## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2017

Department of the Treasury

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 publiced.

Open to Public

Inter	nal Revenu	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.	UUU	Inspection				
A	For the	2017 cale	ndar year, or tax year beginning Sep 1, 2017, and endi	<b>ng</b> Au	g 31	, 20 18				
В	Check if	applicable	C Name of organization Wyoming Soccer Association		D Employ	er identification number				
	Address		Doing business as Formerly Wyoming Youth Soccer		83-0	279080				
╡	Name ch	~	Number and street (or P O box if mail is not delivered to street address)  Room/si	ute		ne number				
╡		· ·	·	5	•					
⇉	Initial retu				(307	742-2306				
⊒.		n/terminated	City or town, state or province, country, and ZIP or foreign postal code Casper, WY 82601	2						
	Amended	<b>G</b> Gross re								
_	Application	on pending	F Name and address of principal officer	H(a) Is this a gi	oup return for	subordinates? Yes No				
			Jason Howell, 2001 West Lakeway Road, Suite A, Gillette, WY 82							
1	Tax-exen	npt status	∑ 501(c)(3)	If "N	o," attach a	list (see instructions)				
J	Website:	<b>▶</b> ₩	yomingsoccer.com	H(c) Group	exemption	number ▶				
ĸ	Form of o		X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	ition 1998	M State	of legal domicile WY				
	art I	Summ				. <u></u>				
			scribe the organization's mission or most significant activities: The hybrid							
d)	1									
ž	1		rives soccer development and healthy lifestyles							
&_Cobyernance			ipants, while always ensuring fun, integrity, a							
\$	l .		s box ▶☐ if the organization discontinued its operations or disposed	of more than	1 _ I	its net assets.				
<b>3</b>	3	Number of	of voting members of the governing body (Part VI, line 1a) .   .   .   .   .		3	11				
જે	4	Number of	of independent voting members of the governing body (Part VI, line 1b)	)	4_	11				
ě	5	Total num	ber of individuals employed in calendar year (2017 (Part V. line 2a)		5	10				
MACKivities	6	Total num	nber of volunteers (estimate if necessary)		6	0				
10 84	1		elated business revenue from Part VIII, column (¢), line 12	781	7a	0.				
≊			ated business taxable income from Form 990 Pline 34	SO	7b	0.				
_	<del>                                     </del>	tot am on	MAR 0 2020	Pnor Ye		Current Year				
7	8	Contribut	ions and grants (Part VIII, line 1h)		189.	1,122.				
逶										
<b>E</b>	I	_	service revenue (Part VIII, line 2g)	455	987.	471,598.				
State State Control	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		_590.	997.				
กั	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
_	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	458	766.	473,717.				
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			3,150.				
	14	Benefits (	paid to or for members (Part IX, column (A), line 4)	<del></del>						
'n			other compensation, employee benefits (Part IX, column (A), lines 5-10)	68	912.	87,924.				
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		1.5					
Je.	1		draising expenses (Part IX, column (D), line 25)							
Ä			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	281	,907.	333,216.				
			· · · · · · · · · · · · · · · · · · ·							
		•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		819.	424,290.				
	<del></del>	Hevenue	less expenses. Subtract line 18 from line 12		,947.	49,427.				
P Se	ĺ			Beginning of Cu		End of Year				
Net Assets or Fund Balances	20		ets (Part X, line 16)		,499.	504,727.				
춫臣	21		ılıties (Part X, line 26)		989.	13,490.				
		Net asset	s or fund balances. Subtract line 21 from line 20	434	1,510.	491,237.				
Pa	art II	Signat	ure Block							
Un	der penal	ties of perjui	y, I declare that I have examined this return, including accompanying schedules and state	ements, and to t	ne best of r	ny knowledge and belief, it is				
tru	e, correct	, and comple	ete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowl	edge					
			() The		1.27-	7070				
Sig	ın	Signa	ature overficer	Da						
Нe	-	] [								
Here  Jason Howell, Treasurer  Type or print name and title										
				Pate	<del>-</del>	PTIN				
Pa	id	- 1		-77 <i>-7070</i>	Check	if				
Pr	epare	Jason J	. Howell,CPA/ABV,CVA,CFP, AM	~		ployed P00543078				
	Jse Only Firm's name ► ABOVE THE LINE CPAR, Pd Firm's EIN ► 83-0283452									
		Firm's a	ddress ► 2001 W LAKEWAY RD/STE A, GILLETTE, WY 8271	8-5678 Pho	neno (3	07)686-7445				
Ма	y the IR		this return with the preparer shown above? (see instructions)			. X Yes No				

