

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

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

2016

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

HTA

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

B Check if applicable:   Address change   Name change	$\overline{\mathbf{A}}$	For the	e 2016 calen	dar year, or tax year beginning , and ending					
Address change   Nume change   Initial that with   P.O. Box 897   City or trow   State   ZiP code   Total state   ZiP code   Total state   ZiP code   Total state   ZiP code	В						Employer identification number		
Number charge   Number and street (or P.O. box, if mail is not defivered to street address)   Room/huits   20.5530467   E Telephone number   Foreign province/haterlocation pending   Room/huits   Roo	$\cap$								
Initial return   P.O. Box 897   City or treen   City or tre	Ħ		-	20	-5530467				
Find returniturmisated   Annerodor return   Application pending   Application pending   Application pending   Foreign province/hatafulcountry   Foreign postal code   F Group Exemption   Number ≠   Foreign province/hatafulcountry   Foreign postal code   F Group Exemption   Number ≠   Check pending   F Group Exemption   Number ≠   Check pending   F Group Exemption   Number ≠   Check pending   F Group Exemption   Trust   Website:   P	Ħ								
Amendad return Application pending Applicatio	H			-					
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Accounting Method: X Cash Accrual Other (specify)	Ħ				F G				
G Accounting Method:		тфрисс				•			
Website:   Nature				Maria de la companya della companya della companya della companya de la companya della companya			72.1		
Tax-exempt status (check only one)— X   501(e)(3)				X Cash Accrual Other (specify)			_		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						•			
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets  (Part II) column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5a Less: cost or other basis and sales expenses  5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Gaming and fundraising events  a Gross income from fundratising events (not including \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributions (and \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions for \$ of contributions from fundraising events (not including \$ of contributions for for fundraising events (not including fundraising events (not including fundraising events (not including fundraising events (not including	J	Tax-exe	mpt status (ch	ack only one) — [X]501(c)(3)	(1 0111				
Part	K	Form of	f organization	: Corporation Trust X Association Other		·			
Part	L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets				
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Ta Gross sales of inventory, less returns and allowances		d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
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11 Benefits paid to or for members	_	<del></del>	I Otal reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>		95,711		
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		1					44.6==		
		1				$\overline{}$	11,855		
- <del></del>							40,134		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ă	10					55,577		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	886	17					EE 700		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	Ž	20					55,703		
MI AV CUISI VIRINGES III IISI GOOGIS UI IUIN DORUNGES (CAPIGUI III OCHICUUS C)	Ž	24					111 200		
Z 21 Net assets or fund balances at end of year Combine lines 18 through 20		4.		tion Act Notice, see the separate instructions.	••••		Form <b>990-EZ</b> (2016)		
<u>u</u> ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		4.		21	111,280				
2. Not assess of failed seattless at cited of year. Combine and To anough 20	Fo	r Papei	rwork Reduc	tion Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2016)		

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Par		Part II)				
	Check if the organization used Schedule O to	respond to any question i			<u> </u>	····
			Ų	) Beginning of year	L	(B) End of year
22	Cash, savings, and investments			43,432		64,680
23	Land and buildings				23	34,329
24	Other assets (describe in Schedule O)		1	12,271		12,271
25	Total assets			55,703	_	111,280
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			55,703	27	111,280
_Pa	Statement of Program Service Accompli			🔯	1	Emana
	Check if the organization used Schedule O				(Rec	Expenses quired for section
	at is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
	cribe the organization's program service accomplish		• • •	•		anizations; optional
	neasured by expenses. In a clear and concise mann		s provided, the numi	per of	tord	others.)
pers	sons benefited, and other relevant information for ea	ich program title.	1 . 1 +1 0 00	<del>ANDERO</del>	├	<del></del>
26	Soccer Season - 330 Childr	er paricipale	a in the ac	X	ł	İ
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	(Grants \$ ) If this amoun	t includes foreign grants,	chack hare		20-	40124
20					28a	10,157
29	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ì	
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	(Grants \$ ) If this amoun	t includes foreign grants,	check here	TT 2		
30	<u></u>		<del></del>		29a	<del></del>
30					l	1
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	(Grants \$ ) If this amoun	t includes foreign grants,	check here	- M	30a	.
31	Other program services (describe in Schedule O) .				30a	<del>'                                    </del>
٠.		t includes foreign grants,	check here		31a	
32	Total program service expenses. (add lines 28a				+	
Pa					32	<u> </u>
Pa	rt IV List of Officers, Directors, Trustees, and	Key Employees (list each	one even if not comp	ensated—see the in		<u> </u>
Ра 		Key Employees (list each to respond to any question	one even if not comp	ensated—see the in	nstruc	<u> </u>
Pa	Check if the organization used Schedule O	Key Employees (list each	one even if not comp on in this Part IV . (c) Reportable compensation	ensated—see the in (d) Health benefit contributions to	nstruci	tions for Part IV)
Pa	rt IV List of Officers, Directors, Trustees, and	Key Employees (list each to respond to any question (b) Average	one even if not comp on in this Part IV . (c) Reportable	ensated—see the in  (d) Health benefit contributions to employee benefit pla	nstruc s,	tions for Part IV)
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w	Check if the organization used Schedule O  (a) Name and title	Key Employees (list each to respond to any question (b) Average hours per week devoted to position (b) Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-	ensated—see the in  (d) Health benefit contributions to employee benefit pla and deferred compens	nstruc  is, ans, sation	tions for Part IV)
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w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any question (b) Average hours per week devoted to position (b) Hr/WK (c)	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any question (b) Average hours per week devoted to position (b) Hr/WK (c)	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation
w H	Check if the organization used Schedule O  (a) Name and title  EVERETT - Pres  ETD EVANS - VP	Key Employees (list each to respond to any questic (b) Average hours per week devoted to position  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	one even if not compon in this Part IV .  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	ensated—see the in  (d) Heath benefit contributions to employee benefit pla and deferred compete	nstruci s, sans, sation	(e) Estimated amount of other compensation

