Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the 2018 calendar year, or tax year beginning , 2		r year, or tax year beginning , 2018, and end	ing		, 20		
В	Check if ap	oplicable:			D Employer identification number			
	Address ch				91-1501916			
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/	suite E T	elephone num			
	Initial retur	'n	1		occord • constraint on the constraint			
	Final return/terminated		PO Box 2273		(360) 426	-4328		
	Amended return		City or town, state or province, country, and ZIP or foreign postal code	FG	Group Exemption			
	Application	many at the same and the same at the same			Number ►			
G	Account	ing Method:	k ▶ 🛛 if the	e organization is not				
I	Website	e: ▶		to attach Schedule B				
J	Tax-exe	mpt status (c	n 990, 990-EZ,					
		-			-			
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets				
(Pa	art II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	69,840		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the instr	uctions for F	Part I)		
-		Check if	the organization used Schedule O to respond to any question in this P	art I		· · · · · · · · x		
	1	Contributions	s, gifts, grants, and similar amounts received		1	69,840		
	2	Program ser	vice revenue including government fees and contracts · · · · · · · · · · · · · · · · · · ·	* * * * * * * *	2			
	3		dues and assessments · · · · · · · · · · · · · · · · · · ·		The second second second	N		
	4		ncome		4	127		
	5a		nt from sale of assets other than inventory					
	b		other basis and sales expenses · · · · · · · · ·					
	С) from sale of assets other than inventory (Subtract line 5b from line 5a) · · · ·		5c			
	6		fundraising events:					
4	а	a Gross income from gaming (attach Schedule G if greater than						
nu		\$15,000) · · · · · · · · · · · · · · · · · ·						
Revenue	b	Gross incom	e from fundraising events (not including \$ of col	ntributions				
ď		from fundrais						
			gross income and contributions exceeds \$15,000) · · · · · · · 6b					
			expenses from gaming and fundraising events 6c					
	d	Net income of						
		line 6c) · ·	· · 6d					
			of inventory, less returns and allowances · · · · · · · · · · · · 7a					
			goods sold 7b					
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · · · · · · · · · · · · · ·					
	8		e (describe in Schedule O) · · · · · · · · · · · · · · · · · ·					
	9	70000 TO TO TO	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			69,840		
Đ	10		imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·		10			
	11		to or for members · · · · · · · · · · · · · · · · · · ·					
S	12		er compensation, and employee benefits					
nse	13		fees and other payments to independent contractors			70		
Net Assets Expenses	14		rent, utilities, and maintenance			4,018		
	2021-003		lications, postage, and shipping					
	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			67,749		
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			71,837		
	18		eficit) for the year (Subtract line 17 from line 9)	* • • • • • •	18	(1,997		
	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with					
			igure reported on prior year's return)			53,636		
	20		es in net assets or fund balances (explain in Schedule O)					
	21		r fund balances at end of year. Combine lines 18 through 20 · · · · · · · · · ·	* * * * * * * *	.▶ 21	51,639		
Fo EE/	r Paperv	vork Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2018)		

Form 990-EZ (2018) South Mason Youth Soccest Part II Balance Sheets (see the instructions for Part II)	r Club	- 2	91-1	1501	916 Page 2
					_
Check if the organization used Schedule O to res	spond to any questic				
22 Cook covings and investments			ginning of year	-	(B) End of year
22 Cash, savings, and investments		Account to the second s	53,636	22	51,639
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			. 0	24	0
25 Total assets			53,636	25	51,639
26 Total liabilities (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with	ith line 21) · · · · ·		53,636	27	51,639
Part III Statement of Program Service Accomplishme					
Check if the organization used Schedule O to re	spond to any questi	on in this Part III .			Expenses
What is the organization's primary exempt purpose? Youth socce	er opportunitie	s		1 .	quired for section
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					(c)(3) and 501(c)(4) anizations; optional for ers.)
28 Operated 3 youth soccer leagues				1	
			V.		
			75 75 75 75 75 75 75 75 75 75 75 75 75 7		1
(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ □	28a	
29		7		+	
					2
(Grants \$) If this amount inc	cludes foreign grants, c	hook horo	ьп	20-	
30	ciddes foreign grants, c	neck nere		29a	
					134
	ters value y				
(Cropto C					
(Grants \$) If this amount inc	cludes foreign grants, c			30a	*
300 Mg					,
	cludes foreign grants, c			31a	
32 Total program service expenses (add lines 28a through 31a) · ·				32	
Part IV List of Officers, Directors, Trustees, and Key Employe			see the instructi	ions fo	or Part IV)
Check if the organization used Schedule O to respond to	any question in this Pa	art IV			
	(b) Average	(c) Reportable	(d) Health benefit	s,	
(a) Name and title	hours per week	compensation	contributions to emp		(e) Estimated amount of
	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensa	. 1	other compensation
Val Dickinson					
Treasurer	2.00			o	0
:		<u> </u>			
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					MARKET BE
		100.0			
					4
	1	1	l .		i.

