2020 Filing Instructions Greenhaven Soccer Club of Sacramento Tax year ending 01-31-2021

Form filed:

Form 990-EZ and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

Due date:

06-15-2021

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

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)

2020

OMB No. 1545-0047

made social of (6), 627, 61 4647 (a)(1) of the internal revenue code (except private roundation

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 cale

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.

<u>A</u>	For the	2020 calenda	r year, or tax year beginning 02-01 , 2020, and 6	enaing		01-31,202	<u> </u>
В	Check if ap	oplicable:	C Name of organization		D Employ	yer identificatio	n number
	Address ch	nange	Greenhaven Soccer Club of Sacramento		68-	0179973	
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telepho	one number	
	Initial returr	n					
	Final return	n/terminated	PO Box 22790				
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group B	Exemption	
	Application	pending	Sacramento, CA 95822		Numbe	r 🕨	
G	Accounti	ing Method:	X Cash	_ Н	Check ►	if the organiz	zation is not
	Website		greenhavensoccer.com		required to	attach Schedule	В
J	Tax-exe	mpt status (c	theck only one) - X 501(c)(3)	527	(Form 990,	990-EZ, or 990-F	PF).
K	Form of	organization:	X Corporation Trust Association Other				
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	, or if total as	sets		_
(Pa	art II, colu		500,000 or more, file Form 990 instead of Form 990-EZ				12,019
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruction	ns for Part I)	
		Check if t	the organization used Schedule O to respond to any question in this	Part I .			x
	1	Contributions	s, gifts, grants, and similar amounts received			1	1,450
	2	Program ser	vice revenue including government fees and contracts			2	10,569
	3	Membership	dues and assessments			3	
	4	Investment in	ncome			4	
	5a	Gross amou	nt from sale of assets other than inventory 5a				
	b	Less: cost or	other basis and sales expenses				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			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 contr	ibutions			
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				
	С	Less: direct e	expenses from gaming and fundraising events 6c				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t			
		line 6c)				6d	
	7a	Gross sales	of inventory, less returns and allowances				
	1		goods sold				
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O)			8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>.</u>	▶	9	12,019
	10		imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	I to or for members			11	
40	12	Salaries, oth	er compensation, and employee benefits			12	
ses	13	Professional	fees and other payments to independent contractors			13	
Expenses	14		rent, utilities, and maintenance			14	
Ä	15		lications, postage, and shipping			15	
	16		ses (describe in Schedule O)			16	31,680
	17		ses. Add lines 10 through 16			17	31,680
	18		eficit) for the year (subtract line 17 from line 9)			18	(19,661)
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree wit				,
SS			igure reported on prior year's return)			19	58,774
Net Assets	20		es in net assets or fund balances (explain in Schedule O)			20	
ž	21		r fund balances at end of year. Combine lines 18 through 20			21	39,113

	Greennaven Soccer CI		.0	68-0	1/95	7/3 Fage 2
Pa	Balance Sheets (see the instructions for Pa	•				_
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part	l		[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			58,774	22	39,11:
	Land and buildings			0	23	
	Other assets (describe in Schedule O)			0	24	
	Total assets				25	20.11
				58,774		39,113
	Total liabilities (describe in Schedule O)			0	26	
	Net assets or fund balances (line 27 of column (B) must ag			58,774	27	39,113
Pa	art III Statement of Program Service Accomplis	•		·		Expenses
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part		/Dag	-
Wh	at is the organization's primary exempt purpose? Neighbo	orhood Youth So	ccer League			uired for section
						c)(3) and 501(c)(4)
as r	scribe the organization's program service accomplishments fo measured by expenses. In a clear and concise manner, descri sons benefited, and other relevant information for each progra	ibe the services provide			orgar	nizations; optional for rs.)
28	Greenhaven Soccer Club provides a healt					
	for neighborhood children and teens to	play semi-comp	etitive			
	soccer throughout the regional area.					
	(Grants \$) If this amo	unt includes foreign gra	ints, check here .	▶ <u> </u>	28a	0
29						
	(Grants \$) If this amo	unt includes foreign gra	ints, check here	▶ □	29a	
30	, ,		,	<u>U</u>		
•						
		unt includes foreign gra			30a	
31	Care program correct (accense in consume c)			_		
	(Grants \$) If this amo	unt includes foreign gra	ints, check here .	▶ ∐	31a	
	Total program service expenses (add lines 28a through 31	а)			32	0
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	e even if not compens	sated - see the instructi	ons fo	r Part IV)
	Check if the organization used Schedule O to resp	ond to any question in t	this Part IV			[
	, i	1	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average	compensation	contributions to employe	e (e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
Bet	th Koster					
Pre	esident	25.00	0	0		0
Wes	s Namikawa					
Tre	easurer	10.00	0	0		0
Mid	chelle Bucknell					
Red	gistar	25.00	l	0	,	0
	320 042	25.00				
					_	
					+	
					\perp	
					\top	
					+	
					+	