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

Form **990** (2017)

REV 03/08/19 PRO

Part		r age =
1	Check if Schedule O contains a response or note to any line in this Part III	<u>. Џ</u>
•	The Wyoming Soccer Association creates a safe, supportive, and conducive environ	ont
	that drives soccer development and healthy lifestyles for all Wyoming	
	participants, while always ensuring fun, integrity, and respect for all.	
	pearetelpanter, while always chouling lan, integrity, and respect for all.	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 46,176. including grants of \$ 0.) (Revenue \$ 73,404.	
	Maintaining Olympic development soccer (ODP) program for Wyoming's	
	youth.	
	(O   ) (D   ) (D	
4b	(Code. ) (Expenses \$ 160,183. including grants of \$ 0.) (Revenue \$ 317,482.	
	Providing education; insurance coverage; background checks and risk	
	management, event management, member management for members, clubs	
	and teams throughout Wyoming.	
		•
4-	(Code: ) (Expenses \$ 78,349. including grants of \$ 0. ) (Revenue \$ 80,712.	<del></del> -
4c		,
	307 Program - Provided development, training, and advanced playing	
	opportunities across the region and country, and scholarships.	
		<del>-</del>
<u></u>	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	

Part IV	Checklist	of Required	Sche	dules

			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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			×
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
	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		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
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		×
			n 990	

Part	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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			
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		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		×
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	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	24b		<del>  -</del>
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_x_
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			
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u>×</u> _
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	] ]		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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	28a		J
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		<del>  ^</del>
<del></del>	Schedule L, Part IV	28b	' !	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
٠.	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			]
0.4	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		<del></del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		<del></del>
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	<u></u>
		Form	990	(2017)

# 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

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• •	<u></u>
4		8 N Z 3-00.00	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?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	र जिल्ला	30223
	Statements, filed for the calendar year ending with or within the year covered by this return 10	<b>爱教</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	(EALS	SALE.	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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		<u> </u>
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).	<b>3.2</b>		43
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		×
С	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		,	
L	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a_		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	er.		
7	gifts were not tax deductible?	6b	3.7.3% (kx	W. Friend
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		×
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>-^-</del> -
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>X</b>		30 E
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
, <b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		×
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	an Name and State of	or control to
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	181 Jan 87	GG*NID**
9	Sponsoring organizations maintaining donor advised funds.	253A	22.5	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-	-
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30	42778 <b>4</b> 55	\$3555 N
	Initiation fees and capital contributions included on Part VIII, line 12			
≖a- 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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		4	
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.	孫敬	Mark.	
ͺа	Is the organization licensed to issue qualified health plans in more than one state?	13a	GAT THE SAIR	\$4,50,E-4
`.	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	N.Z		
_				
C 140	Enter the amount of reserves on hand	14a	5769 <b>4</b>	×
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	?	<del>  ^</del> -
b	ii res, has it lieu a rotti rzo to report these payments: ii rvo, provide an explanation in schedule O .	טדי		

rart									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se								
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·</u>	<u>· · · · ·</u>	<u>×</u>					
Secu	on A. Governing Body and Management	<del>-</del> ,	V	- N-					
10	Enter the number of voting members of the governing hady at the and of the tay year.	Sales.	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year .								
	If the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		×					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	ŀ	_×_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×					
6	Did the organization have members or stockholders?	6		_x_					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	j							
١	one or more members of the governing body?	7a		×					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_							
_	stockholders, or persons other than the governing body?	7b	3.2 <del>7</del> 50.7 u25	X 20. 10. 12.23					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following.		<u> </u>						
a	The governing body?	8a 8b	×	<del></del>					
ь 9	Each committee with authority to act on behalf of the governing body?	OD		<del></del> .					
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ode.)						
	1		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?	10b	×						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		N.	10.34					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	<u> </u>					
, <b>b</b>	,	12b		_×_					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	, , , , , , , , , , , , , , , , , , ,	12c		_×_					
13	Did the organization have a written whistleblower policy?	13		×					
14 15	Did the organization have a written document retention and destruction policy?	14	327	×					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
2	The organization's CEO, Executive Director, or top management official	15a		12.00					
a ≐b-	Other officers or key employees of the organization	15b	×	<del></del>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1526	Q)A						
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	AT-INESHA	×					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<b>1.33</b>					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
		16b							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18									
	available for public inspection. Indicate how you made these available. Check all that apply.	•							
40	Own website Another's website Upon request Other (explain in Schedule O)		l						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year.	rest	JOIICA	, and					
20		,							
20	State the name, address, and telephone number of the person who possesses the organization's books and red Jason Howell, 2001 West Lakeway Rd Ste A, Gillette, WY 82718 (307)686-7445	ords:							
	orgon nought foot acre baroary in one wi different at 05/10 /201/000 1442			_					

