# Form **990-E7**

## **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)

2018

OMB No. 1545-1150

**Open to Public** Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2018 calendar year, or tax year beginning , 2018, and ending **,20**19 Aug 1 Jul 31 C Name of organization **B** Check if applicable: D Employer identification number 47-4969404 SOUTHWEST VIRGINIA RUSH SOCCER CLUB INC Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return P. O. BOX 1773 (540)423-7437Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return RADFORD, VA 24141 Number ▶ Application pending Other (specify) ▶ ☐ Cash Accrual H Check ► 🗵 if the organization is **not G** Accounting Method: required to attach Schedule B I Website: ▶ N/A(Form 990, 990-EZ, or 990-PF). **J Tax-exempt status** (check only one) -  $\times$  501(c)(3) ) ◀ (insert no.) ☐ 4947(a)(1) or 527 ☐ 501(c) ( **K** Form of organization:  $\blacksquare$  Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X 1 1 2 Program service revenue including government fees and contracts 2 132,278. 3 3 Investment income . . . . . . . . . . . . 4 4 Gross amount from sale of assets other than inventory 5a 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: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . . . 7a Less: cost of goods sold . . . . . . . . . . . . . . . . . . 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . 9 132,278. 10 Grants and similar amounts paid (list in Schedule O) . . . . . 10 11 Benefits paid to or for members . . . . . . . . . . . . . . . 11 12 12 47,275. Salaries, other compensation, and employee benefits . . . . . . 13 Professional fees and other payments to independent contractors . . . . . . . . . 13 33,295. 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 1,189. 16 16 20,084. 101,843. 17 17 30,435. Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 15,022. 20 5,246. 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . .

50,703.

Net assets or fund balances at end of year. Combine lines 18 through 20

21

Form 990-EZ (2018) Page **2** 

Pa											
	· ·	,		- · · ·							
	Check if the organization used Schedule	O to respond to ar	• •								
				(A) Beginning of year		(B) End of year					
22	Cash, savings, and investments			15,022.	22	35,416.					
23	Land and buildings				23						
24	Other assets (describe in Schedule O)				24	17,990.					
25	Total assets			15,022.	25	53,406.					
26	Total liabilities (describe in Schedule O)				26	2,703.					
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	15,022.	27	50,703.					
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	art III)	·						
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III		Expenses					
Wha		See Part III	• •			quired for section					
	cribe the organization's program service accompli			roarom continos		(c)(3) and 501(c)(4) anizations; optional for					
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe						
28	HOSTING OF REGULAR TRAINING SESSI		NTS								
	REGULAR TOURNAMENT GAMES FOR TEST										
	RETENTION OF SKILLS TAUGHT DURING										
	(Grants \$ 0. ) If this amount	includes foreign gra	nts, check here .	▶ 📙	28a	101,843.					
29											
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	1					
30											
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	1					
31	Other program services (describe in Schedule O)										
		includes foreign gra			31a	1					
32	Total program service expenses (add lines 28a t				32						
					_						
	Check if the organization used Schedule			Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)							
	Check if the organization acca concadio		w anesnon in inis i	Part IV							
			(c) Reportable	Part IV (d) Health benefits,	<del></del>	<u> </u>					
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee <b>(e)</b>	Estimated amount of					
	(a) Name and title	(b) Average	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)						
WTT		(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of					
	L WALSH	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee <b>(e)</b>	Estimated amount of other compensation					
PRE	L WALSH	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b>	Estimated amount of					
PRE JOH	L WALSH SIDENT IN HAWLEY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation					
JOH VIC	L WALSH SIDENT IN HAWLEY E-PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation					
JOH VIC DAV	L WALSH SIDENT IN HAWLEY CE-PRESIDENT TID HOPE	(b) Average hours per week devoted to position  15.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.					
PRE JOH VIC DAV	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation					
JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					
JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY	(b) Average hours per week devoted to position  15.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.					
JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					
JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					
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JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					
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JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					
JOH VIC DAV SEC	L WALSH SIDENT IN HAWLEY E-PRESIDENT VID HOPE RETARY HAEL WEIGHTMAN	(b) Average hours per week devoted to position  15.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation  0.  0.					

Part '	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any simplificant activity and apprint the transfer to the IDCO If "Vee " are side a		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		×
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		×
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)?			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 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		×
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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		×
37a	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		×
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
	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			
a b	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
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		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► MICHAEL WEIGHTMAN  Telephone no. ► (540)		0-52	46
b	Located at ▶ P. O. BOX 1773, RADFORD VA ZIP + 4 ▶ 2414 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<del>1</del> 3	Vac	NIO
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No ×
	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? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
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		×
	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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			
	Form 990-EZ. See instructions	45b		×

