Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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

▶ 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. Open to Public Inspection

Α	For the 2	2018 calenda	r year, or tax year beginning 02-01,	2018, and	d ending		01-31	,2019			
В	Check if ap	plicable:	C Name of organization			D Employ	yer identi	fication number			
	Address ch	nange	Greenhaven Soccer Club of Sacramento			68-	017997	13			
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Teleph	one numb	er			
	Initial return	n									
	Final return	/terminated	PO Box 22790								
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption	n			
	Application	pending	Sacramento, CA 95822			Numbe	er 🕨				
G	Accounti	ng Method:	☐ Cash ☐ Accrual Other (specify) ►		Н	Check ►	if the	organization is not			
ı	Website	: > www.	greenhavensoccer.com			required to	attach Sc	hedule B			
J	Tax-exe	mpt status (check only one) - \mathbf{X} 501(c)(3) \square 501(c)() \blacktriangleleft (insert no.)	4947(a)(1) o	r 527	(Form 990,	990-EZ, c	or 990-PF).			
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐	Other							
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200	0,000 or n	nore, or if total	assets					
(Pa	art II, colu							123,136			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund	d Balar	nces (see th	e instructio	ns for Pa	art I)			
		Check if t	he organization used Schedule O to respond to any ques	stion in th	nis Part I			<u>x</u>			
	1	Contributions	s, gifts, grants, and similar amounts received				1	4,274			
	2	Program ser	vice revenue including government fees and contracts				2	94,723			
	3	Membership	dues and assessments				3	20,000			
	4	Investment in	ncome				4				
	5a	Gross amou	nt from sale of assets other than inventory	. 5a							
	b	Less: cost or	Less: cost or other basis and sales expenses								
	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line)		5c						
	6	Gaming and fundraising events:									
	а	Gross incom	e from gaming (attach Schedule G if greater than								
ne		\$15,000) .		. 6a							
Revenue	b	Gross incom	e from fundraising events (not including \$		of contributio	ns					
æ		from fundrais	sing events reported on line 1) (attach Schedule G if the								
		sum of such	gross income and contributions exceeds \$15,000)	. 6b		4,139					
	С	Less: direct of	expenses from gaming and fundraising events	. 6с		2,306					
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b	and subt	ract						
		line 6c)					6d	1,833			
	7a	Gross sales	of inventory, less returns and allowances	. 7a							
	b	Less: cost of	goods sold	. 7b							
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
	8	Other revenu	ue (describe in Schedule O)				8				
_	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶	9	120,830			
	10	Grants and s	imilar amounts paid (list in Schedule O)				10	5,203			
	11	Benefits paid	I to or for members				11				
s	12	Salaries, oth	er compensation, and employee benefits				12				
Se	13	Professional	fees and other payments to independent contractors $\ \ldots \ \ldots$				13				
Expenses	14		rent, utilities, and maintenance				14				
ш	15		lications, postage, and shipping				15				
	16		ses (describe in Schedule O)				16	94,909			
	17		ses. Add lines 10 through 16				17	100,112			
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)				18	20,718			
sets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (m	nust agree	with						
As		end-of-year t	igure reported on prior year's return)				19	26,349			
Net Assets	20	_	es in net assets or fund balances (explain in Schedule O)				20				
_	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20		<u> </u>	▶	21	47,067			

Form 990-EZ (2018) Greenhaven Soccer Club of	of Sacramento		68-0	179	973 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any questior	n in this Part II .			<u>X</u>
			ginning of year		(B) End of year
22 Cash, savings, and investments		-	26,349	22	45,573
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	1,494
25 Total assets			26,349	25	47,067
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree			26,349	27	47,067
Part III Statement of Program Service Accomplishme Check if the organization used Schedule O to res		•	П		Expenses
What is the organization's primary exempt purpose? Neighborhoo	· · · · · · · · · · · · · · · · · · ·			1, ,	uired for section c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title	e services provided, the			,	nizations; optional for
28 Greenhaven Soccer Club provides a healthy	recreation out	let			
for neighborhood children and teens to pla	y semi-competi	tive			
soccer throughout the regional area.					
(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	▶ 🗌	28a	0
29					
(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	▶ □	29a	
30	<u> </u>				
-					
(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	▶ □	30a	
31 Other program services (describe in Schedule O)				Jour	
, ,	cludes foreign grants, ch		_	31a	
32 Total program service expenses (add lines 28a through 31a).				32	0
Part IV List of Officers, Directors, Trustees, and Key Emplo					<u> </u>
Check if the organization used Schedule O to respond t	• ,	•			
Officer if the organization used seriedule of to respond to	driy question in this i	(c) Reportable	(d) Health benefit		••••••
(a) Name and title	(b) Average hours per week	compensation	contributions to emp		(e) Estimated amount of
(a) Name and the	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
Carlos Rodriguez		(if not paid, enter -0-)	deferred compensa	ation	
President	25.00			0	0
Orville Hrabe	25.00			٩	0
	10.00				•
Tresurer	10.00	С	,	0	0
Michelle Bucknell	25.00				•
Registar	25.00	C	,	0	0
					-
				_	