# 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	ot ch unles	Pos eck s pe	rson irect	e than of the structure	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lısa Hulshizer	40.00	×						E C 750	0	0
Administrator & Registrar		<u> </u>					_	56,750.	0.	0.
(2) Chris Prior Director	1.00	×						0.	0.	0.
(3) Anna VenableDirector	1.00	×						0.	0.	0.
(4) Annie Fletcher Director	1.00	×						0.	0.	0.
(5) Leslie Fowler Director	1.00	×						0.	0.	0.
(6) David Eldred Director	1.00	×						0.	0.	0.
(7) Roger Brown Director	1.00	×						0.	0.	0.
(8) Fred Catchpole Director	1.00	×						0.	0.	0.
(9) Dan King President	5.00			×				0.	0.	0.
(10) Annie Graham Secretary	5.00			×				0.	0.	0.
(11) Jason Howell Treasurer	5.00			×				0.	0.	0.
Vice President	5.00			×				0.	0.	0.
(13)										
(14)										

(6) Name and take  Average  Now interest more it born one it born	Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (con	inued)	
hours for related organizations below defined by the property of the property			Name and title Average hours per			Pos neck ss pe	ition more	is both	an	Reportable compensation	Reportable compensation fror	Estima n amoui	ated at of
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compen from organiz and rei	sation the ation ated
(17) (18) (19) (20) (21) (23) (24) (25)  1b Sub-total	(15)							<u> </u>	-			<del> </del>	··
(19)  (20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total	(16)			ļ <del></del> -					-			<del>                                     </del>	
(29)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization P  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization year.	(17)							_					<del></del>
(20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization year.	(18)					_			_				
(21)  (22)  (23)  (24)  (25)  1b Sub-total .	(19)												
(22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization year.  (A) (B) (C)	(20)								_				
(23)  (24)  (25)  1b Sub-total	(21)												
(24)  1b Sub-total	(22)									<u> </u>			<del></del>
(24)  1b Sub-total								_	_				
1b Sub-total					_				_			<del> </del>	
1b Sub-total													
total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)		Sub-total		1	Ļ				<u> </u>	56,750.	0		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-								<b>&gt;</b>	56,750.	0		0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but	t not limited				ed	above	e) w	<del></del>		<del></del>	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	ficer, direc				ee,	key e		-		ted	res No
for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole (	con	nper	nsatio				the uch	×
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization year.  (A) (B) (C)	5										ation or individ		III X
compensation from the organization. Report compensation for the calendar year ending with or within the organization year.  (A) (B) (C)	Section	<del></del>							-				
	1	compensation from the organization. Rep											's tax
			ress								ervices		on
					_								
2 Total number of independent contractors (including but not limited to those listed above) who		Total number of independent controls	yn final	200		<u> </u>	4. معرر	od 4		non lists d = "			