Pa	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			<u>. U</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	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			ĺ
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
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	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
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		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		х
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		х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		l
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
h	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	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	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		х
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of • Wes Namikawa Telephone no. • 916-8		987	
	Located at ▶ PO Box 22790, Sacramento, CA ZIP+4 ▶ 95822	_	I I	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	4015	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			l
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	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		▶	
	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		х
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
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45 -	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
D	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			
	Form 990-EZ. See instructions	45b		х

Form **990-EZ** (2020)

										res	NO
46 Di	id the d	organization engage, directly or indirectly, in	political campaign activitie	es on behalf	of or in oppo	sition					
		dates for public office? If "Yes," complete So							46		Х
Part \		Section 501(c)(3) Organizations	•						_		
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	19b and 52	2, and co	mplete the	table	s for	lines	
		60 and 51.									_
	(Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Part	VI				<u>. ப</u>
										Yes	No
47 Di	id the d	organization engage in lobbying activities or	have a section 501(h) ele	ction in effec	t during the t	ax					
•		'Yes," complete Schedule C, Part II							47		х
48 Is	the or	ganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," o	complete Sch	nedule E .				48		х
49a Di	id the d	organization make any transfers to an exemp	pt non-charitable related o	organization?					49a		х
b If	"Yes,"	was the related organization a section 527 o	organization?						49b		
50 C	omplet	e this table for the organization's five highes	t compensated employee	s (other than	officers, dire	ectors, trust	ees and key				
er	mploye	es) who each received more than \$100,000	of compensation from the	e organizatio	n. If there is	none, ente	r "None."				
			(b) Average	(c) R	eportable		th benefits,	l , ,			
		(a) Name and title of each employee	hours per week	1	ensation		ns to employee s. and deferred		Estimate other cor		
			devoted to position	(Forms W-2	2/1099-MISC)		pensation		ou.o. oo.	poout	
_											
NONE											
-											
f To	otal nur	mber of other employees paid over \$100,000) .	l		I .		<u> </u>			
		e this table for the organization's five highes		ent contracto	rs who each	- received m	ore than				
	•	O of compensation from the organization. If			is wile cacii	received ii	ore triair				
Ψ	100,00	o or compensation from the organization.	there is none, enter 14016	j.							
	(a)	Name and business address of each independent contra	ctor	(b) Type of service	е	(c) Com	pensation	ı	
NONE											
NONE											
		mber of other independent contractors each									
52 Di	id the d	organization complete Schedule A? Note: Al	II section 501(c)(3) organi	zations must	attach a			_	,	_	
CC	omplete	ed Schedule A					<u>)</u>	<u> </u>	Yes		No
Under pe	nalties	of perjury, I declare that I have examined this retu	rn, including accompanying s	chedules and	statements, ar	nd to the bes	t of my knowledg	e and l	oelief, it	is	
true, corre	ect, and	complete. Declaration of preparer (other than of	ficer) is based on all informati	ion of which pr	reparer has an	y knowledge					
		Wes Namikawa West	<u>ley Namikawa</u>				05-03	-202	1		
Sign Signature of officer Date											
Here		Wes Namikawa, Treasurer									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTI	N		
Paid							self-employed				
Prepa	rer	Firm's name			•	Firm's	EIN ►	•			
Use O		Firm's address									
	-					Phon	e no.				
		scuss this return with the preparer shown at	2 C itti				1		Yes		No

