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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

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

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

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

Open to Public Inspection

| A | For the | 2015 cale | ndar year, or tax year | beginning | February 1 | , 2015, a | and ending | Ja <u>nu</u> a | ary 31 | , 20 16 | |
|---------------|--|-----------------|-------------------------------|----------------------|------------------------|------------------|-----------------|-------------------|--|---------------------|---------------------|
| В | Check if | applicable | C Name of organization \ | /ancouver Wes | t Soccer Club | | | _ | D Employ | er identification | number |
| | Address | change | Doing business as Va | ncouver West S | Soccer Club | | | | | 91-1485415 | |
| \Box | Name ch | | Number and street (or F | O box if mail is r | not delivered to stre | eet address) | Room/suit | е | E Telephoi | ne number | |
| ✓ | Initial ret | - | po box 65622 | | | | | | 3(¢0 | bor f | 2017 J |
| | Final retu | m/terminated | City or town, state or pr | ovince, country, a | nd ZIP or foreign p | ostal code | | | | | |
| ī | Amende | | Vancouver WA 98665 | | | | | | G Gross re | eceipts \$ | 190939 |
| Ħ | | | F Name and address of p | | | | | H(a) Is this a gr | oup return for | subordinates? Y | ′es ✓ No |
| _ | | роли | · | | | | | H(b) Are all s | subordinate: | s included? 🔲 Y | 'es 🗌 No |
| $\overline{}$ | Tax-exe | mpt status | ✓ 501(c)(3) | 501(c) (|) ◀ (insert no) | 4947(a)(1) or | 527 | _ | | ı lıst (see ınstrud | |
| j | Website | | couverwestsc.org | | , , , , , , , , | | | H(c) Group | exemption | number ► | |
| ĸ | | | ✓ Corporation ☐ Trust | Association [| Other ▶ | L Yea | ar of formation | on 1999 | M State | of legal domicile | e WA |
| | art I | Summ | | | | | · | | • | - | |
| | 1 | | escribe the organizati | ion's mission o | or most signific | ant activities: | Provide | educationa | and reci | reational soci | cer |
| ø | 1 | - | ities for Vancouver's | | | | | | | | |
| Governance | l | Opportun | | | | | | | | | |
| Ĕ | 2 | Check th | is box ▶ ☐ if the org | anization disc | ontinued its op | erations or di | sposed o | f more than | 25% of | its net asset | s. |
| Š | 3 | | of voting members o | | | | | | 3 | | 9 |
| و م | 4 | | of independent votin | | | | . line 1b) | | 4 | | 9 |
| es | 5 | | nber of individuals ei | | | | | | 5 | | 0 |
| ΞΞ | 6 | | mber of volunteers (e | | - | | | | 6 | | 95 |
| Activities & | 7a | | elated business reve | | | Eline 120 | | | 7a | | 0 |
| • | .u | | lated business taxab | | | | 7.01 | | 7b | | |
| _ | | 1101 01110 | iatoa Baointoco tastas | | | | 101 | Prior Ye | ar | Current | Year |
| Revenue | 8 | Contribu | tions and grants (Par | t VIII. line 1h) | · SEP | 8'0 3018 | 78/- | | 188221 | | 152904 |
| | 9 | | service revenue (Par | | | | 그뛰 | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | 10 | Investme | ent income (Part VIII, | column (A) lin | es 3. 4=and 7d | DEAL IL | | - | 3 | | 2 |
| æ | 11 | Other rev | venue (Part VIII, colui | mn (A) lines 5 | 6d 8c 90 19 | Cand Hel | - | | 1888 | | |
| | 12 | | enue—add lines 8 thr | | | | ne 12) | _ | 190112 | | 18006 |
| | 13 | | nd similar amounts p | | | | | | 50 | | 0 |
| | 14 | | paid to or for member | | | | . | | 4205 | | 10094 |
| 'n | 14- | | other compensation, | • | | | 5–10) | | 4926 | | 5628 |
| se | 16a | | onal fundraising fees | | | | _ | | | | |
| Expenses | b | | draising expenses (F | | | | | | | | |
| Ä | 17 | | penses (Part IX, colu | | | | | | 111032 | | 179092 |
| | 18 | | penses. Add lines 13 | | | | 5) . | - | 120212 | | |
| | 19 | | less expenses. Sub | | | | Ĭ F | - | 69899 | | |
| 50 | _ | 110101100 | . 1000 0/100001 0 110 | | | | В | eginning of Cu | | End of | Year |
| ets | 20 | Total ass | sets (Part X, line 16) | | | | 🗀 | | 101597 | | |
| Ass | 21 | | pilities (Part X, line 26 |) | | | | | | | |
| Net Ass | 22 | | ets or fund balances. | | 21 from line 20 | | [| • | 101597 | | |
| | art II | | ture Block | | | | | | | | |
| Ur | nder pena | alties of perio | ury, I declare that I have ex | amined this return | , including accomp | panying schedule | s and staten | nents, and to t | he best of | my knowledge | and belief, it is |
| tn | ue, correc | t, and comp | lete Declaration of prepar | er (other than offic | er) is based on all ii | nformation of wh | ich preparer | has any knowl | edge | | |
| _ | | | nonladu | W MAN MI | | | - | | STATE OF THE STATE | 1 | <u> </u> |
| Si | gn | Sigr | nature of officer | WYU VV | | | | Da | | 1 | |
| Не | ere | 1 7 | rooke Hor | nmitt | | | | | 8131 | 116 | |
| | | Тур | e or print name and title | | | | | | | 1 | |
| D | aid | Print/Ty | ype preparer's name | Prep | parer's signature | | Da | te | Check | ☐ if PTIN | |
| | | <u>.</u> | | | | | | | self-em | | |
| | repare se On | | name ► | | | | | Fim | n's EIN ▶ | | |
| U: | 36 OU | עו ⊢ | address ▶ | | | | | Pho | ne no | | |
| Ma | ay the I | | s this return with the | preparer show | wn above? (see | instructions) |) . <u>.</u> . | | | | Yes 🗌 No |
| Fo | r Paper | work Redu | uction Act Notice, see | the separate in | structions. | | Cat N | o 11282Y | | For | m 990 (2015) |