	90 (201	<del></del>	+			····	···-	Page \$
Par	VIII	Statement of Reve				<b>-</b>		_
	min	Check if Schedule C	ontains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
9 0	12	<u> </u>		T The state of the	34347 X2443444	revenue	arta-timatani pariti accioni	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
ع ق	b	Membership dues .			Larry (Salata)		100	
ffs,	, C	Fundraising events .		<del></del>				
اق آق	d	Related organizations		<u> </u>		9 - No. 1976		
Sir.	e f	Government grants (con		<del></del>				
utic Ver	'	All other contributions, g and similar amounts not inc		1 100				
를 <mark>하</mark>	_		<u>_ ··</u>	1,122.				
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions include <b>Total.</b> Add lines 1a-1			1,122.			
	<u>h</u>	Total. Add lines 1a-1	1	Business Code	1,122.			
ב ה	20	Drogram Barranii		713990	471,598.	471,598.	0	
Seve	2a b	Program Revenu	e	/13990	4/1,390.	4/1,396.	0.	0.
Se F				<del></del>	<del>-</del>		<u> </u>	<u> </u>
Ž						<del></del>		
Program Service Revenue	d			<del></del>				<del></del>
Jran	e •	All other program sen	woo rovonuo					<del></del>
o Loc	g	Total. Add lines 2a-2			471,598.			
-	3	Investment income			471,330.	Control of the Contro	STANDARD STANDARD	(0.000
	_	and other similar amo	•		997.	o.	0.	997.
١	4	Income from investmen	·	and proceeds ▶				
	5	<b>5</b> "						
		110,441.00	(i) Real	(II) Personal	Electronic Control	02/04/05/05/05	26624201.66	
	6a	Gross rents						
	b	Less. rental expenses						
	C	Rental income or (loss)						40.00
	d	Net rental income or (	(loss)	•	Comment Association Comments		The second second second	S. S. Linkson L. S. C. Control of the Control of th
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis				0.37		
		and sales expenses .				La company		
'	С	Gain or (loss)			100	27/10/20/20		
	d	Net gain or (loss) .		<u> </u>				
σ,								A SAME OF THE SAME
ŭ	′ 8a	Gross income from fu	ındraısıng	` ,		2.76		
, ve		events (not including \$						
æ		of contributions reporte	·				4.4	
Other Revenue			<u>.</u> . a					
ō		Less: direct expenses		L			252 23 FA T	
		Net income or (loss) for		events . •	Variable via calendaria		ASCALLABORATEDA DA DA SA CAN	
	ча	Gross income from ga	•				Note that the	
		•	а					
		Less: direct expenses						**************************************
		-Net income or (loss) for		vides <b>P</b>	E SELECTION OF DATE		SHERIST STRICTS	CENTRAL PROPERTY OF THE PROPERTY OF THE
	าบล	Gross sales of in returns and allowance						
		Less: cost of goods s Net income or (loss) for				2011		
ç	с	Miscellaneous R		Business Code		NETHAN VENERAL		
	11a			223233 2003				
	b							

473,717.

All other revenue

Total. Add lines 11a-11d.

Total revenue. See instructions.

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, 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	3,150.	3,150.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	- ,			
4	Benefits paid to or for members	_			SECTION ASSOCIATION OF
5	Compensation of current officers, directors, trustees, and key employees	56,750.	. 0.	56,750.	. (
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				1
7	Other salaries and wages	22,306.	. 22,306.	0.	(
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,		· · ·	
9	Other employee benefits				
10	Payroll taxes	8,868.	2,801.	6,067.	(
11	Fees for services (non-employees):	, *		1	
а	Management	`_		· · · · · · · · · · · · · · · · · · ·	· -
b	Legal				
C	Accounting	2,000.	0.	2,000.	, ,
d	Lobbying	•		PARTIES APERTURAN AND AND AND AND AND AND AND AND AND A	<u> </u>
e	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				
g	(A) amount, list line 11g expenses on Schedule Q.)	21,634.	0.	21,634.	
2	Advertising and promotion	1,452.	. 0.	1,452.	. (
3	Office expenses	7,844.	0.	. 7,844.	
4	Information technology				
5	Royalties		<del></del>		<del></del>
6	Occupancy	9,150.	0.	9,150.	-
7	Travel	19,544.	19,544.	0.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings .	14,515.	14,515.	· 0.	`
20	Interest				
21	Payments to affiliates	=======================================		<del></del>	<del></del>
22 -	F	996.	996.	0.	
23	Insurance	23,247.	0.	23,247.	
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.)				
•	League / Tournament	46,925.	46,925.	0.	
a b	Coach / Referee	15,378.	15,378.	• , 0.	•
C	Olympic Development Program.	46,176!	46,176.	. 0.	
ď	307 Program	78,349.	78,349.	0.	<u> </u>
e	All other expenses	46,006.	34,568.	11,438.	
25	Total functional expenses. Add lines 1 through 24e	424,290.	284,708.	139,582.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		222,7000		
	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											
				,		(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing				407,007.	1	471,357.			
	2	Savings and temporary cash investments				25,015.	2	25,084.			
	3	Pledges and grants receivable, net			3						
	4	Accounts receivable, net		As a consess was very service and	4	52.					
•	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L	ployees.		5						
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	loyers and beneficiary		6						
Assets	7	Notes and loans receivable, net					7				
As	8	Inventories for sale or use					8				
	· 9	Prepaid expenses and deferred charges					9	3,753.			
	10a	Land, buildings, and equipment: cost or		`	•						
		other basis. Complete Part VI of Schedule D	10a		6,972.						
	b	Less: accumulated depreciation	10b		2,491.	5,477.	10c	4,481.			
	11	· · · · · · · · · · · · · · · · · · ·			11						
	12	Investments—other securities. See Part IV, line					12				
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11			15	\ <u></u>					
	16	Total assets. Add lines 1 through 15 (must equa				437,499.	16	504,727.			
	17	Accounts payable and accrued expenses				133.	17	1,341.			
	18	Grants payable		18	<del> </del>						
1	19	Deferred revenue		19	<del> </del>						
	20	Tax-exempt bond liabilities	<u> </u>	20	<del></del>						
	21	Escrow or custodial account liability. Complete I		A 1 7 7 7 8 1 7 7 7 8 1 7 8 1 1 1 1 1 1 1	2000	Vice-inglish (see and a company)					
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen- disqualified persons. Complete Part II of Schedu	sated				22				
Lia	23	Secured mortgages and notes payable to unrela		nird parties			23				
	24	Unsecured notes and loans payable to unrelated					24				
	25	Other liabilities (including federal income tax,			ted third						
		parties, and other liabilities not included on lines									
		of Schedule D				2,856.	25	12,149.			
	26	Total liabilities. Add lines 17 through 25				2,989.	26	13,490.			
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck nere ►	and						
an	27	Unrestricted net assets					27				
Bal	28	Temporarily restricted net assets		,			28				
ב	29	Permanently restricted net assets					29				
Ē		Organizations that do not follow SFAS 117 (ASC 99)	58), ch	eck here 🟲	and						
ō		complete lines 30 through 34.									
ets	30	Capital stock or trust principal, or current funds				434,510.	30	491,237.			
SS	31	Paid-in or capital surplus, or land, building, or ed				<del></del>	31				
ĭ A	32	Retained earnings, endowment, accumulated in		32	401 007						
ž	33					434,510.	33	491,237.			
	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>		437,499.	34	504,727.			

