# **Federal Electronic Filing Instructions**

Tax Year 2021

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to <a href="https://www.taxact.com/ef/efile-center">https://www.taxact.com/ef/efile-center</a>. You will need to enter the entity's EIN, ZIP code and company name.

You do not need to mail any paper signature forms to the IRS. Retain the signed copy of Form 8453-TE along with a copy of your return. The return has been successfully filed once an acceptance from the IRS is received.

# 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)

2021

OMB No. 1545-0047

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.

<u>A</u>	For the	2021 calenda	ar year, or tax year beginning $02/01/2021$ , and ending $01/2021$	<u>/31/2</u>	022	
В	Check if a	applicable:	C Name of organization	D Empl	oyer identi	ification number
	Address	change	Greenhaven Soccer Club of Sacramento	68-	01799	73
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telep	ohone numb	per
	Initial retu	urn	PO Box 22790			
$\Box$	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exempt	ion
$\Box$	Amended	d return		Num	nber 🕨	
$\sqcap$	Application	on pending	Sacramento, CA 95822			
G	Accounti	ing Method:		Check	<b>X</b> if the	e organization is <b>not</b>
ı١	<b>Nebsite</b>	∷ • www.	greenhavensoccer.com	-		Schedule B
			heck only one) - X 501(c)(3)	(Form 9	90).	
		organization:				
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets		
			5500,000 or more, file Form 990 instead of Form 990-EZ		. • \$	159,465.
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru-			
			e organization used Schedule O to respond to any question in this Part I		,	<b>X</b>
	1		s, gifts, grants, and similar amounts received		1	6,725.
	2		vice revenue including government fees and contracts		2	152,740.
	3		dues and assessments		3	132//100
	4		ncome		4	
	1 -		nt from sale of assets other than inventory		-	
	b		r other basis and sales expenses			
	C		s) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and				
	1	•				
<u>e</u>	"		ee from gaming (attach Schedule G if greater than			
Revenue	h		ne from fundraising events (not including \$ of contributions	<u> </u>		
Re	"		sing events reported on line 1) (attach Schedule G if the	,		
			gross income and contributions exceeds \$15,000)			
			expenses from gaming and fundraising events			
	1 .		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	d				6d	
	7.2		of inventory, less returns and allowances		ou	
	b		goods sold			
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	•	ue (describe in Schedule O)		8	
	9		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	159,465.
_	10		similar amounts paid (list in Schedule O)		10	137,103.
	11		I to or for members		11	
Ø	12		er compensation, and employee benefits		12	
ıse	13		fees and other payments to independent contractors		13	
Expenses	14		rent, utilities, and maintenance		14	
Ж	15		lications, postage, and shipping.		15	
	16	• .	ses (describe in Schedule O)		16	132,460.
	17	•	ses. Add lines 10 through 16		17	132,460.
_	18		eficit) for the year (subtract line 17 from line 9).		18	27,005.
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			27,003.
Ass	19		igure reported on prior year's return)		19	39,113.
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)		20	JJ , 1 1 J .
Z	21	J	r fund balances at end of year. Combine lines 18 through 20			66.118.

Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedu	ule O to respond to	any question in			
22	Oash as is a said investment			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments		<b>.</b>	39,113.	23	68,037.
24	Other assets (describe in Schedule O)		ŀ		24	<u> </u>
25	Total assets		ŀ	39,113.		68,037.
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of column (B) m			39,113.		68,037.
Pa	t III Statement of Program Service Acco					
	Check if the organization used Schedu	ule O to respond to	any question in	this Part III 🔲	١.	Expenses
What	is the organization's primary exempt purpose?	borhood yout	h soccer p	rogram	I \ -	quired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				orga	nizations; optional for
	easured by expenses. In a clear and concise man		vices provided, the	e number of	othe	'S.)
	ons benefited, and other relevant information for e					T
28	Greenhaven Soccer Club of Sacrame					
	outlet for neighborhood children		olay semi-com	petitive		
	soccer throughout the region (Grants \$ ) If this amount in	nal area. ncludes foreign grants, ch	and hara		28a	132,461.
29	(Grants \$ ) in this amount in	iciudes foreign grants, cr	ieck nere		20a	132,461.
23						
	(Grants \$ ) If this amount in	cludes foreign grants, ch	neck here	▶□	29a	<u>"</u>
30						
24		cludes foreign grants, ch	neck here		30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount in	ncludes foreign grants, ch	and hara	▶□	31a	
32	Total program service expenses (add lines 28a through					132,461.
	t IV List of Officers, Directors, Trustees, an					
	Check if the organization used Schedu					
	-		(c) Reportable	(d) Health benefits,		
		(b) Average hours per week	compensation	contributions to employ		Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISO 1099-NEC)	benefit plans, and deferred compensation	on o	ther compensation
			(if not paid, enter -0-)	· ·		
	h Vogtor					
	ch Koster esident	25.00				
Wes		25.00				
	easurer	10.00				
Mid	helle Bucknell					
Reg	gistrar	25.00				
		_				
		=				
		1				
		-				