Form **990-EZ** (2016)

Form 9	90-EZ (2016) Greenbrier Soccer Club 20	) <u>-5530</u> 4	467	Page 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	nis Par	rt V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1		}
	detailed description of each activity in Schedule O	33	ļ	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		ł	1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	١	l	
	change on Schedule O (see instructions)	34		<u> </u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-	1	
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	<del> </del>	<del>  ×</del>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		├
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	}	x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350	<del> </del>	<del>  ^</del>
00	during the year? If "Yes," complete applicable parts of Schedule N	36	ļ	×
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a			<del>  ^</del>
	Did the organization file Form 1120-POL for this year?	37b	]	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1	ļ	l
а	Initiation fees and capital contributions included on line 9	_		1
b	Gross receipts, included on line 9, for public use of club facilities	1	Ì	l
40 a			ł	
_	section 4911 ► ; section 4912 ► ; section 4955 ►	} '		
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	J		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	405	}	
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	<del> </del>	<u>X</u>
С	on organization managers or disqualified persons during the year under sections 4912,	}	•	1
	4955, and 4958		l	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		
-	40c reimbursed by the organization	1 /		ļ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ► William Everett Telephone no. ►	(501) 5	81-32	70
	Located at ► 200 Hwy 225 E. City Greenbrier ST AR ZIP + 4 ► 720			
<b>h</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	72.5		-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR).			l
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		_ X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	- L
	and enter the amount of tax-exempt interest received of accorded during the tax year.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			110
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			<del></del>
_	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		_	
	explanation in Schedule O	44d		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		L X
		Form 9	90-EZ	(2016

Ves	X X X X X
Part VI  Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  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.  Set in organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Set in organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Set in organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Set in organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Set in organization and the set organization as exempt non-charitable related organization?.  Set in organization and the set organization as exempt non-charitable related organization?.  Set in organization and the set organization as exempt non-charitable related organization?.  Set in organization and the set organization as exempt non-charitable related organization?.  Set in organization and the set organization as exempt non-charitable related organization. If there is none, enter "None."  Set in organization and the organization as exempt non-charitable related organization. If there is none, enter "None."  Set in organization and the organization as exempt non-charitable related organization. If there is none, enter "None."  Set in organization and the organization as exempt non-charitable related organization. If there is none, enter "None."  Set in organization and the organization as exempt non-charitable related organization. If there is none, enter "None."  Set in organization and the organization organizati	X X X
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.  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X X X X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X X
49 a Did the organization make any transfers to an exempt non-charitable related organization?.   49a   49b   50   50   50   50   50   50   50   5	amount of
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employee other plans, and deferred compensation  (e) Estimated amount of the compensation  (forms W-2/1099-MISC)  (h) Average hours per week devoted to position  (e) Estimated amount of the compensation  (forms W-2/1099-MISC)  (h) Average hours per week devoted to position  (h) Average hou	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee other plans, and deferred compensation  (e) Estimated and other compensation  (forms W-2/1099-MISC)  Name  Title  Hr/WK  .00  Complete this table for the organization's five highest compensated independent contractors who each received more than	
(a) Name and title of each employee  (b) Average hours per week devoted to position  Name None  Title  Hr/WK  .00  Name  Title  Hr/WK  .00  Hr/WK  .00  Title  Hr/WK  .00  Title  Hr/WK  .00  Title  Hr/WK  .00  Hr/WK  .00  Title  Hr/WK  .00  Hr/WK  .0	
Title Hr/WK .00  Name Title Hr/WK .00  Name Title Hr/WK .00  Name Title Hr/WK .00  Name Title Hr/WK .00  Title Hr/WK .00  Title Hr/WK .00  Complete this table for the organization's five highest compensated independent contractors who each received more than	
Name Title Hr/WK .00  Name Title Hr/WK .00  Name Title Hr/WK .00  Name Title Hr/WK .00  Title	
Title Hr/WK .00  Name  Title Hr/WK .00  Name  Title Hr/WK .00  Title Hr/WK .00  f Total number of other employees paid over \$100,000	
Name Title  Name Title  Hr/WK  .00  Name Title  Hr/WK  .00  f Total number of other employees paid over \$100,000	
Title Hr/WK .00  Name  Title Hr/WK .00  f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated independent contractors who each received more than	
Title  Hr/WK  .00  f Total number of other employees paid over \$100,000	
f Total number of other employees paid over \$100,000	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than	<del></del>
\$100,000 of compensation from the organization. If there is none, enter "None."	
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation	
Name None Str	<del></del> .
Crity ST ZIP	
Name Str Crty ST ZIP	
Name Str	
City ST ZIP	
Name Str City ST ZIP	
Name Str	
Crity ST ZiP	
d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
3-30-17	
Sign   Signature of officer Date  Here   william R. Everett   President	
Type or print name and title    Print/Type prenarer's name   Prenarer's signature   Date   Print   Pri	
Type or print name and title  Paid  Preparer's signature  Preparer's signature  Date  Check if PTIN  SELE-PREPARED RETURN	
Type or print name and title  Paid  Preparer's name  Preparer's signature  SELF-PREPARED RETURN  Firm's name  Firm's name  Firm's EIN	No
Type or print name and title  Paid  Preparer's signature  Preparer's signature  SELF-PREPARED RETURN  Date  Check of PTIN  self-employed	No No