					,
orm 99	90 (2017)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets	••			
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	73,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		49,4	127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,5	
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		7,3	300.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	91,2	237.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				, is ,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in		, , ,	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	,	10	l',
	reviewed on a separate basis, consolidated basis, or both:		· ' '		. ^
	Separate basis Consolidated basis Both consolidated and separate basis		<u>`</u>		<u></u>
b	Were the organization's financial statements audited by an independent accountant?		2b	<del> </del> -	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	, ,		* 1~
	separate basis, consolidated basis, or both:		ľ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, ex	niain in	1 *	1	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

За

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		Soccer Association					83-0279080		
Par		Reason for Public Cha					<del></del>	ons.	
		zation is not a private founda		•			•		
1		church, convention of church							
2	_	school described in section		·			• •		
3		hospital or a cooperative ho medical research organization		•				(iii) Enter the	
4		ospital's name, city, and stat	•	onjunction with a nosp	Jilai desc	nbea in s	section 170(b)(1)(A)	(iii). Enter the	
5	☐ Ar	n organization operated for ection 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 7	=								
8		community trust described i			Part II.)				
9	or ur	n agricultural research organ r university or a non-land-gra niversity:	int college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	re su	n organization that normally ceipts from activities related ipport from gross investmen cquired by the organization a	to its exempt full tincome and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its	
11	☐ Ar	n organization organized and	doperated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).		
12	of	n organization organized and one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
а		Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganızation vested in	the same				
С		Type III functionally integits supported organization						ally integrated with,	
đ		Type III non-functionally that is not functionally inte requirement (see instructionally instructions).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е		Check this box if the organ functionally integrated, or	Type III non-func	a written determination	on from t oporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III	
f		er the number of supported	•					· · <u> </u>	
<u>g</u>		vide the following information ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)	_								
(C)									
(D)									
(E)			!						
Total						1000			