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		
	instructions for Fart V.) Officer if the organization used ochedule of to respond to any question in this Fart		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	110
	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			l
	change on Schedule O. See instructions	34		x
35a	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		X
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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			1
	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			l
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	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	Ш	X
38a	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			l
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			l
<b>h</b>	section 4911 ; section 4912 ; section 4955 ; section 4955 ; section 4955			l
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	40b		v
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		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,			l
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	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			l
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶Wesley Namikawa Telephone no. ▶ (916	)86	9-5	987
	Located at ▶ PO Box 22790 Sacramento, CA ZIP+4 ▶ 9582			
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		Х
	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).			
С	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.			<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	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	$\sqcup \sqcup$	X
C	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			
4-	explanation in Schedule O	44d	$\longmapsto$	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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	45.		
	Form 990-EZ. See instructions	45b		l .

No

Yes

Phone no.

**Use Only** 

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions . . . .

#### **SCHEDULE A**

(Form 990)

## **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

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 of the organization					Employer identification	n number			
Greenhaven Soccer Club of Sacramento 68-0179973									
Part I Reason for Public Cha						ons.			
The organization is not a private foundation									
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the									
	hospital's name, city, and state:  5								
section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .									
7 An organization that normally	receives a subst	antial part of its supp	ort from a	a governr	mental unit or from t	he general public			
described in section 170(b)(1	)(A)(vi). (Comp	lete Part II.)		-					
8 A community trust described i	n <b>section 170(b</b>	)(1)(A)(vi). (Complete	e Part II.)						
9 An agricultural research organ									
or university or a non-land-gra	int college of agr	riculture (see instruction	ons). Ent	er the na	me, city, and state o	of the college or			
university:									
10 X An organization that normally receipts from activities related support from gross investmen	receives (1) more to its exempt fut income and un	re than 33 1/3% of its nctions, subject to ce related business taxa	support f rtain exce ble incom	rom conteptions; a ne (less s	tributions, members and (2) no more than section 511 tax) from	hip fees, and gross 33 1/3% of its businesses			
acquired by the organization a  11  An organization organized and									
12 An organization organized and	•	•	•			/ Out the nurnoses o			
one or more publicly supported	•	-				• •			
the box on lines 12a through 1	•								
a Type I. A supporting organiz		• • • • • • • • • • • • • • • • • • • •			-	~			
the supported organization(s	•	•	•						
organization. You must con	nplete Part IV, S	Sections A and B.							
<b>b</b> Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having			
control or management of th			ie same p	ersons tl	hat control or manaç	ge the supported			
organization(s). You must c	=								
c Type III functionally integr						ly integrated with,			
its supported organization(s)	•	•		-					
d Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	ization generally must	t satisfy a	distribut	tion requirement and	• , ,			
	-	<del>-</del>				II. Tuno III			
functionally integrated, or Ty						ii, Type iii			
f Enter the number of supported of	•	onany integrated supp	Joining of	gariizatio	····				
g Provide the following informatio	•	oorted organization(s)							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
(4,	(-,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see			
		above (see instructions))	docu	ment?	instructions)	instructions)			
			Yes	No					
(A)									
(P)									
(B)									
(C)									
(D)									
(E)									
Total									

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	le A (Form 990) 2021	Greenhave						9973 Page 2
Part		chedule for Organiza						
		only if you checked th						alify under
	Part III. If the	ne organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Su	pport						
Calen	dar year (or fiscal	year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants,	contributions, and						
	membership fees	received. (Do not						
	include any "unus	ual grants.")						
2	Tax revenues levi	ed for the						
	organization's be	nefit and either paid						
	to or expended or	its behalf						
3	The value of servi	ices or facilities						
	furnished by a go	vernmental unit to the						
	organization with	out charge						
4	Total. Add lines 1	1 through 3 [						
5	The portion of total	al contributions by						
	•	er than a governmental						
		pported organization)						
	included on line 1	that exceeds 2%						
	of the amount sho	own on line 11,						
	column (f)							
6		tract line 5 from line 4.						
	on B. Total Sup							
Calen	dar year (or fiscal	l year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line	e 4	_					
8	Gross income from	m interest, dividends,					_	
	payments receive	d on securities loans,						
	rents, royalties, a	nd income from similar						
	sources							
9		unrelated business						
		r or not the business						
	is regularly carrie							
10		not include gain or						
	loss from the sale	•						
	(Explain in Part V	· •						
11		dd lines 7 through 10						
12		m related activities, etc.						
13		he Form 990 is for the o						
	organization, ched	ck this box and stop her	e					🕨 📘
		ion of Public Suppor						
14		rcentage for 2021 (line 6					14	%
15		rcentage from 2020 Sch		•			15	%
16a	• •	test-2021. If the organi						
_	-	e. The organization qual	•		•			• —
b		test-2020. If the organi						
		d stop here. The organi	-					
17a		ircumstances test-202	-					
		d if the organization me					•	•
	Part VI how the or	rganization meets the fa	cts-and-circum	istances test.	The organizati	on qualifies as	s a publicly sup	ported