| Earm 0 | 0 (2015) | Page 2 |
|--------|---|---------------|
| Part | | ⊃age ∠ |
| | Check if Schedule O contains a response or note to any line in this Part III | . 🔲 |
| 1 | Briefly describe the organization's mission: | |
| | Provide educational and recreational soccer opportunities for Vancouver's youth at a modest cost. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? |] No |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| 3 | services? |] No |
| | If "Yes," describe these changes on Schedule O. | , 110 |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measur | ed by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported. | thers, |
| 4a | (Code:) (Expenses \$ 98280 including grants of \$) (Revenue \$) | <u> </u> |
| | Field Rental and maintenance; | |
| | | |
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| | ······································ | |
| 4b | (Code:) (Expenses \$26,582 including grants of \$) (Revenue \$) | |
| | Uniforms | |
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| | | |
| | | |
| 4c | (Code:) (Expenses \$) (Revenue \$) | |
| | Association dues (swysa) | |
| | A330CIBIUNI QUES (3WY-01/ | |
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| | | |
| | Other program convece (Departhe in Schedule C.) | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 44753 including grants of \$) (Revenue \$) | |
| | ,,, | |

195313

4e Total program service expenses ▶

| Part | 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)? If "Yes," complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | √ |
| 3 | 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 | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | 1 |
| 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, | | | 1 |
| 6 | Part III | 5 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 | | 1 |
| 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, VIII, 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 | | √ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 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 | | 1 |
| 14 a | 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 | | 1 |
| 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 | • | · ✓ |
| 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 |

| Form 99 | 0 (2015) | | ı | Page 4 |
|----------|---|------------|-----|----------|
| Part | V Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| | 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 | | ✓ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | | _ |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| | 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 | | √ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 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 | | ▼ |
| 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 | | 1 |
| 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 | | 1 |
| 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | ✓ |
| 31 | conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | ✓ |
| 32 | Part I | 31 | | ✓ |
| 33 | complete Schedule N, Part II | 32 | | ✓ |
| | 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 Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | √ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O.