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	lame of the organization Employer identification number							
Gre	enh	aven Soccer Club of Sacra					68-017997	
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must c	complete	this part.	.) See instructions	i.
The	orga	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)			
1		A church, convention of churches, or a	association of churc	ches described in sectio r	170(b)(1)	(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Sc	chedule E (Form 990 or 9	990-EZ).)			
3		A hospital or a cooperative hospital se	rvice organization o	described in section 170	(b)(1)(A)(ii	i).		
4		A medical research organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete P	art II.)					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research organization of	described in sectio	n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college	
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college or	
		university:						
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributior	ns, member	ship fees, and gross	
		receipts from activities related to its ex	empt functions - su	bject to certain exception	ns; and (2)	no more tha	an 33 1/3% of its	
		support from gross investment income	and unrelated bus	iness taxable income (le	ss section :	511 tax) fror	m businesses	
		acquired by the organization after June	e 30, 1975. See se	ction 509(a)(2). (Comple	ete Part III.)			
11		An organization organized and operate	ed exclusively to tes	st for public safety. See s	section 509	9(a)(4).		
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform t	he function	s of, or to c	arry out the purposes	
		of one or more publicly supported orga	anizations described	d in section 509(a)(1) or	section 50	09(a)(2) . Se	e section 509(a)(3).	
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	nization an	d complete	lines 12e, 12f, and 12g	J .
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its su	pported or	ganization(s	s), typically by giving	
		the supported organization(s) the	power to regularly a	appoint or elect a majorit	y of the dire	ectors or tru	stees of the	
		supporting organization. You mus	st complete Part IV	, Sections A and B.				
	b	Type II. A supporting organization	supervised or cont	trolled in connection with	its support	ed organiza	ition(s), by having	
		control or management of the sup	porting organization	n vested in the same per	sons that c	ontrol or ma	anage the supported	
		organization(s). You must compl	ete Part IV, Section	ns A and C.				
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ection with,	and functio	nally integrated with,	
		its supported organization(s) (see	instructions). You i	must complete Part IV,	Sections A	A, D, and E.		
	d	☐ Type III non-functionally integra	ted. A supporting o	organization operated in o	connection	with its supp	ported organization(s)	
		that is not functionally integrated.	The organization ge	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	
		requirement (see instructions). Yo	u must complete l	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this box if the organization	received a written o	determination from the IR	RS that it is	a Type I, Ty	pe II, Type III	
		functionally integrated, or Type III	non-functionally into	egrated supporting orgar	nization.			
	f	Enter the number of supported organize	zations					
	g	Provide the following information about	it the supported org	janization(s).				-
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	-	support (see instructions)	other support (see instructions)
				above (see ilistructions))	docum	lenti	iristi uctions)	iristi uctions)
					Yes	No		
(A)								
<u> </u>								
/B)								
(D)	B)							
(C)								
(C)								
יט)								
(D)								
(E)								
(E)								
Tota	ı							

990 or 990-EZ) 2020 Greenhaven Soccer Club of Sacramento 68-0179973 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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organiza						
	box and stop here . The organization qualified						_
b	33 1/3% support test - 2019. If the organiza						_
	this box and stop here . The organization qua	-	•	-			_
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets t				•	-	
	Part VI how the organization meets the facts			-	-		_
	organization						_
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac						
	organization						▶ [
18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check this	s 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.)