								Y	es	NO
46		ne organization engage, directly or in								
D 1		ndidates for public office? If "Yes," o		Part I				46		×
Part		Section 501(c)(3) Organization		otions 17 10b and	EO and as	manlata th	a table	o for	lina	
		All section 501(c)(3) organization 50 and 51.	s must answer que	Stions 47–490 and :	oz, and co	impiete tri	e table	es ior	imes	5
		Check if the organization used Sc	hadula O ta raspand	to any question in th	hic Dart VI					
	'	Check if the organization used Sc	nedule O to respond	to any question in ti	IIIS FAIL VI				es l	No
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect	during the	tax 🗀		<b>C</b> 3	140
••		If "Yes," complete Schedule C, Par						47		×
48	-	organization a school as described in					-	48		×
49a		ne organization make any transfers t					_	19a		×
b		s," was the related organization a se	'	•			_	l9b		
50		plete this table for the organization's							and	key
		oyees) who each received more than								-
			(b) Average	(c) Reportable		benefits,				
	(a)	Name and title of each employee	hours per week	compensation	contributions benefit plans,		(e) Estin	mated a compe		
			devoted to position	(Forms W-2/1099-MISC)	compe					
NONE	l I									
f		number of other employees paid ov								
51	Comp	plete this table for the organization	's five highest compe	ensated independent	contractors	s who eacl	n receiv	ved m	ore t	har
	\$100,	000 of compensation from the orga	inization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c	) Comper	nsation		
NONE	i 									
А	Total	number of other independent contra	actors each receiving	Over \$100 000	•					
52		he organization complete Schedu	•		nizations n	auct attac	h 0			
<b>52</b>		leted Schedule A	ile A! Note. All Se			iusi aliaci	▶ X  <b>'</b>	Yes [	□ N	0
l Indor n		of perjury, I declare that I have examined this	roturn including accompany			boet of my k			_	
		d complete. Declaration of preparer (other than					nowleage	and be	iller, it	13
		<u> </u>			07	/15/2020	)			
Sign		Signature of officer	Hurrian History	- · · ·	Dat		-			
Here		WILL WALSH, PRESIDENT	· WILLIAM WALS	SH						
		Type or print name and title								
Do:d		Print/Type preparer's name	Preparer's signature	Da Da	te on	O'Chook	ı <sub>s</sub> PT	IN .		
Paid	OKC.	ROBERT WORLEY	ROBERT WORLEY	- YUBE- Y TOM	005/202	Self-emplo	yed P0	0382	357	
Prep		Firm's name FLORA ACCOUNT		/ - / /	/-	n's EIN ▶83	•			
Use (	Office	Firm's address ► 517 ROANOKE ST					40)38		503	
N A 11	a IDC	discuss this return with the prepare			1110			Voc		

## Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

### Line 16: Other Expenses

### **Continuation Statement**

Description	Amount
TOURNAMENT EXPENSES	5,334.
PAYMENT PROCESSING	3,262.
FIELD MAINTENANCE & EQUIPMENT	7,224.
COACHES TRAINING, AFFILIATIONS AND CONFERENCES	2,155.
OTHER ADMINISTRATIVE EXPENSES	2,109.
Total	20,084.

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

Organization's Primary Exempt Purpose
EDUCATING ELEMENTARY, MIDDLE SCHOOL
AND HIGH SCHOOL AGE INDIVIDUALS IN
THE ART OF SOCCER.

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

	THWEST VIRGINIA RUSH SO					47-4969404		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in <b>section</b>					* *		
3	A hospital or a cooperative hos						/···\ =	
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the	
_	An organization operated for		oollogo or university	owned o	r operate	ad by a gavernment	al unit described in	
5	section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	ed by a government	ar unit described in	
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).		
7	☐ An organization that normally			port from	a gover	nmental unit or from	n the general public	
	described in section 170(b)(1)							
8	☐ A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organi							
	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or	
10	X An organization that normally r	eceives: (1) more	e than 331/3% of its su	upport fro	m contri	butions, membershi	o fees, and gross	
	receipts from activities related support from gross investment	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha	n 331/3% of its	
	acquired by the organization a						Duomicocco	
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).		
12	☐ An organization organized and							
	of one or more publicly suppo							
	Check the box in lines 12a thro	_	• • • • •		•	•		
а	☐ <b>Type I.</b> A supporting organ							
	the supported organization					the directors or trust	ees of the	
	supporting organization. Yo	-	-				( )	
b	_ ;,							
	control or management of organization(s). You must				persons	that control of man	age the supported	
_	☐ Type III functionally integ	-	•		onnection	n with and functions	ally integrated with	
С	its supported organization(						any integrated with,	
d	☐ Type III non-functionally i							
	that is not functionally integ						d an attentiveness	
	requirement (see instructio	,	•		-			
е	☐ Check this box if the organ						e II, Type III	
	functionally integrated, or 1			oporting (	organizat	ion.		
T	Enter the number of supported of	-						
g	Provide the following information  (i) Name of supported organization		. ,		organization	6.3. A	(-1) A	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))	docu	ment?	instructions)	instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total						I	I	