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|---|-----|----------|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in 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? | - | , | ŀ |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | / | |
| 2a | | | | |
| b | Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [7] [8] [8] [9] [9] [9] [9] [9] [9 | 2b | - | - |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | Ť |
| 4a | 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 | | ✓ |
| 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 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 | | ✓ |
| 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 | | | , |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | V |
| b | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| 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? | 7a | · | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7с | | ✓ |
| 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 | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | - ر |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | V |
| 9 a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | - | 7 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | * |
| 10 | Section 501(c)(7) organizations. Enter: | | | - |
| 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.) | | | |
| 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| J | 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 | | 1 |
| | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14h | | T . |

| Part ' | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | | "No |
|---------|--|------------|--------------|------------|
| , Fait | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Section | 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 11 | 1 | | |
| | 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 in Schedule O. | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent . 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | - | | ' |
| 2 | 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 | <u> </u> | | - |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | | ✓ |
| 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 | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | l | | , |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7b | | V |
| Ū | the year by the following: | | | <u>'</u> |
| а | The governing body? | 8a | - / - | ļ <i>i</i> |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 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 | | ✓ |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| 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? | 405 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 10b 11a | | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | IIIa | | - |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | ' |
| u | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | _ | 1 |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | <u> </u> |
| | describe in Schedule O how this was done | 12c | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ |
| 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 | | | 1 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | l | | ٠ |
| a | The organization's CEO, Executive Director, or top management official | 15a | | ✓ |
| b | Other officers or key employees of the organization | 15b | ✓ | |
| 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 | 1.00 | | <u> </u> |
| | 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 | | 1 |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 infinancial statements available to the public during the tax year. | erest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | : ▶ | |

| orm | 990 | (201 | 5) |
|-----|-----|------|----|

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 org | anız | | | ompe | nsa | ted any curren | t officer, directo | r, or trustee. |
|---|---|---------------------|---------|--------------------|------|---|-----|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted | office or direct | unles | Pos eck s pe | rson | than of the state | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | other compensation from the organization and related |
| | line) | ıstee | trustee | | ı ĕ | pensated | | | | organizations |
| (1) Rachelle Beatty - Registrar | | | | √ | | | | 5628 | 0 | 0 |
| (2) Leo Ruiz- President | | | | ✓ | | | | 0 | 0 | 0 |
| (3) Chris Connell- Field Coordinator | | | | 1 | | | | o | 0 | 0 |
| (4) Lisa Santesson- Secretary | | | | ✓ | | | | 0 | 0 | 0 |
| (5) Brooke Hammitt- treasurer | | | | √ | | | | 0 | 0 | 0 |
| (6) RJ Walkins- Referree Coordinator | | | | 1 | | | | 0 | 0 | 0 |
| (7) Julie Genz- Uniform Coordinator | | | | 1 | | | | 0 | 0 | 0 |
| (8) Melissa Givvens Parent Coordinator | | | | | | | | 0 | 0 | 0 |
| (9) Debbie Thurstan- Judicial Representative | | | | 1 | | | | 0 | 0 | 0 |
| (10) Dan Merrow - Webmaster | | | | ✓ | | | | 0 | 0 | 0 |
| (11) Dan Zinda- Luke Jensen Field coordinator/ scheduler | | | | 1 | | | | 0 | 0 | 0 |
| (12) Ryan Schmit - Competition Representative | | | | 1 | | _ | | 0 | 0 | 0 |
| (13) | | | | | | | | | | |
| (14) | | | | _ | | | | | - | |

