

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2017

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information

1808

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 9/01, 2017, and ending 8/31, 2018

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C
FORNEY SOCCER ASSOCIATION
PO BOX 884
FORNEY, TX 75126

D Employer identification number

34-2051228

E Telephone number

F Group Exemption Number

04

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) – 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527

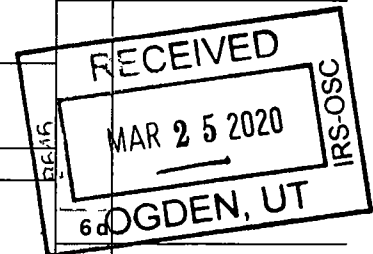
K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 177,070.

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

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

| REVENUE | | | |
|----------|--|----|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| 2 | Program service revenue including government fees and contracts | 2 | 177,070. |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| 5b | Less cost or other basis and sales expenses | 5b | |
| 5c | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Gaming and fundraising events | | |
| 6a | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| 6b | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| 6c | c Less direct expenses from gaming and fundraising events | 6c | |
| 6d | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| 7b | b Less cost of goods sold | 7b | |
| 7c | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 177,070. |
| EXPENSES | | | |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 1,600. |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 21,540. |
| 13 | Professional fees and other payments to independent contractors | 13 | 325. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 139,005. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 162,470. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 14,600. |
| ASSETS | | | |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 102,408. |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O | 20 | 6,286. |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 123,294. |



SCANNED BY 2021

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 98,908. | 119,794. |
| 23 Land and buildings | 3,500. | 3,500. |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 102,408. | 123,294. |
| 26 Total liabilities (describe in Schedule O) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 102,408. | 123,294. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | |
|---|------|--|
| 28 <u>SEE SCHEDULE O</u> | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a | |
| 29 _____ | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | |
| 30 _____ | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| RON COOK PRESIDENT | 20 | 0. | 0. | 0. |
| RONNIE FUDGE VICE PRESIDENT | 12 | 0. | 0. | 0. |
| GARY JEAN VICE PRESIDENT | 12 | 0. | 0. | 0. |
| ANTONIO CASTANEDA VICE PRESIDENT | 12 | 6,950. | 0. | 0. |
| ISRAEL VIERA VICE PRESIDENT | 12 | 0. | 0. | 0. |
| ANNA AGUILAR SECRETARY | 4 | 3,481. | 0. | 0. |
| SUJITTA RODRIQUEZ TREASURER | 4 | 4,335. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations
40 a Section 501(c)(3) organizations
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of * RON COOK
Telephone no 972-822-8779
Located at PO BOX 884 FORNEY TX ZIP + 4 75126
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
42 c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | 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

47 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

| | | |
|----|-----|----|
| | Yes | No |
| 47 | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

| | | |
|----|--|--|
| 48 | | |
|----|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|-----|--|--|
| 49a | | |
|-----|--|--|

b If 'Yes,' was the related organization a section 527 organization?

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W 2/1099 MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Ron Cook* Date: 3-6-20
 Type or print name and title: **RON COOK** **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **ERIC E PASCHALL** Preparer's signature: *E. Paschall* Date: 2/27/2020
 Check if self-employed PTIN: **P01554667**
 Firm's name: **MURREY PASCHALL & CAPERTON, PC** Firm's EIN: **90-0085186**
 Firm's address: **301 E BROAD ST** Phone no: **(972) 564-1660**
FORNEY, TX 75126-4110

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FORNEY SOCCER ASSOCIATION

34-2051228

FORM 990-EZ, PART 1, LINE 10

DONATIONS

\$600 CITY OF FORNEY

COLLEGE SCHOLARSHIPS

\$500 SARAH ESCOBEDO

\$500 MICHAEL SANDERS

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

| | | |
|--|-----------|------------------------|
| ADVERTISING AND PROMOTION | \$ | 2,495. |
| AWARDS AND TROPHIES | | 11,851. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | | 3,632. |
| DUES AND SUBSCRIPTIONS | | 2,350. |
| FIELD MAINTENANCE AND SUPPLIES | | 11,683. |
| INSURANCE | | 33,185. |
| MERCHANT SERVICE FEES | | 10,145. |
| OFFICE EXPENSES | | 4,544. |
| REFEREE FEES | | 53,846. |
| SUPPLIES AND EQUIPMENT | | 5,274. |
| TOTAL | \$ | <u>139,005.</u> |

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

| | | |
|------------------|-----------|----------------------|
| PRIOR PERIOD ADJ | \$ | 6,286. |
| TOTAL | \$ | <u>6,286.</u> |

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

FORNEY SOCCER ASSOCIATION ORGANIZES AND OPERATES RECREATIONAL SOCCER LEAGUES FOR THE CITY OF FORNEY AND SURROUNDING AREAS.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORNEY SOCCER ASSOCIATION COMPLETED SOCCER SEASONS FOR THE FALL (JULY-DECEMBER) AND SPRING (JANUARY-MAY) FOR THE YOUTH LEAGUES AND IN THE SUMMER (JUNE-AUGUST) AND WINTER (DECEMBER-FEBRUARY) FOR THE ADULT LEAGUES.