Part	II Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	,	,	,	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and	1			}		
	membership fees received. (Do not						,
	include any "unusual grants.")			<del>-</del>			
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	<u> </u>			1		III
3	The value of services or facilities	<del> </del>		<del> </del>	<del></del>		
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
•	each person (other than a	<b>美国基本的</b> 基	1000	33 7 7 9 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 100	9 2003 70	
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						 
_	shown on line 11, column (f)						
6 Socti	Public support. Subtract line 5 from line 4	Fee See See See	Sign Van Grand	[F18878-321/85025]	The second second	<b>第266年以及406</b>	
	on B. Total Support  dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(0) 2014	(6) 2013	(u) 2010	(6) 2017	(i) Total
8	Gross income from interest, dividends,						<del></del>
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	!					
<b>' 9</b>	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on			<u> </u>			· <del>-</del>
10	Other income. Do not include gain or						1
	loss from the sale of capital assets (Explain in Part VI.)						
44	, ,	DOSESSA LA CASTA DE	14.0 <b>4</b> .63.04.80.05.4			SOCIECALITOR	
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	nns)		0.45.554.5869.5168	12	<del></del>
13	First five years. If the Form 990 is for the	•	-	d. third. fourth	 . or fifth tax v		n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2017 (line	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2017. If the organ						
-ھ۔۔ سی	box and <b>stop here.</b> The organization qua	· · · · · · · · · · · · · · · · · · ·		_			· · · 🟲 🗆
b	33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organ this box and stop here. The organization						ore, check
17a	10%-facts-and-circumstances test-2						
-	10% or more, and if the organization m						
	Part VI how the organization meets the '	facts-and-circ		=	zation qualities	s as a publicly	· -
_	organization						▶ ⊔
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization in Part VI how the organization in						
	supported organization		<i>.</i>				<b>&gt;</b> $\square$
18	Private foundation. If the organization d				a, or 17b. chec	k this box and	see
-	instructions						

## 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.)

Secti	on A. Public Support				_ <del></del>			
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")	197,571.	298,866.	386,381.	458,176.	458,017.	1,799,011.	
2	Gross receipts from admissions, merchandise						,	
	sold or services performed, or facilities furnished in any activity that is related to the	1						
	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							
ŕ	organization's benefit and either paid to				1			
,	or expended on its behalf							
5	The value of services or facilities	1	!		ĺ			
	furnished by a governmental unit to the	] .						
•	organization without charge							
6	Total. Add lines 1 through 5	197,571.	298,866.	386,381.	458,176.	458,017.	1,799,011.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	•						
•	, ,							
b	Amounts included on lines 2 and 3	}						
	received from other than disqualified	}	!					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						<del> </del>	
8	Public support. (Subtract line 7c from			PARATE VIII E	ANTENNAL	THE WAY		
_	line 6.)						1,799,011.	
Secti	on B. Total Support	,					·	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	197,571.	298,866.	386,381.	458,176.	458,017.	1,799,011.	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,	[					'	
	royalties, and income from similar sources .	105.	199.	385.	590.	918.	2,197.	
b	Unrelated business taxable income (less	}						
	section 511 taxes) from businesses						•	
	acquired after June 30, 1975							
	Add lines 10a and 10b	105.	199.	385.	590.	918.	2,197.	
11	Net income from unrelated business				'			
	activities not included in line 10b, whether or not the business is regularly carried on	Ì			'			
40						<del></del>		
12	Other income. Do not include gain or loss from the sale of capital assets	,						
	(Explain in Part VI.)	<b>,</b>			1			
13	Total support. (Add lines 9, 10c, 11,	<u> </u>		<del>                                     </del>				
	and 12.)	197.676.	299.065.	386.766.	458.766.	458,935.	1,801,208.	
14	First five years. If the Form 990 is for the							
	organization, check this box and stop he	ere +.	<u> </u>	<u></u>	<u> </u>	<u> </u>	🕨 📋	
<u>Secti</u>	on C. Computation of Public Suppo							
15	Public support percentage for 2017 (line	• •					99.88 %	
16								
	on D. Computation of Investment In			)	(0)	17	0.10.0/	
17	Investment income percentage for 2017						0.12 %	
18	Investment income percentage from 2010 331/3% support tests—2017. If the organ					18 ore than 331/a	0.09 %	
19a	17 is not more than 331/3%, check this box							
h	33 <sup>1</sup> / <sub>3</sub> % support tests—2016. If the organization		=	=				
b	line 18 is not more than 33½%, check this							
20	Private foundation. If the organization d							
				,				

#### Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

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		Yes	No	
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	10b			