| | (A) Name and title | (B) Average hours per week (list any hours for | box, i | ot ch unles r and | Pos eck s pe | rson | than on the state of the state | an tee) | (D) Reportable compensation from the | (E) Reportab compensation related organization | n from | (F) Estimated amount of other compensatio | วก |
|--------------|--|---|--------|-------------------------|--------------------|--------------|---|------------------|---------------------------------------|--|-----------------|---|--------|
| | | related organizations below dotted line) | | Institutional trustee | icer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-N | AISC) | from the organization and related organization: | |
| (15) | | | | | | | | | | | | | |
| (16) | | | - | | | | | | | | | - | |
| <u>(17)</u> | | | | | | | | | | | | - | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | - |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | \dashv | | | | | | | - | | |
| (25) | | | | | | | | | | | | | |
| | 0.1.1.1.1 | | | | | | | | | | | | |
| 1b c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Sectio | | | | | | > > | 5628 5628 | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | | | | | e) w | ho received me | ore than \$1 | 00,000 |) of | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete 5 | | | | | | | emp | loyee, or high | est compe | nsated | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of rep | portat | ole c | com | per | satio | | | | | 7 _ | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization. | | | | | | | | | ation or inc | dıvıdua | 5 | √ √ |
| | on B. Independent Contractors | | | | | | | | | | 040 | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | ax |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compensation | |
| | | | | | - | | | | | | | . <u></u> | |
| | | - | | | | | | _ | | | | | |
| 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 res | sponse or note to | any line in this (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluded from tax |
| | | | | | function revenue | revenue | under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| Gra | b | Membership dues <u>1b</u> | 148,152.00 | | | | |
| ts, (| С | Fundraising events <u>1c</u> | | | | | |
| G∓ Ear | d | Related organizations 1d | | | | | |
| ns, Sim | e | Government grants (contributions) 1e | | | | | |
| a tio | f | All other contributions, gifts, grants, and similar amounts not included above | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | and similar amounts not included above 11 Noncash contributions included in lines 1a-1f \$ | 4752 | | | | |
| o d | g h | Total. Add lines 1a–1f | | 152904 | | | |
| | - 11 | Total. Add lines ra-II | Business Code | 152904 | | | |
| eun | 2a | | | | | | |
| æ | | | | | | | |
| <u>8</u> | c | | | | | | |
| ξ | d | | | | | | |
| Program Service Revenue | e | | | | | | |
| gra | f | All other program service revenue. | | | | | |
| Pro | g | Total. Add lines 2a-2f | ▶ | ľ | | | |
| | 3 | Investment income (including divid | · · · · · · · · · · · · · · · · · · · | | | | |
| | | and other similar amounts) | | 2 | | | |
| | 4 | Income from investment of tax-exempt b | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ıi) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | C d | Rental income or (loss) Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | '- | assets other than inventory | 1 | | | | |
| | ь | Less cost or other basis | | - | | | |
| | | and sales expenses . | | | | | |
| | С | Gain or (loss) | | 1 | | | |
| | d | Net gain or (loss) | ▶ | | | | |
| • | : | | | | | | |
| nue | 8a | Gross income from fundraising | | | | | |
| Other Reve | | events (not including \$ | | | | | |
| Ğ. | | of contributions reported on line 1c). | 1 | | | | |
| 至 | ١. | See Part IV, line 18 | | | | | |
| ō | | Less: direct expenses t | | 4-0-0 | | - | |
| | C | Net income or (loss) from fundraising Gross income from gaming activities. | events . > | 15353 | | | |
| | "" | See Part IV, line 19 | | 1 | | | |
| | ь | Less direct expenses b | | | | | |
| | c | Net income or (loss) from gaming act | | | | | |
| | | Gross sales of inventory, less | [| | · · · · · · · · · · · · · · · · · · · | | |
| | | returns and allowances | 6830 | | | | |
| | b | Less: cost of goods sold | 4176 | | | [| |
| | С | Net income or (loss) from sales of inv | ventory ▶ | 2654 | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | ļ | | | | ļ |
| | C | | | _ | | | |
| | d | All other revenue | | | <u></u> | <u> </u> | |
| | 1 e | Total revenue Securetriations | 🟲 | 470000 | | | |