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Pa	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			
			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		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	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		Х
25.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		25
33 a		250		v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b		35b		
С				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	2			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 a				
	section 4911 ► ; section 4912 ► ; section 4955 ► Continue 504(a)(a) and 504(a)(b) are significant. Bid the experiention are so in any continue 4050.			
D	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			7.7
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		X
С				
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	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			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of ▶ Orville Hrabe Telephone no. ▶ 916-8	38-6	019	
	Located at ▶ 7717 Blackwater Way, Sacramento, CA ZIP+4 ▶ 95831			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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).			
_		420		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4	explanation in Schedule O	44d		
45 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
		43d		Λ
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4=-		7.7
	Form 990-EZ. See instructions	45b		X

										Yes	No
46	Did the	organization engage, directly or indirectly, in	n political campaign activi	ties on beha	lf of or in opp	osition					
	to cand	idates for public office? If "Yes," complete S	Schedule C, Part I					<u> </u>	46		Х
Par	t VI	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	2, and co	mplete the	table	s for	lines	
		50 and 51.	•				-				
		Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Part \	/I				.П
		9								Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in eff	act during the	a tav				1.00	
71		"Yes," complete Schedule C, Part II	` '		Ū				47		
40	-	•							-		v
48		rganization a school as described in section							48		X
49a		organization make any transfers to an exem	•	J					49a		
b		was the related organization a section 527	· ·						49b		
50	Comple	te this table for the organization's five highes	t compensated employee	s (other than	officers, dire	ctors, truste	es and key				
	employe	ees) who each received more than \$100,000	of compensation from th	e organizatio	on. If there is	none, ente	r "None."				
			(b) Average	(c) Re	portable	(d) Healt		,,			
		(a) Name and title of each employee	hours per week	1 ' '	ensation		s to employee , and deferred	l ' '	Estimate other cor		
			devoted to position	(Forms W-2	/1099-MISC)		ensation		Other cor	пропоас	11011
NON											
IVOIV.											
f	Total nu	umber of other employees paid over \$100,00	00								
51		te this table for the organization's five highes	-	ent contracto	rs who each	received m	ore than				
٠.	•	00 of compensation from the organization. If	•		io wile each	10001100 111	oro triari				
	Ψ100,00	of compensation nom the organization. If	there is none, enter 140h								
	(a)	Name and business address of each independent contra	ctor	(b)	Type of service	9	(0	:) Com	pensatio	n	
NON	E										
	Total :	umb or of other in dear and anti-color of the	******************************				1				
		umber of other independent contractors each	•								
52		organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a			=	3		
	complet	ted Schedule A					<u> </u>	• <u>X</u>	Yes		No
Unde	r penalties	of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and	d statements,	and to the be	st of my knowle	dge ar	nd belie	f, it is	
true,	correct, an	d complete. Declaration of preparer (other than o	fficer) is based on all informa	ation of which	preparer has a	ny knowledg	e.				
		Orville Hrabe									
Sig	n	Signature of officer				Date					
Here Orville Hrabe, Treasurer											
• •	-	Type or print name and title									
		,	Preparer's signature		Date		Charle :	PTII	N		
De:	4	, , , , , , , , , , , , , , ,					Check if	' ' ''			
Paid							self-employed				
	parer	Firm's name				Firm's	EIN ►				
Use	Only	Firm's address •									
						Phone	no.				
May	the IRS o	discuss this return with the preparer shown a	bove? See instructions					· 🗌	Yes		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

2018
Open to Public

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Gre	enh	aven Soccer Club of Sacra					68-01799		
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.	
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)			
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)	II.)					
6		A federal, state, or local government	or governmental u	or governmental unit described in section 170(b)(1)(A)(v).					
7		An organization that normally receives	s a substantial part	of its support from a gov	ernmental/	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	lege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or		
		university:							
10	X	An organization that normally received	s: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gros	SS	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
		acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)			
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organization organized and operat	•	•					
		of one or more publicly supported org	-				•		
		Check the box in lines 12a through 12						•	
	а	Type I. A supporting organization		•		•		ving	
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •	ity of the c	lirectors or	trustees of the		
		supporting organization. You mu	•						
	b	Type II. A supporting organization	•			•	. ,	•	
		control or management of the sup		•	rsons that o	control or r	nanage the supporte	d	
		organization(s). You must comp							
	С	Type III functionally integrated		•				with,	
		its supported organization(s) (see	•	•				(' - · · · / -)	
	d	Type III non-functionally integr						. ,	
		that is not functionally integrated.	-			•	nt and an attentivenes	S	
		requirement (see instructions). Y	•				Time II Time III		
	е	Check this box if the organization				sa Type I,	rype II, rype III		
	f	functionally integrated, or Type III Enter the number of supported organi			ariizatiori.				
	g	Provide the following information about		ranization(s)					
-) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	int of
	٠,	, reality of supported organization	(11) 2.114	(described on lines 1-10	listed in you	0	support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	instruct	ons)
					Yes	No			
(A)									
(D)									
(B)									
(C)									
(J)									
(D)									
(E)									
Tota	ı								