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		ļ
	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		<u> </u>
<u>Secti</u>	on B. Type I Supporting Organizations			
	•	T 243000.0	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 <b>Part VI</b> 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.	CAR		
		1	20192697	Ja 3900000
2	Did the organization operate for the benefit of any supported organization other than the supported		<b>3.</b>	77
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	194		
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	KAK		
<u> </u>		2		L
section	on C. Type II Supporting Organizations	·		
_		1488AFC	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			12 A
	the supported organization(s).			
20.041	on D. All Type III Supporting Organizations			L
Section	on D. All Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	March .	163	5/34/18
1	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?	1		2000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	N. W.	7-1872.	15/5
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			4.2
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$5.520 Middle	73.533.23
3	By reason of the relationship described in (2), did the organization's supported organizations have a			<b>\$300</b>
	significant voice in the organization's investment policies and in directing the use of the organization's		136	150
	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.	3	-	- Compressions
Secti	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	instru	ction	s)
. a)				<del>-</del> , .
. a /	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C_		(see in	struct	ions)
<u></u>		000		
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	ALBERTA T T	St. 46-06
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these	THE STATE OF		
	activities but for the organization's involvement.	2b	Non-powerful.	34 21 7 7
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	to 18.75.72-	ALSO SE A 2 -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		T.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	ııza	tions must complete Section	
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		1
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	<del> </del>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	<del></del>	<u> </u>
Section B - Minimum Asset Amount		(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>b</b> Average monthly cash balances	1b	,	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		 
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	:	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	2007年2月2日 2月2日 2月2日 2月2日 2月2日 2月2日 2月2日 2月2日	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	RESERVATION OF THE	
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 instructions).	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year			
_ 1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	(F. 15. 14. 15. 14. 15. 14. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		<del></del>				
<u>6</u>	Other distributions (describe in Part VI). See instructions.		<del> </del>				
7_	Total annual distributions. Add lines 1 through 6.		<del></del>				
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
9	(provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2017 from Section C, line 6		<del>-</del>				
10	Line 8 amount divided by line 9 amount	·					
	Line o amount divided by line 3 amount	<u> </u>	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	175-78-7000-148-1482					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2017			31/23848E345E34			
a	PERSONAL PROPERTY OF THE PROPE						
b	From 2013			#46755 F4/ FAN E 7475 AL			
С	From 2014	PARAMETER SERVICE					
d	From 2015		Elan Andron Andro	ANTERIOR PROPERTY.			
е	From 2016			(8) Mark 1937 (8) 11 (1)			
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2017 distributable amount						
i_	Carryover from 2012 not applied (see instructions)						
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	toward to the first that the same shock markets					
4	Distributions for 2017 from						
	Section D, line 7 \$						
<u>a</u>	Applied to underdistributions of prior years	PROPERTY OF THE PROPERTY OF TH	Company and how the second of the second				
<u>b</u>	Applied to 2017 distributable amount			Omean A.Corrent X. Nad			
_ <u>_c</u> _	Remainder. Subtract lines 4a and 4b from 4.	CALCHOVS 3 S ASSOCIATION					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h			100 20 100 200 200 200 200 200 200 200 2			
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.	10 40 3 100 10					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013		PARTY OF THE PARTY.				
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016		No.				
e	Excess from 2017		KANASIATAN				

Schedule A (Form 990 or 990-EZ) 2017 ,

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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	<del></del>
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•	