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

#### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	94,466.	114,723.	130,053.	12,019.	159,465.	510,726.
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	2,771.		1,519.			4,290.
4	Tax revenues levied for the	•		Ĩ			•
	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	<b>Total.</b> Add lines 1 through 5	97,237.	114,723.	131,572.	12,019.	159,465.	515,016.
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.)						<u>515,016.</u>
	on B. Total Support					i	
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	97,237.	114,723.	131,572.	12,019.	<u>159,465.</u>	515,016.
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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
12	- · · · · · · · · · · · · · · · · · · ·						
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.)	97 - 237	114 723	131 - 572	12-019	159 465	515 - 016
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	•			•		. , . ,
Secti	on C. Computation of Public Suppo	rt Percentag					
15	Public support percentage for 2021 (lin			v line 13. col	umn (f))	. 15	100.00%
16	Public support percentage from 2020						%
Secti	on D. Computation of Investment In					<u>'</u>	
17	Investment income percentage for 2021	(line 10c, colu	mn (f), divided	by line 13, col	lumn (f))	. 17	%
18	Investment income percentage from 202						%
19a	_ ·						/3 <b>%, and</b>
	line 17 is not more than 331/3 %, check this						
b	331/3 % support tests-2020. If the organize						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

#### 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	Section	A. All	Sup	porting	organizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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 <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
5a	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
Ū	If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on 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.	9с		
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 line 10b below.	10a		
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.)	10b		l

ıarı	Supporting Organizations (continued)			
			Yes	No
11 a	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 on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Did the way aming heady, manufactor of the way aming heady officers action in their official consists, as an analysis of one of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.			
	organizations and write conditions of 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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
-			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	on brown outpoining organizations		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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etruc	tions	:)
a	The organization satisfied the Activities Test. Complete line 2 below.	.00,00		·/·
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 <b>Part VI</b> how you supported a governmental entity. Instructions).	entity (	see	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 on 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			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	01		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations: ii 100, accombo iii <b>i art vi</b> the fole played by the ciganization iii this fedalu.	י טט		

Schedule A (Form 990) 2021 Greenhaven Soccer Club of Sa	cra	mento 68	-0179973 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in <b>Part VI</b> ).
See instructions. All other Type III non-functionally integrated supporting	orgar	nizations must complete S	Sections A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		V
e 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		
<b>4</b> 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		
Section C - Distributable Amount			Current Year

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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	in	tograted Type III supporting	a organization (oo

1 Adjusted net income for prior year (from Section A, line 8, column A)

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

UYA Schedule A (Form 990) 2021 Greenhaven Soccer Club of Sacramento

<b>Part</b>	Type III Non-Functionally Integrated 509(a)(	3) Supporting Orgar	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers exe	1			
	organizations, in excess of income from activity	1	2		
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets		. 1.0	4	
5	Qualified set-aside amounts (prior IRS approval required			5	
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic <i>(provide details in Part VI)</i> . See instructions.	h the organization is res	•	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.			- 1	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d					
	Eyeona from 2021				

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.)			
	FFII F COPY			

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Name of the organization	Employer identification number
Greenhaven Soccer Club of Sacramento	68-0179973
Part I Line 16	
Registration Fees \$25211.00	
Part I Line 16	
Referee Fees \$24324.00	
Part I Line 16	
Equipment \$19736.00	
Part I Line 16	
Fields \$42703.00	
Part I Line 16	
Donations \$6950.00	
Part I Line 16	
Advertising \$737.00	
Part I Line 16	
Good of the Game \$200.00	
Part I Line 16	
Office \$1871.00	
Part I Line 16	
Training \$10000.00	
Part I Line 16	
Miscellaneous \$728.00	