| Form 99 | 90 (2015) | | | | Page 10 |
|---------------|---|-----------------------|------------------------------|---|--------------------------------|
| Part | IX Statement of Functional Expenses | | | | |
| Sectio | n 501(c)(3) and 501(c)(4) organizations must com | | | | |
| | Check if Schedule O contains a respon- | | ne in this Part IX . | <u> </u> | <u> </u> |
| | 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 | | | | |
| 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 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 10094 5628 | 10094 5628 | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | | | | |
| 9 10 11 | Other employee benefits | | | | • |
| a b | Management | | | | |
| С | Accounting | | | | |
| 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.) | 4702 | 2702 | 2000 | |
| 12 | Advertising and promotion | 812 | 812 | | |
| 13 | Office expenses | 1734 | 1734 | | |
| 14 | Information technology | | | | |
| 15 16 | Royalties | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | · | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | - | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Registration Expense and Soccer Assc Dues | 25,200 | 25,200 | - | |
| b | Field Maintenance/rental cost | 98,280 | 98,280 | | |
| С | Uniforms | 26,582 | 26,582 | | |
| d | Referee Pay (and associated software fees) | 21,783 | 21,783 | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 179093 | 177093 | 2000 | - |
| 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) | | ; | | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 96586 1 77695 1 2 2 Savings and temporary cash investments 5011 4313 Pledges and grants receivable, net . . . 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation 10b b 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 . 12 12 Investments—program-related. See Part IV, line 11. 13 13 14 14 15 15 Other assets. See Part IV. line 11 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 101597 78239 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 101597 78239 33 33 101597 78239 34 Total liabilities and net assets/fund balances 34 101597 78239

| Form 9 | 90 (2015) | | | Pa | age 12 |
|--------|--|----------|-----------|-----|--|
| Par | t 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 | | 1 | 70912 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | 94815 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 23902 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1 | 01597 |
| 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 | | | 77695 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın ın | | | ' |
| | Schedule O. | | | | ļ · |
| 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 comp | oiled 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 | | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | 1 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | : | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | ntant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plaın ın | | | |
| | Schedule O. | | | | <u> </u> |
| 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? | | 3a | | ✓_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udıts. | 3b | | |

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

| Name | of the organization | | | _ | | Employer identification | number |
|-------|---|-----------------------------------|--|---|-----------------------|---|---|
| Vanco | ouver West Soccer Club | | 91-14 | | | | |
| Par | | | | | | | ns. |
| The o | rganization is not a private founda | | | | | | |
| 1 | A church, convention of churc | | | | | | |
| 2 | A school described in section | | • | | | • • | |
| 3 | A hospital or a cooperative ho | | | | | | (:::\ Catautha |
| 4 | A medical research organization | • | onjunction with a nosp | niai desc | ribea in s | section 170(b)(1)(A)(| (III). Enter the |
| 5 | hospital's name, city, and stat An organization operated for section 170(b)(1)(A)(iv). (Com | the benefit of a | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 | ☐ A federal, state, or local gover | | mental unit described | ın sectio | n 170(b) | (1)(A)(v). | |
| 7 | An organization that normally described in section 170(b)(1) | receives a subs | tantial part of its supp | | | | n the general public |
| 8 | ☐ A community trust described i | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | An organization that normally receipts from activities related support from gross investme acquired by the organization a | d to its exempt ent income and | functions—subject to unrelated business to | certain axable ii | exception ncome (l | ns, and (2) no more ess section 511 ta | than 331/3% of its |
| 10 | ☐ An organization organized and | l operated exclus | sively to test for public | safety. S | See sect i | ion 509(a)(4). | |
| 11 | ☐ An organization organized and one or more publicly supported the box in lines 11a through 11 | d organizations d | escribed in section 50 | 09(a)(1) o | r section | 509(a)(2). See secti | i on 509(a)(3). Check |
| а | ☐ Type I. A supporting organize the supported organization(sorganization. You must con | s) the power to re | egularly appoint or ele | | | | |
| 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 integrated its supported organization(s) | | | | | | y integrated with, |
| d | ☐ Type III non-functionally in that is not functionally integr requirement (see instructions | ated. The organi | zation generally must | satisfy a | distrıbutı | on requirement and | |
| е | Check this box if the organize functionally integrated, or Ty | | | | | • • • • • • | I, Type III |
| f | Enter the number of supported | organizations . | | | | | |
| g | Provide the following informatio | n about the supp | oorted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the d listed in you docui | r governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| | | | | | | | |