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990

201

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Wyoming Soccer Association 83-0279080 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . Total acreage restricted by conservation easements . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Par	III Organizations Maintaining	Collections of	Art. Hist	orical 1	Treasures.	or Ot	her Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot							
а	☐ Public exhibition		dГ	□ Loan	or exchang	e proa	rams /		
b	☐ Scholarly research								
C	Preservation for future generations	\$	• -						
4	Provide a description of the organiza		and explai	n how t	hev further	the ora	anization's exe	empt purpo	se in Part
	XIII.								
5	During the year, did the organization	solicit or receive	donations	of art.	historical tre	easure	s. or other sım	ilar	
	assets to be sold to raise funds rather								s 🗆 No
Part									
	Complete if the organization 990, Part X, line 21.		" on Forn	n 990, f	Part IV, line	9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the foll	owing ta	able:				
	•							Amount	
С	Beginning balance					10			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount					ıstodial	account liabili	ty? 🔲 Ye:	No No
b	If "Yes," explain the arrangement in P								
Par						-			
	Complete if the organization	answered "Yes"	" on Forn	n 990, F	Part IV, line	10.			
		(a) Current year	(b) Prior		(c) Two years		(d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions			_					
С	Net investment earnings, gains, and losses					_			
d	Grants or scholarships								
e	Other expenditures for facilities and							<u> </u>	
	programs				i			ŀ	
f	Administrative expenses				<del> </del>		<del></del>		
g	End of year balance				<del></del>				
2	Provide the estimated percentage of t	he current vear en	nd balance	fline 10	ı. column (a)	)) held a	 as:		
a	Board designated or quasi-endowme			(	(-,	,,			
b	Permanent endowment ▶		'						
c	Temporarily restricted endowment ▶	%							
•	The percentages on lines 2a, 2b, and		<b>n</b> n%						
За	Are there endowment funds not in th			ation the	at are held a	and ad	ministered for	the	
	organization by:	- <b>,</b>						_	res No
	(i) unrelated organizations							. 3a(i)	30 110
	(ii) related organizations							3a(ii)	
ь	If "Yes" on line 3a(II), are the related of							. 3b	<del></del>
4	Describe in Part XIII the intended uses					• •		. [55]	
Pari									
	Complete if the organization		" on Forn	n 990. i	Part IV. line	11a.:	See Form 990	), Part X. lı	ne 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book	
	accompliant of property	(investm		• •	other)		epreciation	(S) DOOK	. 3.00
	Land								
b	Buildings						· · · · · · · · · · · · · · · · · · ·		
C	Leasehold improvements	•							
ď	Equipment	·	<del>}</del>						
e	Other	:			6,972.		2,491.	<del></del>	4,481.
	Add lines 1a through 1e. (Column (d) n		90. Part X	colum		)c.)			4,481.

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fol	rm 990 Part IV li	ne 11b. See Form	1990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
1) Financial	I derivatives		<del> </del>	
-	held equity interests		<del>                                     </del>	
			<u> </u>	
(A)				
(B)				
(C)				
(U)			<del> </del>	
/E)			,	
(F)	,			<del></del>
(G)		<del></del>		<del></del>
(H)		-		
otal. (Column (	(b) must equal Form 990, Part X, col. (B) line 12 ) ▶		ELECTRON STREET	
Part VIII	Investments - Program Related.		100000	
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation
,	•		Cost or end	-of-year market value
(1)		,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>otal.</b> (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, II	ne 11d. See Form	
	(a) Description		· <del></del>	(b) Book value
(1)				
(2)		<u> </u>		
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fol	m 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
	line 25			

1. (a) Description of liability	(b) Book va	lue	
(1) Federal income taxes ,			
(2)Credit cards payable	, 1	1,094.	
(3)WYS Bond Fees		700.	
(4)Payroll liabilities		355.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	1	2,149.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	- ·	-	r Heturn.		
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements	·	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	<b>*</b> ∫		
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants		_  <b>_</b>   <b>_</b>		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		— <b> </b>		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b		4c   5		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990,		per neturn.		
			141		
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	·	2a			
a		<del></del>			
b	Prior year adjustments	2c			
C	Other losses	2d			
d	Add lines 2a through 2d		2e		
е 3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	PROME		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>	L <u></u>	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III		5		
Part	XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line					
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	information.		
			•		
<b>-</b>					
			•		
			·		

Schedule D (For	m 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Wyoming Soccer Association	83-0279080
Pt VI, Line 11b: Reviewed by Treasurer prior to filing.	, 
Pt VI, Line 15a: Board of Directors reviews compensation of Exec	utive Director
annually during board meetings.	
Pt VI, Line 19: Documents are available upon request.	
Pt XI: Cleared stale items from prior years	
Pt VI, Line 15b: Reviewed by Board of Directors	
Pt IX, Line 11g:	
Description: Merchant/Bank Fees	
Total: \$21,634	
Program services: \$0	
Management and general: \$21,634	
Fundralsing: \$0	
Pt IX, Line 24e:	
Description: Player Registrations	
Total: \$34,568	
Program services: \$34,568	
Management and general: \$0	
Fundralsing: \$0	
Description: Board Meetings	
Total: \$3,537	
Program services: \$0	
Management and general: \$3,537	,
Fundraising: \$0	
Description: Utilities	
Total: \$4,140	

Name of the organization	Employer identification number
Wyoming Soccer Association	83-0279080
Program services: \$0	
Management and general: \$4,140	
Fundraising: \$0	
Description: Dues/Subscriptions	
Total: \$3,761	
Program services: \$0	
	·
Management and general: \$3,761	
Fundraising: \$0	
·	
	,
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	•