

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	119,794	22 100,415
23 Land and buildings	3,500	23 3,500
24 Other assets (describe in Schedule O)		24
25 Total assets	123,294	25 103,915
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,294	27 103,915

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? Forney Soccer Association organizes and operates recreational soccer leagues for the City of Forney and surrounding areas	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) ▶	32 181,090

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	12 00	0		
RONNIE FUDGE Vice President	6 00	0		
GARY JEAN Vice President	4 00	0		
ANTONIO CASTANEDA Vice President	6 00	7,471		
ISRAEL VIERA Vice President	4 00	0		
ANNA AGUILAR Secretary	10 00	11,837		
SUJITTA RODRIQUEZ Treasurer	6 00	7,013		

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a 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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		Yes	No
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	46		No

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

		Yes	No
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	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
NONE				

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
NONE		

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	2020-07-08 Date
RON COOK President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Eric E Paschall	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01554667
	Firm's name ▶ Murrey Paschall & Caperton PC			Firm's EIN ▶ 90-0085186	
	Firm's address ▶ 301 E BROAD ST FORNEY, TX 751264110			Phone no (972) 564-1660	

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 34-2051228

Name: Forney Soccer Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 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 (Grants \$ 181,090) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

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

Department of the Treasury

Name of the organization
Forney Soccer Association

Employer identification number

34-2051228

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$798

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$4651

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$5571

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$27614

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	REFEREE FEES \$67182

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	FIELD MAINTENANCE AND SUPPLIES \$17869

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	DUES AND SUBSCRIPTIONS \$9858

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	AWARDS AND TROPHIES \$9355

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	SUPPLIES AND EQUIPMENT \$8807

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MERCHANT SERVICE FEES \$870

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART 1, LINE 10	DONATIONS\$700 CITY OF FORNEY\$2,000 FISD\$500 FUMC-----COLLEGE SCHOLARSHIPS\$500 Tyler Teer\$500 Lily Mayhall\$500 Faith Wallace