68-0179973

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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 qualify under the tests listed below, please complete Part III.) Section A. Public Support

Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities 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						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		T				
Caler	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c	• •		(f))		14	%
15	Public support percentage from 2017 Sched		-			15	%
16a	33 1/3% support test - 2018. If the organize	ation did not ched	k the box on line	13, and line 14 is 3	3 1/3% or more, ch	neck this	
	box and stop here. The organization qualif	ies as a publicly s	upported organiza	ation			▶ □
b	33 1/3% support test - 2017. If the organize	ation did not ched	k a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or mo	re, check	
	this box and stop here . The organization q	ualifies as a public	cly supported orga	anization			▶ □
17a	10%-facts-and-circumstances test - 2018	3. If the organization	on did not check a	a box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-cir	cumstances" test	, check this box and	d stop here. Explai	in in	
	Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The orga	anization qualifies a	s a publicly support	ted	
	organization						▶ □
b	10%-facts-and-circumstances test - 2017	7. If the organization	on did not check a	a box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization i	meets the "facts-a	nd-circumstances	s" test, check this bo	ox and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-o	ircumstances" tes	st. The organization	qualifies as a public	cly	_
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and see	Э	_
	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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,996	85,239	82,496	94,466	114,723	452,920
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,	,			,	,
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	599	1,058	678	2,771		5,106
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	76,595	86,297	83,174	97,237	114,723	458,026
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						
8	Public support. (Subtract line 7c from line 6.)						458,026
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	76,595	86,297	83,174	97,237	114,723	458,026
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	76,595	86,297	83,174	97,237	114,723	458,026
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co					15	100.00 %
16	Public support percentage from 2017 Schedu					16	100.00 %
Se	ction D. Computation of Investmer						
17	Investment income percentage for 2018 (line		-			17	0.00 %
18	Investment income percentage from 2017 Se	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 🗌

Part IV Supportin

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.
- 5a 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 (as 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**.
- **c** 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	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		
	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		
Sec	tion B. Type I Supporting Organizations			
			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 Part VI 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.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	When a majority of the committed allowed an automate and distinct the terror and a majority of the allowed and		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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	No
4	Did the arganization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
Sec	tion 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 in:	struct	ions)	
a	The organization satisfied the Activities Test. Complete line 2 below.) u o t	,	•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions)
	Activities Test. <i>Answer (a) and (b) below.</i>]	Yes	No
	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? <i>If "Yes," then in Part VI identify</i>			
	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		
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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2018 Greenhaven Soccer Club of Sacramento		68-017	9973	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI)	. See
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Sectio	ns A through	E.
Soc	tion A - Adjusted Net Income		(A) Prior Year	(B) Curre	ent Year
<u> </u>	non A - Adjusted Net Income		(A) FIIOI Teal	(optio	onal)
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
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				
co	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Saa	tion B - Minimum Asset Amount		(A) Drier Veer	(B) Curre	ent Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optio	onal)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (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,				
se	e 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			
Sec	tion 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			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			

instructions).

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA

Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Sec	etion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

e Excess from 2018

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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_	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Greenhaven Soccer Club of Sacramento 68-0179973

01. List of grants and similar amounts paid (Part I, line 10)		
Activity	Grants	
Grantee	JFK Athletics	
Street	6715 Gloria Dr	
City, State, Zip	Sacramento, CA 95831	
Relationship	none	
Amount	3,763	
Activity	grants	
Grantee	Sacramento Food Bank and Family Ser	
Street	3333 Third Ave	
City, State, Zip	Sacramento, CA 95817	
Relationship	none	
Amount	1,440	
02. Description of other expenses (Part I, line 16)		
Description	Amount	
Equipement	12,311	
Fields	38,745	
Misc	657	
Office	1,018	
Referees	14,629	
League Fees	9,935	
Registration exp	264	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2 Employer identification number	
Name of the organization		
Greenhaven Soccer Club of Sacrame	ento	68-0179973
Training	8,500	
Volunteer Rebate	8,850	
03. Description of other assets ((Part II, line 24)	
Category	Beginning of Year	End of Year
Undeposited Funds	0	1,494