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7 8	Amounts from line 4						
9	similar sources						
	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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
<u>C1</u> :	organization, check this box and stop he						🟲 📋
<u>Secu</u>	on C. Computation of Public Support  Public support percentage for 2018 (line 6)			1 column (f)		14	%
15	Public support percentage for 2017 (inter-					15	
16a	331/3% support test—2018. If the organi						
	box and <b>stop here.</b> The organization qua						
b	33 <sup>1</sup> /3% support test—2017. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

### 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	Section A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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	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	79,953.	88,718.	91,268.	94,063.		354,002.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
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	<b>Total.</b> Add lines 1 through 5	79,953.	88,718.	91,268.	94,063.		354,002.	
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 8	Add lines 7a and 7b							
O	line 6.)						354,002.	
Secti	on B. Total Support						331,002.	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
9	Amounts from line 6	79,953.	88,718.	91,268.	94,063.		354,002.	
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								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	79,953.	88,718.	91,268.	04 063		254 000	
14	First five years. If the Form 990 is for the				94,063.	ar as a sectio	354,002. n 501(c)(3)	
• •	organization, check this box and <b>stop he</b>	J	•		•		` ' ' '	
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	100 %	
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .			16	%	
Secti	on D. Computation of Investment In	come Percer						
17	Investment income percentage for 2018 (	line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0 %	
18	Investment income percentage from 2017					18	%	
19a	331/3% support tests—2018. If the organ							
	17 is not more than 331/3%, check this box	_	_	-		_	_	
b	331/3% support tests—2017. If the organiz							
	line 18 is not more than 331/3%, check this l		=		-		_	
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck 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 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.)

ecti	on A. All Supporting Organizations			
			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 (b) and (c) 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	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 <b>Part VI</b> 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)			
	purposes.	4c		
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 <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).	Fo		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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 <b>Part VI</b> .	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	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 in 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 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 <b>Part VI.</b>	9c		
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.	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		

Part	Supporting Organizations (continued)			
			Yes	No
11	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		
b	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 <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	1		
	<del>, , , , , , , , , , , , , , , , , , , </del>		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 <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 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 <b>Part VI</b> 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).			
04		1		
Secti	on D. All Type III Supporting Organizations		Vac	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstru	ction	s).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	, -	_	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (so the interest of the property of the part VI) had believed to the part VI.	see ins		
2	Activities Test. Answer (a) and (b) 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 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 <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.	Oh		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
a	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	sa		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current 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		
<b>6</b> 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)
<b>1</b> 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		
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		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> 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		
<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	ly in	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on 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 <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d				
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: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	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 <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	<b>Supplemental Information.</b> 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

Employer identification number

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.

SOUTHWEST VIRG	INIA RUSH SOCCER CLUB INC	47-4969404			
Pt I, Line 16:					
Description:	TOURNAMENT EXPENSES \$5,334				
Description:	Description: PAYMENT PROCESSING \$3,262				
Description:	tion: FIELD MAINTENANCE & EQUIPMENT \$7,224				
Description:	scription: COACHES TRAINING, AFFILIATIONS AND CONFERENCES \$2,155				
Description:	OTHER ADMINISTRATIVE EXPENSES \$2,109				
Pt I, Line 20:					
Description:	RECONCILING ITEMS \$5,246				
Pt II, Line 24	:				
Description:	ACCOUNTS RECEIVABLE Beginning of Year: 0 End of Ye	ar: \$17,990			
Pt II, Line 26	:				
Description:	RECONCILING ITEMS Beginning of Year: 0 End of Year	: 0			

### Form **8879-EN**

Department of the Treasury

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning  $\,\mathrm{Aug}\,1\,$  , 2018, and ending  $\,\mathrm{Jul}\,$  31, 20  $\,$  19

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 47-4969404 SOUTHWEST VIRGINIA RUSH SOCCER CLUB INC Name and title of officer WILL WALSH, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) **1a** Form 990 check here ► 1b **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . 2a Form 990-EZ check here ► 🔀 2b 132,278. 3a Form 1120-POL check here ► **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . 3b 4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) . . . . . . . . . . . . Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ▼ I authorize FLORA ACCOUNTING & TAX SERVICE 4 to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. WILLIAM WALSH Officer's signature ▶ Date  $\triangleright 07/15/2020$ Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ 07/15/2020

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

## Additional information from your 2018 Federal Exempt Tax Return

### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 2 Itemization Statement

Description	Amount
TRAVEL TEAM REGISTRATIONS	123,608.
ACADEMY REGISTRATIONS	8,670.
Total	132,278.

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 12 Itemization Statement

Description	Amount
DIRECTOR, EXECUTIVE DIRECTOR	21,400.
COACHES COMPENSATION	25,875.
Total	47,275.

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 13 Itemization Statement

Description	Amount
REFEREE FEES	5,636.
REGISTRAR'S FEES	300.
RUSH/VYSA FEES	6,120.
TOURNAMENT/LEAGUE FEES	21,239.
Total	33,295.

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 15 Itemization Statement

Description	Amount
MARKETING	1,189.
Total	1,189.