

2949315608215 1 Change in Accounting Period

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 01-01, 2018, and ending 05-31, 2019	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Olathe Soccer Club, Inc.</u> Doing business as <u>Kansas Rush Soccer Club</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>623 N Lindenwood</u> City or town, state or province, country, and ZIP or foreign postal code <u>Olathe, KS 66062</u> F Name and address of principal officer <u>Todd Burton</u> <u>Same as C above</u> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527 J Website <u>www.kansasrush.com</u> K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of formation <u>1980</u> M State of legal domicile <u>KS</u> D Employer identification no <u>48-0950014</u> E Telephone number <u>(913) 764-4111</u> G Gross receipts \$ <u>409,467</u> (c) Group exemption number ☐

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: <u>To offer the youth of Olathe, KS the opportunity to participate in an organized soccer program without regard to their skill level.</u>	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>
	5 Total number of individuals employed in calendar year 2018 (Part VII, line 2a) <u>0</u>
	6 Total number of volunteers (estimate if necessary) <u>283</u>
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>0</u>
	b Net unrelated business taxable income from Form 990-T, line 38 <u>0</u>
Expenses	8 Contributions and grants (Part VIII, line 1h) <u>2,020</u>
	9 Program service revenue (Part VIII, line 2b) <u>1,287,493</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>2,837</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) <u>0</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1,292,350</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>576,417</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u>
	b Total fundraising expenses (Part IX, column (A), line 25) <u>0</u>
	17 Other expenses (Part IX, column (A), lines 11f-24e) <u>474,947</u>
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25) <u>1,051,364</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>240,986</u>	
20 Total assets (Part X, line 20) <u>784,040</u>	
21 Total liabilities (Part X, line 26) <u>1,111</u>	
22 Net assets or fund balances. Subtract line 21 from line 20 <u>782,929</u>	

Part II Signature Block	
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 <u>Kevin Montgomery, Treasurer</u> Type or print name and title
Paid Preparer Use Only	Preparer's signature <u>John J Hood Jr</u> Date <u>02-20-2020</u> Check ☐ if self-employed PTIN <u>P00259710</u> Firm's name <u>John J Hood Jr CPA Chtd</u> Firm's address <u>100 E Park St Ste 200</u> <u>Olathe KS 66061</u> Phone no <u>913-393-4272</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

EEA