Part II

| Part | • | | | | | | |
|-----------|---|------------------------------------|-----------------------------|---------------------------------|-------------------|---|--------------------------|
| | (Complete only if you checked th | | | | | | alify under |
| <u> </u> | Part III. If the organization fails to | quality unde | er the tests lis | sted below, pi | ease comple | te Part III.) | |
| | on A. Public Support | (a) 2011 | (h) 2012 | (-) 2012 | (d) 2014 | (a) 2015 | (f) Total |
| | dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and | (a) 2011 | (b) 2012 | (c) 2013 | (a) 2014 | (e) 2015 | (i) 10tai |
| 1 | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 46449 | 97665 | 109814 | 213162 | 194091 | 661181 |
| 2 | Tax revenues levied for the 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 | 46449 | 97665 | 109814 | 213164 | 194091 | 661181 |
| 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) | | | | | | |
| 6_ | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 46449 | 97665 | 109814 | 213162 | 194091 | 661181 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 32 | 19 | 1 | 3 | 2 | 57 |
| 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 | | | _ | | <u>, </u> | 661238 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | 661181 |
| 13 | First five years. If the Form 990 is for the | _ | i's first, secon | d, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | · · · · · | · · · · · | · · · · · | · · • 📙 |
| | on C. Computation of Public Suppor | | | 4 . 1 . (0) | | | |
| 14 | Public support percentage for 2015 (line 6) Public support percentage from 2014 Sch | | _ | | | 15 | 99.99 % |
| 15 16a | 331/3% support test—2015. If the organic | | | | | | |
| | box and stop here. The organization qua | | | | | | |
| b | 331/3% support test—2014. If the organ check this box and stop here. The organ | nization did no | t check a box | on line 13 or | 16a, and line | | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f organization | ets the "facts-a | and-circumsta | nces" test, che | ck this box an | d stop here. E | xplain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization | tion meets the neets the "facts | facts-and-ci and-circums | rcumstances" tances" test. T | test, check th | is box and st | op here. publicly |
| 40 | supported organization | | hay an lina 12 | | or 17h ob | | . ▶ ⊔ |
| 18 | instructions | | | | , or 170, cnec | | ծ շ⊎ . ▶ □ |

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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | 1 | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | 1 | | | | |
| | received from other than disqualified | | | i | | | |
| | persons that exceed the greater of \$5,000 | | 1 | | | | |
| | or 1% of the amount on line 13 for the year | | 1 | | | | |
| C | Add lines 7a and 7b | | <u> </u> | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | · | | r | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 40 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 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, | | | | <u> </u> | | + |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | e organizațio | n's first secon | l d third fourth | or fifth tax v | Lear as a sect | Inn 501(c)(3) |
| • | organization, check this box and stop he | _ | | | - | | |
| Secti | on C. Computation of Public Suppor | | | | | | · · · · <u> </u> |
| 15 | Public support percentage for 2015 (line | | | 3. column (fl) | · · · · · · · · | 15 | <u>%</u> |
| 16 | Public support percentage from 2014 Scl | | | | | 16 | % |
| | on D. Computation of Investment In | | | | ::::: | _ 1 | |
| 17 | Investment income percentage for 2015 (| | | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2014 | | | - | | 18 | % |
| 19a | 331/3% support tests-2015. If the organ | | | | | | 3%, and line |
| | 17 is not more than 331/3%, check this box | and stop here | . The organizati | on qualifies as | a publicly supp | orted organiza | ition . 🕨 🔲 |
| b | 331/3% support tests-2014. If the organiz | zation did not d | check a box on | line 14 or line | 19a, and line 16 | s more than | |
| | line 18 is not more than 331/3%, check this | box and stop l | here. The organ | ization qualifies | s as a publicly s | supported orga | nization 🕨 🔲 |
| 00 | Private foundation If the organization di | d not check a | hov on line 14 | 10a or 10h | chack this hav | and cap inch | uctions - |