Ра	990-EZ (2018) South Mason Youth Soccer Club 91-1501	916	F	age 3		
	rt 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			. П		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a					
	detailed description of each activity in Schedule O	33		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			21		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the					
	change on Schedule O. See instructions	34		Χ		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 04		71		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		v		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		X		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b				
-		35c		Х		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III					
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1000 0010		
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36	Jan 120 200 7	X		
37 a	37a	- quite (1)				
	Did the organization file Form 1120-POL for this year?	37b	(X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:	10				
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · 39a					
b	Gross receipts, included on line 9, for public use of club facilities					
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	46.5				
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958					
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year					
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405		3.7		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		X		
·						
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
a						
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line					
	40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
101.0	transaction? If "Yes," complete Form 8886-T	40e		X		
41	List the states with which a copy of this return is filed					
42 a	The organization's books are in care of ► Val Dickinson Telephone no. ► 360-4	126-4	328			
	Located at ▶ PO Box 2273, Shelton, WA ZIP+4 ▶ 98584					
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over					
b			Yes	No		
b		42b	Yes	-		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •		Yes	No X		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	-		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	-		
2	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X		
2	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	-		
С	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X		
2	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X		
С	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X		
c 43	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes Yes	X		
c 43	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X		
c 43 44 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b		X		
c 43 44 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	42b 42c		X X No		
c 43 44 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b 42c		X X No		
c 43 44 a b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	42c 42c 44a		X X No		
c 43 44 a b c	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c 42c 44a 44b		X X No		
c 43 44 a b c	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	42c 42c 44a 44b 44c		X X No		
c 43 44 a b c d	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42c 42c 44a 44b 44c 44d		X No X X		
c 43 44 a b c d d 45 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42c 42c 44a 44b 44c		X X No		
c 43 44 a b c d d 45 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42c 42c 44a 44b 44c 44d		X No X X		

Form 9	990-EZ (201	8) South Mason Yout	h Soccer Club			91-1	501916	F	Page 4
			4.					Yes	No
46	Did the	organization engage, directly or indirectly, in	political campaign activitie	es on behalf of or in op	position				
Day	to cand	idates for public office? If "Yes," complete So	chedule C, Part I				- 46		X
ı aı		Section 501(c)(3) Organizations	Only	iono 17 - 10h and	FO	l			
		All section 501(c)(3) organizations 50 and 51.	must answer questi	10115 47 - 490 and	52, and	complete the	tables for	lines	3
		Check if the organization used Sch	nedule () to respond	to any question i	n thic D	ort VI			
		eneak ii the organization used oci	icadic O to respond	to any question i	11 11115 F	all VI			
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	action in affact during th	o tov		<u> </u>	Yes	No
		"Yes," complete Schedule C, Part II · · ·					47		
48		rganization a school as described in section							\
49a	Did the	organization make any transfers to an exem	ot non-charitable related o	organization?			49a		. X
b		was the related organization a section 527 c							-
50		te this table for the organization's five highes					436		<u> </u>
	employe	ees) who each received more than \$100,000	of compensation from the	e organization If there	is none	enter "None "			
						Health benefits.			
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contrib	outions to employee	(e) Estimated amo		
		* * *	devoted to position	(Forms W-2/1099-MISC)		plans, and deferred compensation	other compensation		

NON	E								
			46				15.	×	
					3000				
-									
f		mber of other employees paid over \$100,000	TOTAL COLUMN						
51		te this table for the organization's five highes			ch receive	ed more than			
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."					
	(a)	Name and business address of each independent contract	ctor	(b) Type of ser	vice	(0	c) Compensation	า	
							- 44 - 10 - Control (10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
NON	.	,							
110111									
						4			
-									
						-			
		A CONTRACTOR OF THE CONTRACTOR							
4									
d	Total nu	mber of other independent contractors each	receiving over \$100,000						
52		organization complete Schedule A? Note: Al		Management of the Contract of					
		ed Schedule A					▶ X Yes	П	No
Unde		of perjury, I declare that I have examined this return							
		d complete. Declaration of preparer (other than of					,		
Serio creasion		Val Dickinson							
Sig	n	Signature of officer				ate		-	
Her	е	Val Dickinson, Treasurer							
		Type or print name and title				-1			
		Print/Type preparer's name	Preparer's signature	Date		Check X if	PTIN		
Paid	d	Jack Bartz		02-14-	2019	self-employed	P002628	311	
Pre	parer	Firm's name TAXMAN of Shelto	on			Firm's EIN			
Use	Only	Firm's address 2337 Olympic Hwy							
		Shelton WA 98584			1	Phone no. 360-	426-4321		
May	the IRS d	liscuss this return with the preparer shown al	bove? See instructions)	Yes		Nò
EEA	rwii El -colo						Form 99	0 EZ	(2018)