Se	ction A. Public Support			, i		,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	` ,	` ,	· ·	
	received. (Do not include any "unusual grants.")	82,496	94,466	114,723	130,053	12,019	433,757
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 .	678	2,771		1,519		4,968
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	83,174	97,237	114,723	131,572	12,019	438,725
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						438,725
Se	ction B. Total Support						430,723
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	83,174	97,237	114,723	131,572	12,019	438,725
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.)	83,174	97,237	114,723	131,572	12,019	438,725
14	First 5 years. If the Form 990 is for the organ						
50	organization, check this box and stop here ction C. Computation of Public Support	rt Porcontage					· · · · · <u> </u>
	Public support percentage for 2020 (line 8, c			olumn (f))		15	100.00 %
	Public support percentage from 2019 Schedu	().	•	(//		16	100.00 %
	ction D. Computation of Investment In					1 .01	100.00 %
	Investment income percentage for 2020 (line			e 13, column (f))	17	0.00 %
	Investment income percentage from 2019 Sc	, ,	-	,	, ,	18	0.00 %
	33 1/3% support tests - 2020. If the organiz					nan 33 1/3%, ar	nd line
	17 is not more than 33 1/3%, check this box	and stop here.	The organizati	ion qualifies as	a publicly sup	ported organiza	tion 🕨 🛚
b	33 1/3% support tests - 2019. If the organize						
	line 18 is not more than 33 1/3%, check this	•	-	-	•		
20	Private foundation. If the organization did n	ot check a box (on line 14, 19a	ı, or 19b, check	this box and s	ee instructions	▶

68-0179973

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 lines 3b and 3c below.
- 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 lines 4b and 4c 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.
- 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 lines 5b and 5c 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).
 - 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?
- 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.
- 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).
- 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.
 - 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.
 - 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.)

		V	Ne
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Ala		
	4b		
	4c		
	5a		
	5b		
	5c		
	00		
	6		
	_		
	7		
	8		
	J		
	9a		
	9b		
	9с		
	10a		
	·va		
	10b		
A (Fo		or 990-E	Z) 2020

Schedule A (Form 990 or 990-EZ) 2020 Greenhaven Soccer Club of Sacramento

Part IV Supporting Organizations (continued)

Га	Supporting Organizations (continued)			
44	Here the consideration are stated as it was a substitution from a substitution for the following are supported as		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	Alter and the second se		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		1	
			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	Na
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
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		
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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a 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 inst	tructio	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	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	20		
h	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	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		

	ule A (Form 990 or 990-EZ) 2020 Greenhaven Soccer Club of Sacramento		68-01799	73 Pa	ge
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 <i>(explain ir</i>	Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections A	through E.	
	stion A. Adjusted Not Income		(A) Drier Veer	(B) Current Ye	ar
Sec	ction A - Adjusted Net Income		(A) Prior Year	(optional)	
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 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			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ction B - Minimum Asset Amount		(A) Prior Voor	(B) Current Ye	ar
Sec	CHOIL B - MITHINIANI ASSELAMOUNE		(A) Prior Year	(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions 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 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 0.015 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 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Current Year	٢
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990 or 990-EZ) 2020

6

-	ule A (Form 990 or 990-EZ) 2020 Greenhaven Soccer Club of		68-0		973 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued	<u>d) </u>	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	organization is respons	ive	H	
•	(provide details in Part VI). See instructions.	organization to respons		8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
<u></u>	Zine o ameant arriada sy inie o ameant		(ii)		(iii)
Sec	tion E - Distribution Allocations (see instructions)	(i)	Underdistribution	าร	Distributable
000	tion 2 Distribution Anoughous (see metasticine)	Excess Distributions	Pre-2020	.	Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		110 2020		Amount for 2020
	Underdistributions, if any, for years prior to 2020				
-	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	F 0010				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				

EEA Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:a Excess from 2016

b Excess from 2017c Excess from 2018d Excess from 2019

e Excess from 2020

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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.)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 68-0179973 Greenhaven Soccer Club of Sacramento

01. Description of other expenses (Part I, line 16)	
Description	Amount
Advertising	398
Equipement	4,340
Fields	20,880
Good of Game	200
Misc	50
Office	1,039
League Fees	2,098
Registration exp	80
Training	806
Volunteer Rebate	100
toy drive expenses	1,689