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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 |
|-----------|--------|------------|---------------|
|-----------|--------|------------|---------------|

| ecti | on A. All Supporting Organizations | | -/ | |
|--------|---|----------|-----|----|
| | | | Yes | No |
| 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. | 1 | | - |
| 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). | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3с | | - |
| 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. | 4a | | |
| 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. | | | |
| С | 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. | 4c | | |
| 5a | 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). | 5a | | - |
| 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? | 5b 5c | | - |
| 6 6 | 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 (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. | 6 | | _ |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ). | - 7 | | |
| 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 or 990-EZ). | 8 | | |
| 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 . | 9a | | |
| þ | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in 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 . | 9с | - | |
| 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 10b below. | 10a | | |

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.)

| Part | IV Supporting Organizations (continued) | | | ugo o |
|--------|---|------------|--|----------|
| | | , _ | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | ł | | 1 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | - |
| h | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | \vdash |
| | 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 | _ | _ |
| | on B. Type I Supporting Organizations | 1 | | |
| | | | 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 | <u>'</u> | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | 1 |
| Secti | on C. Type II Supporting Organizations | _ | | 1 |
| | | | 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 | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | 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, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | | <u> </u> |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | , |
| | 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. | | | |
| Casti | | 3 | | |
| | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ction | s): |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b c | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | oo inc | taicti | onel |
| | | iee ii is | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported 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 the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | - | |
| b | 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 | | | 1 |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| _ | activities but for the organization's involvement. | 2b | | <u> </u> |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | 1 |
| 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? <i>Provide details in Part VI.</i> | 3a | | 1 |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Sa | | <u> </u> |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b | | 1 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | zations | · - |
|--|-------|---------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co | | | |
| 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 | <u></u> | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | 10 | (A) Prior Year | (B) Current Year (optional) |
| 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 | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | Ì | | |
| 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 | | |
| 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 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly-ın | tegrated Type III support | ing organization (see |

| | le A (Form 990 or 990-EZ) 2015 | | <u></u> | Page 7 |
|----------|---|-----------------------------|--|---|
| Part | ,, |) Supporting Organi | zations (continued) | |
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | rted | |
| 3_ | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nızatıons | |
| 4 | Amounts paid to acquire exempt-use assets | - 1 | <u></u> | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | From 2013 | | | |
| e | From 2014 | | | |
| f_ | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section | - | | |
| | D, line 7. \$ | | | 1 |
| a_ | Applied to underdistributions of prior years | <u> </u> | | |
| b_ | Applied to 2015 distributable amount | | | |
| <u>C</u> | Remainder. Subtract lines 4a and 4b from 4. | | | 1 |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | · | |
| С | Excess from 2013 | | | |
| d | Excess from 2014 | | | |
| е | Excess from 2015 | | | |
| | | | | |

| 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.) |
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SCHÈDULE 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

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.

Open to Public Inspection

| Name of the organization | Employer identification number |
|--|---|
| Vancouver West Soccer Club | 91-1485415 |
| | |
| Part VI policies 11b: Form 990 provided to executive portion of the board and any all treasuries. Avail | able to public upon request. |
| Part VI policies 15b: Competitive information from other league clubs/organization is sought and vote | of approval from other officers needed |
| Part VI Disclosures: Conflict of interest is part of by laws published on website. Board discusses use | of contractors and officers with poten- |
| tial conflict of interest are excluded from vote on issue (such as compensation or hiring decision rela | ted to relative or officer with conflict) |
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| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
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