · · · · · · · · · · · · · · · · ·		
<u>b</u>				
<u> </u>		,		
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	٤.		<u> </u>
	Applied to 2014 distributable amount			<u></u>
-:-	Carryover from 2009 not applied (see instructions)			
i _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section	==	-	
-	D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	=		
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			æ
8	Breakdown of line 7:			
а				
b				
С	<u></u>			
d	Excess from 2013			
e	Excess from 2014			

_	0
Pace	О

Schedule	A /Earm	000 01	ロロハ・ピアハ	2014

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

Part III Line 12 - Processing Fees, Fundraisers, Misc Income, Tournament Income

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

	Williamson County Soccer A	62-1121019	
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fu	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 dono	•	
	funds are the organization's property, subject to the	he organization's exclusive legal contr	ol? Yes No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par		(0/	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		C. L. A. B. C. A. A. A. Maradana
	Preservation of land for public use (e.g., recrea		· · · · · · · · · · · · · · · · · · ·
	☐ Protection of natural habitat ☐ Preservation of open space	☐ Preservation 0	of a certified historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organization h	held a qualified conservation contribute	on in the form of a conservation
_	easement on the last day of the tax year.	icia a qualifica conscivation contributi	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in		
			· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re-	- · ·	spection, handling of
	violations, and enforcement of the conservation ea		103 110
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	n easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation eas	ements during the year
_	►\$	0(d) abassa adag da asa asa asa a	5 trans 470/EV/AV/DV(V
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	- · ·	
•			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	-	Haricial statements that describes the
Par	<u> </u>		r Other Similar Assets
	Complete if the organization answered		
	If the organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simila		
	public service, provide the following amounts rela-	ting to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items:
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ ¢

Part	Organizations Maintaining	Collections	of Art, His	torical 1	reasures,	or Ot	her Similar /	Assets (c	ontinue	∍d)
3 '	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of the	e follov	ving that are a	significar	it use o	f its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams			
b	☐ Scholarly research		е	☐ Other						
С	☐ Preservation for future generation	s								
4	Provide a description of the organiza XIII.	ition's collection	s and expl	ain how t	hey further	the org	ganization's ex	empt purp	ose in I	Parl
5	During the year, did the organization	solicit or recei	ve donatioi	ns of art.	historical tr	easure	s. or other sim	nilar		
Dord	assets to be sold to raise funds rathe V Escrow and Custodial Arra	r than to be mai							es 🗌	No
reit	Complete if the organization 990, Part X, line 21.	•	es" to For	m 990, F	Part IV, line	9, or 1	reported an a	mount or	n Form	
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	′es □	No
b	If "Yes," explain the arrangement in P	art XIII and com	plete the f	ollowing to	able:		T	Amount		
_	Paginning balance					-		AIIIOUIII		
C	Beginning balance					10	-			
d	Additions during the year					10				
e	Distributions during the year					1e	_			
f	Ending balance					_ <u> 1f</u>				
2a	Did the organization include an amou									NO
	If "Yes," explain the arrangement in P Endowment Funds.	an XIII. Check r	iere ii the e	xpianatio	n nas been	provide	eo in Part XIII			
Fai		a anawarad "V	oo" to For	~ 000 F	hart IV luna	10				
	Complete if the organization	(a) Current year		ior year	(c) Two year		(d) Three years b	ant to For	ır years ba	
4.	Danish a state of the state of	(a) Corrent year	(0) F1	ior year	(c) Two year	SUACK	(d) Three years b	ack (e) Fol	r years or	4CK
1a	Beginning of year balance									
b	Contributions		 							
С	Net investment earnings, gains, and losses					_				
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses	,								
g	End of year balance									
2	Provide the estimated percentage of	the current year	end balan	ce (line 1g	ı, column (a)) held	as:			
а	Board designated or quasi-endowme	ent ▶	%							
b	Permanent endowment ►	%								
С	Temporarily restricted endowment ▶	. 9/	ó							
	The percentages in lines 2a, 2b, and 2	2c should equal	100%.							
3a	Are there endowment funds not in th	e possession of	the organ	ization tha	at are held	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organ	nzations listed a	s required	on Sched	ule R? .			. 3b		
4	Describe in Part XIII the intended use							<u> </u>		
Part	VI Land, Buildings, and Equip	oment.								
	Complete if the organization		es" to For	m 990. P	art IV. line	11a. S	See Form 990). Part X.	line 10	
	Description of property	(a) Cost o	r other basis	(b) Cost o	or other basis	(c)	Accumulated epreciation		ok value	
	Land			<u> </u>	- /					
b	Buildings			1						
c	Leasehold improvements			1						
d	Equipment			7269		3539		3730		
e	Other		· · · · · · · · · · · · · · · · · · ·	1203		<u> </u>		5,00	·····	
	Add lines 1a through 1e (Column (d) r	nust equal Form	990 Part	Y column	(R) line 10			3730		

Part VII	Investments—Other Securities					000 B 1V 1 40
	Complete if the organization ans				· · · · · · · · · · · · · · · · · · ·	
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation. d-of-year market value
(1) Financial					.,	
	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)					
Part VIII	Investments—Program Related					
	Complete if the organization ans	wered "Yes" to For	m 990	D, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)		•		•		
(2)						
(3)						
(4)						
(5)						
(6)						<u> </u>
(7)						
(8)						
(9)					-	
	b) must equal Form 990, Part X, col (B) line 13.) ▶					
Part IX	Other Assets.					
	Complete if the organization ans	wered "Yes" to For	m 990	D, Part IV, line	e 11d. See Form	
	(4	a) Description				(b) Book value
_(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, c	ol (B) line 15.)		<u></u>	<u>.</u> ▶	<u></u>
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" to For	m 990), Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	come taxes	4576				
(2) Social		1120				
(3) Medica	ire	372				
(4) TN Und	employment	8				
(5) Other l	iabilities	55576				
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 25) ▶	61652				
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to	the organization	n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Page	u

Par	`Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	4c
C	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; 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 information.

Schedule D (Fo	orm 990) 2014	Page 5
Part XIII	'Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Williamson County Soccer Association, Inc.

Employer identification number

62-1121019

Form 990, Part VI, Section A, Line 7a - each coach is a voting member and elects half the board annually

e, of the organization amison County Soccer Association, Inc. Employer identification number 62-1121019 62-1121019		
	aimson County Soccer Association, Inc.	
	simison county soccer Association, inc.	1 02-1121019