#### 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.

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20**16** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Greenbrier Soccer Club Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . 0 Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

20-5530467

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<del> </del>				<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	}		1	Ì		
	received (Do not include any "unusual grants.")	41,958	37,187	40,826	40,462	41,650	202,083
2	Gross receipts from admissions, merchandise		j				
	sold or services performed, or facilities furnished in any activity that is related to the	ļ	ł	ļ			
	organization's tax-exempt purpose	}		ļ		-	0
3	Gross receipts from activities that are not an				<del> </del>		<u>~</u>
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	ł	į	į	ļ	Ì	
	ıts behalf	İ	1		}		0
5	The value of services or facilities						
	furnished by a governmental unit to the	ŀ	i	1	j	}	
	organization without charge			1			0
6	Total. Add lines 1 through 5	41,958	37,187	40,826	40,462	41,650	202,083
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		Ì	1			0
b	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that	-	1	1		j	
	exceed the greater of \$5,000 or 1% of the	1	į	1	į		
	amount on line 13 for the year		•	ł			0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						<del></del>
•	line 6.)		1	1			202,083
Sec	ction B. Total Support			<del></del>	<del></del>	····	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	41,958	37,187	40,826	40,462	41,650	202,083
10a	Gross income from interest, dividends,						<del></del>
	payments received on securities loans,	ļ	}	1			
	rents, royalties and income from similar sources .	28	18	17	22	72	157
b	Unrelated business taxable income (less						······································
	section 511 taxes) from businesses	}	Ì	1			
	acquired after June 30, 1975	i	į	1		l	0
c	Add lines 10a and 10b	28	18	17	22	72	157
11	Net income from unrelated business						<u></u>
-	activities not included in line 10b, whether	j	1	j		}	
	or not the business is regularly carried on .	10.196	4,339	7,471	9,074	6.359	37,439
12	Other income. Do not include gain or						07,700
	loss from the sale of capital assets	1				}	
	(Explain in Part VI.)	2,231	ì			i	2,231
13	Total support. (Add lines 9, 10c, 11,	1					-1201
	and 12.)	54,413	41,544	48,314	49,558	48,081	241,910
14	First five years. If the Form 990 is for the org						2.7,010
	organization, check this box and stop here			· · · · · · · · ·			▶□
Sec	ction C. Computation of Public Sup	<del></del>		<del></del>	<del></del>	<del></del>	
15	Public support percentage for 2016 (line 8, co			7)		15	83.54%
16	Public support percentage from 2015 Schedu	.,		••	,	16	82.00%
	ction D. Computation of Investment			<del></del>	<del></del>	<del></del>	02.0070
17	Investment income percentage for 2016 (line			olumn (f))		17	0.06%
18	Investment income percentage from 2015 Sc		•	* * * *	3	18	0.00%
19a		· ·					5.5570
	not more than 33 1/3%, check this box and st						▶ 🔀
b	33 1/3% support tests—2015. If the organization	•		· · · · · ·	_		_
	tion 40 is not many than 22 4/20/ should this b	nov and eton here	The omanization	nualifies as a nubli	ich supported om:	anization	
	line 18 is not more than 33 1/3%, check this t	ox and stop here	· The organization	denuico do a babi	ioi, capportea orgi	and a	· · · • 💆 🖳